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Crobally House, Cork

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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Crobally House
Centre ID:	OSV-0002120
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Cork Association For Autism
Provider Nominee:	Gene McPolin
Lead inspector:	Geraldine Ryan
Support inspector(s):	Julie Hennessy
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 January 2017 09:30 To: 04 January 2017 13:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was a triggered and focused inspection to monitor the provider's progress in addressing particular non compliances noted on the last inspection undertaken on the 19 September 2016. These were in regard to the premises; the accommodation and incompatibility of residents in one house. This was the fourth inspection undertaken by the Health Information Quality Authority (HIQA) of this centre. Previous inspections were carried out on the:

- 13 May 2014
- 21 January 2015
- 19 September 2016.

Following the outcome of the last inspection the provider was requested to attend a meeting at the office of the Chief Inspector in November 2016, where assurances were sought by HIQA in relation to providing suitable accommodation to residents and how the provider intended to address the issue of incompatibility of residents residing in one house.

Due to continued concerns, as found on this inspection, in relation to the care and welfare of residents and the failure of the provider to demonstrate their ability to deliver a safe service the provider was required to attend a further meeting in the offices of the Chief Inspector on 9 January 2017.

How we gathered our evidence:

On this inspection, inspectors reviewed a sample of files pertaining to residents' personal care plans, the risk policy and risk assessments, residents' emergency evacuation plans and staff training and viewed the premises. Inspectors did not have the opportunity to meet the residents as two residents were resting and one resident chose not to meet the inspectors. There was no resident availing of respite on the day of inspection. Inspectors met with staff on duty.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre provided both respite and residential services for individuals with autism across the spectrum. The centre comprised two houses which were based on spacious ground in the outskirts of a village. Day service buildings, an onsite day service, a horticulture room and a maintenance room were also located on the campus.

The centre can provide accommodation and support for seven residents (four respite residents; two full-time residents and one resident who resides three days each week).

Overall judgment of our findings:

Staff demonstrated their knowledge of residents' routines and preferences. Residents' and staff interaction was observed as respectful and warm.

There was evidence that the provider had made progress on a number of matters for example;

- a new person in charge was due to commence employment on the 16 January 2017
- a short term contract had been offered and accepted by an external senior manager with the contract commencing on the 9 January 2017. A member of the board confirmed that the senior manager would represent the provider
- staffing in one house was increased; an additional social care leader was in post
- improvements were noted in documentation
- a ground floor bathroom was now available to residents.

However, as noted on the previous inspection in September 2016, safeguarding and quality of life issues for three residents accommodated in the centre were negatively impacted as a result of inappropriate placement.

During this inspection non compliance with the regulations was found in a number of outcomes inspected against:

- two outcomes were judged as a major non-compliance due to the incompatibility of residents in the centre (outcome one) and the absence of a multi-disciplinary review of restrictive practices (outcome eight)
- three outcomes were judged as a moderate non-compliance; the premises (outcome six), emergency evacuation plans (outcome seven) and staff training (outcome 17))
- one outcome was judged as substantially compliant; a copy of the report of

provider's unannounced six monthly visit was not available (outcome 14).

The reasons for these findings are explained under each outcome in the report and the regulations which are not being met are included in the action plan at the end. The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan and is considering further regulatory action in relation to this issue.'

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

While the provider had increased the staffing complement (by one staff), inspectors continued to find that the mix and incompatibility of residents accommodated together was having a negative impact on the residents involved. Inspectors found that routines and practices in place did not maximise residents' capacity to exercise personal independence and choice in their home.

For example, due to the incompatibility of residents, separate vehicles were used to transport the residents in addition to one resident being directed to a day room in another building while the other resident remained in the house. Staff spoken with confirmed that while this arrangement was not satisfactory and did not enhance the daily lives of the resident, due to the incompatibility of the residents, no other alternative was available.

The deputising person in charge and a member of the board stated that they were waiting on building plans for the refurbishment of an apartment in another centre and the plan was to relocate a resident from this centre to the new apartment.

The member of the board gave an undertaking to keep HIQA appraised of the progress of this matter.

Judgment:

Non Compliant - Major

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Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The action required from the previous inspection related to residents having poor access to a bathroom and bedroom on the ground floor. At this inspection, the inspectors found that the action had been addressed.

Inspectors found that the provider had installed a ground floor bedroom (unfurnished) with an en-suite. Staff confirmed that the en-suite facilities were used by a resident and stated that the practice of accessing a shower room in a different centre, located a distance away, had ceased.

