

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Pilgrim House Community Ltd
Centre ID:	OSV-0001916
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Pilgrim House Community Ltd
Provider Nominee:	Ben Hogan
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

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: 14 May 2015 10:00 To: 14 May 2015 12:00

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

Outcome 05: Social Care Needs
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was the sixth inspection of the centre by the Authority since June 2015, and the second monitoring inspection since the provider submitted an application to cease trading.

This main focus of this inspection was to monitor the safe transition and discharge of residents to other identified designated centres. The inspector also assessed progress in relation to the noncompliances identified on the previous inspection(s).

This inspection found that plans had been consolidated in relation to the discharge of the residents and that the specific needs of residents was prioritised in this process. Residents and their representatives had been supported to visit their new living environments on a number of occasions and were fully involved in the transitional plans encompassing their discharge and transfer to another service provider. This inspection also found that the time-frame currently planned for the permanent discharge of the residents was in line with the time line permitted following the submission of the intention to cease trading.

As part of the Authorities role in monitoring the safe transition and discharge of residents the nominee provider and person in charge were submitting a regular update report in relation to the progress of the transfer. The inspector found that all actions had been completed to date as set out within the update report(s).

Not all components of each outcome reviewed were necessarily considered during

this inspection, as the priority was on focusing upon the components associated with the transition and discharge of residents to their new living environments. This report identified ongoing noncompliance under the outcomes of safeguarding and safety and workforce. However, as identified within the actions from the last inspection there was no plan to address these noncompliances other than through the closure of the centre.

Findings under the five outcomes reviewed are detailed within the body of the report and in the action plan at the end of the report.

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 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

In general it was found that meeting each resident's health, personal and social care and support needs remained a priority within the centre. The activity programme in place was being followed to ensure continuity in the care provided to residents. Routine's residents were familiar with were maintained, such as regular walks, shopping trips and house based domestic tasks.

A significant focus on each residents social care needs now revolved around the providers decision to close the centre. In this regard, a priority of this inspection was to establish if the provider and person in charge were meeting the needs of residents during the discharge process as required under Regulations. It was also focused upon ensuring that transfer of knowledge in relation to residents supports needs between this centre and the identified future service provider(s) was being done effectively.

The inspector found that alternative accommodation had been identified for all residents and transition plans were now in place for each residents move to their new living environment. There was a clear plan to transition residents into these new centres in a planned and individualised way, with the overall aim of having completed this process during the first week of August 2015 as part of the provider's requirement to cease trading.

The inspector found that residents and their representatives were fully engaged with the transition and discharge planning process. The plan includes the admission of three of the five residents to one house operating as a designated centre under one service provider. The remaining two residents will also transfer to another designated centre

operating under the same service provider but in a different location.

All residents had visited their new centre(s), a number of times. Their family members and/or representatives have also visited at this point and residents and relatives have met with the persons in charge, staff, assigned co-workers and other residents. Residents were now at the point of being supported to make some key decisions in relation to their transition, such as choosing their 'day service' activity. Two men were due to attend the new residential centre on the day after the inspection (15 May 2015) in order to start a process of choosing a workshop activity. They will be offered the choice of workshops to develop skills in weaving, farming, crafts, laundry, gardening or baking.

The three residents who are moving together to one house need to await the renovation of this house. However, part of the transition plan includes the significant involvement of the men in choosing the fixtures fittings and furnishings for this house. It is planned that each resident will spend time with their proposed key worker to spend time choosing and shopping for all of these items for their home. The other two residents are moving into established homes, but there were also plans to involve them in choosing colours and furnishing for the repainting and decoration of their own bedrooms.

The person in charge spoke to the inspector about how they told each resident about the planned closure of this centre and about their move to the proposed centre(s). She had some concerns in relation to how much some of the residents actually understood what was happening and had sought assistance in this regard. The provider and the person in charge had arranged for psychological assessments of each of the residents to support decision making in relation to each residents identified needs. This report had been provided to the proposed new centre and was reported to have been part of the discussion during the visit to the centre. The person in charge sought the assistance of this psychologist again to offer advice of how best to ensure all residents were informed of proceedings in an individualised and appropriate way. A plan was therefore developed to ensure the transition was spoken about on a daily basis, and also the person in charge was advised to take lots of photographs of the residents in their new environments and to refer to these regularly. Photographs were taken and were being used in this regard. Furthermore, the person in charge reported that families had sought these photographs and had used them to help inform their wider families about the proposed move.

Judgment:
Compliant

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

Findings:
This outcome remains in noncompliance since the previous inspection as the provider had taken the decision that training in safeguarding vulnerable adults which two staff had not completed, would not be provided as they had taken the decision to cease trading. However, this decision remains in breach of the regulations as it does not provide adequate reassurance that residents were safeguarded in the interim.

It was noted that resident's personal and intimate care plans and support requirements had been considered as part of the transition plans for all residents. The person in charge stated that these had been discussed with the person in charge and key staff from each of the proposed new centers. An issue was identified that the residents whom are all male, were always assisted by male support staff within their current living environment. This was not going to be possible in their new residence to a lack of male support staff. However, the persons in charge from the new living environments had provided some reassurance in this regard stating that her staff are trained to identify the minimal supports required. The inspector found that the personal plans which had been developed in recent months and provided to the new centres did identify minimal support requirements and promoted independence in developing skills needed for self-care and protection.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that each resident was supported to achieve and enjoy best possible health, as residents healthcare needs remained a priority during this time of transition. All medical appointments were attended to and healthcare needs and assessments continue to be met such as regular monitoring of blood glucose levels.

Resident's healthcare plans and identified needs were also part of the transition plans and discussions. For example, the need to maintain the continuity and consistency of specific consultants was identified as an important need for some residents. The person in charge had also been reassured that communication between her and the proposed centre in relation to healthcare needs was valued and taken into immediate consideration. For example, on the most recent visit coffee and cakes were provided to all upon arrival, however, a specific resident dietary requirement in relation to his diabetes was catered for without having to be requested.

The person in charge also informed the inspector that families had taken the opportunity during their visits to the new centre(s) to discuss their family member's specific healthcare and medication requirements. The person in charge stated that the families had subsequently reported to her that they were reassured with the outcome of these discussions.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
It was recognised during this and the previous inspection that the person in charge and nominee provider were providing effective leadership and governance over the management of the discharge and transition of the residents. Their level of involvement and the process itself; has been outlined in detail within Outcome 5: Social Care Needs.

The provider and person in charge had ensured that all families and stakeholders were actively involved in the transition process. The inspector found that this level of involvement had helped in moving families from a period of uncertainty and concern to where they are now generally feeling more comfortable about the planned moves. This had been done by accommodating visits of residents with family members to the new centres and enabling family members to engage openly with staff and management within these centres.

Judgment: 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:
The components of this outcome found to be in noncompliance with the regulations were focused upon during this inspection. It was found that Gardá vetting was now in place for all five people working with the residents.

There was a staff rota operating which identified who was in charge at any given time. The centre operates with the person in charge and the nominee provider living full time within the centre. They informed the inspector that since the transition plan was in place they were basically present at all times and supported residents to visit their new centres.

There were no plans in place to provide any formal supervision of the five working 'members' but described themselves as supervising each other's practice. However, as has been repeatedly detailed in all previous inspection reports, this approach has contributed to a lack of accountability for care and did not identify areas for staff development. However it is acknowledged that this is no longer a priority within the centre and that the person in charge, nominee provider and the remaining three members had taken a consistent approach in the decision to cease trading and to facilitate the residents to move to a more professionally led service with clear management and governance structures.

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:

Michael Keating
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 Pilgrim House Community Ltd
Centre ID:	OSV-0001916
Date of Inspection:	14 May 2015
Date of response:	04 June 2015

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 thereunder.

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

All staff had not been provided training in safeguarding vulnerable adults.

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

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

response to abuse.

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

Owing to our decision to cease trading we have decided not to undertake any further training. However each member of staff is very familiar with our safeguarding policy and with the national safeguarding policy recently published by the HSE.

Proposed Timescale: 08/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no formal supervision in place which resulted in a lack of accountability and authority within the centre.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Again owing to our decision to close we have decided not to put any new supervision systems in place. However, in keeping with our voluntary ethos we will continue to be accountable at the highest level to one another, to the families and to all relevant bodies as we move through this transition process to the point of closure.

Proposed Timescale: 08/08/2015