However, the following was also noted:

- fire seals on some of bedroom doors were damaged
- tiles in a bathroom were in a state of disrepair
- the carpet flooring was worn and threadbare in areas
- general paintwork required attention (walls, doors and timber work)
- an external door was in a state of disrepair.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found some improvements since the previous inspection such as residents' individual risks were now identified, assessed and documented on residents' files. However, some actions still remained outstanding. While long term residents had comprehensive emergency evacuation plans, no plans were in place for residents who availed of respite. The provider had previously outlined a timeframe of 30 November 2016 for completion of this action.

An updated draft of the risk management policy was available for review. The risk register captured the controls in place for the risks specified under Regulation 26.

The deputising person in charge stated that weekly meetings were held to review incidents and accidents, however, minutes of these meetings were not available on the day of inspection.

It was noted on the previous inspection that one resident declined to evacuate during a fire drill; there was evidence that an appropriate evacuation plan had subsequently been put in place.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Single separation techniques continued to be applied to ensure that two residents, accommodated in the centre, did not meet. This was confirmed by the deputising person in charge and staff. A multi-disciplinary team review of restrictive practices and interventions had not been convened. Significant deficits were noted in training for staff on safeguarding vulnerable adults, management of behaviour that is challenging and positive behaviour support.

Restrictive practices were used in the centre and the deputising person in charge stated that these had been reviewed by the restrictive intervention review committee.

However, minutes of these meetings were not available. There was evidence of an over reliance of single separation to prevent residents from engaging with one another in their home. Staff spoken to confirmed that it was necessary to use single separation techniques as two of the residents did not get on. For example, the residents travelled in separate vehicles, one resident was directed to another day room in another building while the other resident remained in the house.

A multi-disciplinary team review of restrictive practices and interventions used had not been convened.

A review of staff training records evidenced significant deficits in the provision of training for staff. This was noted on the previous inspection in September 2016 and training had not been completed by the timeline submitted by the provider (December 2016). For example of the 15 staff noted on the staff training matrix:

- seven staff required training on safeguarding vulnerable adults
- seven staff had not attended any training on positive behaviour support
- one staff required training on management of actual or potential aggression (MAPA)
- eight staff had not attended training on the management of behaviour that is challenging including de-escalation and intervention techniques.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Improvements were noted in the arrangements in place to ensure the effective governance, operational management and administration of this centre.

A deputising person in charge currently oversaw this centre comprising of residents with a complexity of diverse needs and dual diagnoses and a busy respite service. Local deputising arrangements were in place for the deputising person in charge. Staff were able to identify the relevant individual responsible in the event the deputising person in charge was not on site.

In their response to the action plan generated from the inspection undertaken in September 2016, the provider stated that a six monthly unannounced visit was completed by the 30 November 2016. However, a copy of the six monthly unannounced visit was not available on the day of inspection.

Judgment:

Substantially Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

While some improvement had occurred regarding staff training, gaps in training still remained at the time of this inspection. Staff spoken to confirmed their attendance at medication management training; records reviewed evidenced this. However, a review of the staff training matrix continued to reflect that some mandatory, general and refresher training for staff was outstanding or not provided; for example:

- four staff last attended fire safety training in November 2013
- 11 staff had no training on hand hygiene
- five staff had not attended food safety training
- eight staff had no training on safe manual handling practices.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Cork Association For Autism
Centre ID:	OSV-0002120
Date of Inspection:	04 January 2017
Date of response:	02 February 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made there under.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The mix and incompatibility of residents accommodated in one house resulted in the fact that routines and practices did not maximise the residents' capacity to exercise personal independence and choice in their home.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

Proposed Timescale:

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire seals on some of bedroom doors were damaged.

Tiles in a bathroom were in a state of disrepair.

The carpet flooring was worn and threadbare in areas.

General paintwork required attention (walls, doors and timber work).

An external door was in a state of disrepair.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

Proposed Timescale:

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Emergency evacuation plans were not in place for residents who availed of respite.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:

Proposed Timescale:

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A multi-disciplinary team review of restrictive practices and interventions used had not been convened.

4. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

Proposed Timescale:

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Seven staff had not attended any training on positive behaviour support.

One staff required training on management of actual or potential aggression (MAPA).

5. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:

Proposed Timescale:

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Eight staff had not attended training on the management of behaviour that is challenging including de-escalation and intervention techniques.

6. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:

Proposed Timescale:

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Seven staff required training of safeguarding vulnerable adults.

7. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:

Proposed Timescale:

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A copy of the report of the provider's unannounced visit to the designated centre was not available in the centre.

8. Action Required:

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

Please state the actions you have taken or are planning to take:

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A review of the staff training matrix continued to reflect that some mandatory, general and refresher training for staff was outstanding or not provided:

- four staff last attended fire safety training in November 2013
- one staff had no training on hand hygiene
- five staff had not attended food safety training
- eight staff had no training on safe manual handling practices.

9. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

Proposed Timescale: