



Údarás Náisiúnta Míchumais
National Disability Authority

**Review of the implementation of regulations and
inspections in residential services for adults and children
with disabilities**

December 2015

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Chapter I Summary and overview

I.1 Background

The National Disability Authority was asked by Kathleen Lynch T.D. Minister of State for Primary Care, Mental Health and Disability to conduct an independent review of the process for the implementation of regulations and standards in residential services for adults and children with disabilities. Such residential services are provided for just under 9,000 people with disabilities at approximately 1,200 locations. Designated centres range from large congregated settings to community group homes to supported independent living. Sometimes a group of residences is treated as a single designated centre¹. The relevant Regulations and Standards came into force in November 2013 and the Health Information and Quality Authority (HIQA) began inspections from that date. The relevant Regulations and Standards came into force in November 2013 and the Health Information and Quality Authority (HIQA) began inspections from that date. Minister Lynch asked that the review capture the experience, impact and learning from the introduction of the system of regulation, standards and inspections of residential disability services, and, also highlight the range of good practices which are in place.

I.2 Context

I.2.2 Health Act 2007

The Health Act 2007 provides the statutory basis for the regulation, registration and inspection of residential services provided to people with disabilities, to children under the Child Care Acts, and to other dependent persons. This encompasses residential services (including respite services) where the care is provided by the Health Service Executive (HSE), as well as by private or voluntary providers having arrangements governed by sections 38 or 39 of the Health Act 2004 or section 10 of the Child Care Act 1991. Section 2(1) of the 2007 Act defines these residential services as "designated centres".

The Health Act 2007 became law on 21 April 2007. However, Part 7 (as it relates to designated centres for persons with disabilities), Part 8 (Regulation of Designated Centres) and Part 9 (Inspections and Investigations) were not commenced until the Minister for Health made the requisite order on the 1st of November 2013.²

I.2.3 Economic climate in Ireland

At the time of the commencement of HIQA inspections of residential services for adults and children with disabilities in November 2013, there were serious economic and fiscal pressures facing Ireland. Residential services for people with disabilities were not immune

¹ Designated centres are different to "locations". For full list of designated centres see www.hiqa.ie

²Health Act 2007 (Commencement) Order 2013, S.I. 365/2013

to this. There was an embargo on staff recruitment in place, disability services had seen a reduction in funding, and efficiencies had to be achieved within existing resources.

1.2.4 National policy

Government policy, as detailed in the Report of the Working Group in June 2011 – **Time to Move on from Congregated Settings**- is to move people from congregated settings to the community. This required the development of a national plan and a change programme which provides supports to people with disabilities that are based on the values of:

- equality
- the right of individuals to be part of their community
- planning for their own lives and making their own choices
- providing personal supports for independent living

1.2.5 National Standards for residential services for people with disabilities

Before the commencement of Parts 7, 8 and 9 in November 2013, HIQA consulted extensively with service providers on standards for residential services provided to persons with disabilities. This process led to the publication in January 2013 of HIQA's "National Standards for Residential Services for Children and Adults with Disabilities".³ (For convenience, these are referred to in this report as "the National Standards"). The National Standards are set out under 8 themes. The first four themes relate to the quality and safety of services provided. The remaining four themes relate to the capability and capacity of service providers to provide services of appropriate quality and safety.

1.2.6 Regulations

On 1 November 2013 – the same day that Parts 7, 8 and 9 of the 2007 Act were commenced– the Minister for Health issued two related statutory instruments under that Act. The first⁴ deals with the registration of designated centres for persons with disabilities and sets out detailed requirements for registration.

The second statutory instrument⁵ contains detailed regulations concerning the operation of designated centres for persons with disabilities and the standard of care and support to be provided to their residents.

³ HIQA, (2013) "National Standards for Residential Services for Children and Adults with Disabilities", Available at <http://www.hiqa.ie/system/files/Standards-Disabilities-Children-Adults.pdf> (19 May 2015)

⁴ Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, S.I. 366/2013

⁵ Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, S.I. 367/2013

1.2.7 Assessment outcomes

To assist inspectors in the process of assessing compliance with the Regulations and National Standards, HIQA has developed a set of 18 Outcomes that reflect the eight themes underlying the National Standards and that encompass the overall requirements of the Regulations, as well as, the National Standards.

1.2.8 Assessing compliance

Inspectors assess and report on the overall operations of designated centres by reference to the 18 Outcomes. This enables them to find whether a centre is compliant with the Standards and Regulations. Based on these findings, HIQA then determines degrees of compliance or non-compliance and which Standards and/or Regulations have been breached. The registered provider and/or the person in charge identify actions to remedy non-compliances and agree the actions and time-frame for their completion with HIQA.

1.3 Methodology

The approach taken by the National Disability Authority included:

- Data analysis of HIQA published reports which involved a statistical analysis of 936 HIQA inspection reports from November 2013 to mid July 2015.
- There was also an in depth detailed statistical analysis of a sample of 192 reports published in year one. Chapter 5 and the Appendices to this report contain the details of this statistical analysis
- Engagement with people who had direct experience of HIQA inspections. These were drawn from a number of centres which formed part of the National Disability Authority's sample of 192 reports. This included face to face interviews and focus groups with residents. Chapter 3 details this engagement. There was also engagement both face to face and by phone with CEOs, Managers, Persons in Charge and staff from these centres. Chapter 4 of this report includes the feedback from this engagement
- Engagement with other key stakeholders included:
 - Department of Health
 - Disability Federation of Ireland
 - National Federation of Voluntary Bodies
 - HIQA
 - National Head of Programme, Disability
 - National Head of Children's Programme
 - Head of Programme, Registration
 - 2 Inspector Managers Adult Disability
 - Health Service Executive
 - Inclusion Ireland
 - National Advocacy Services

- The Not-for-Profit Business Association Limited

In addition, the National Disability Authority also received a number of written submissions from some stakeholders. All of the information gathered through this engagement is contained in Chapter 4 of this report.

1.4 Terminology

This report deals with inspection of designated centres for people with disabilities. In some cases, a designated centre is a single unit, such as, a group home, in other cases, the designated centre may refer to a group of separate houses or a cluster of residential units.

1.5 Findings

The data analysis and the engagement with key stakeholders aimed to capture peoples experience of the regulatory and inspection process, as well as, the impact this has had on the disability sector and the learning and good practice that has emerged. This in turn has informed the findings of this review which are set out in Chapter 6 and summarised below.

1.5.1 Welcome for regulation and inspection in residential services for people with disabilities

Every person interviewed during the review, welcomed and recognised the need for regulation and inspection in the disability residential sector.

1.5.2 Feedback from individuals living in designated centres

People living in designated centres raised a number of issues about HIQA inspection in their homes:

- Residents want information and education about the HIQA inspection process and want to be consulted about it
- Residents want to communicate with inspectors
- Inspectors' engagement with people who are non-verbal or who communicate in different ways is important
- Fear was an issue for residents in relation to inspections, partly because of a lack of information and partly because of staff 'frightening' residents about the outcome of inspections if they communicated complaints or concerns to the inspector
- 'Áras Attracta' causes concern for residents
- Getting consent from residents during inspections is important particularly in relation to accessing bedrooms; accessing personal files and information; and contacting family members
- Residents reported a lack of information on inspection reports and action plans
- Residents reported a range of positive and negative outcomes of inspections, which are detailed in Chapter 3. For example, positive outcomes included changes in staffing levels

and increased access to advocacy and supports. Negative outcomes included, for example, more house rules and the need for the house to be clean at all times

- People with disabilities want to be involved in inspections

1.5.3 Compliance Levels

1.5.3.1 Outcomes inspected against during HIQA inspections

HIQA inspections are based on a set of outcomes which are set out in an assessment framework and which relate to the standards and regulations applicable to residential services for adults and children with disabilities. There are 18 outcomes in total.

Inspections to inform a registration or registration renewal decision almost always evaluate compliance with all 18 outcomes. Inspections to monitor ongoing regulatory compliance almost always evaluate compliance with 7 outcomes which HIQA has identified as potential areas of risk, plus an additional 2 or 3 outcomes. The seven HIQA core outcomes are:

- Outcome 05: Social Care Needs
- Outcome 07: Health and Safety and Risk Management
- Outcome 08: Safeguarding and Safety
- Outcome 11: Healthcare Needs
- Outcome 12: Medication Management
- Outcome 14: Governance and Management
- Outcome 17: Workforce

The HIQA Head of Programme Disability said that of the 18 outcome areas, HIQA identified 7 outcomes which related particularly to areas of risk, and which if managed effectively by providers, would indicate that the service available in the designated centre is a safe service for residents, and meets the assessed care and support needs of residents. The HIQA Head of Programme Disability went on to clarify that failure to meet the requirements in these areas would indicate that the centre may not be safe or may not be meeting the assessed needs of residents, and may require further attention from inspectors. When inspecting older person's services, HIQA had found that designated centres that were presenting the most concerns could be indicated by their non-compliance with certain outcomes. Based on their experience in older person's services, HIQA identified the 7 core outcomes for disability services.

1.5.3.2 Levels of compliance

The National Disability Authority's statistical analysis found that there was a significant degree of non-compliance with assessed outcomes. In the National Disability Authority sample of 192 reports, 45% of outcomes were compliant, 16% were non-compliant minor, 30% were non-compliant moderate and 9% were non-compliant major. In this sample of reports there were 2,075 residents in designated centres.

Analysis of the 192 reports on designated centres, in the National Disability Authority's sample, found that half of the designated centres had more than 40% of the outcomes they were inspected against found to be at either a moderate or major non-compliance level. Twelve reports (6%) on designated centres had every outcome they were inspected against found to be non-compliant either to a major or a moderate non compliance level.

Analysis of the 936 inspection reports showed that 7% of residents lived in a designated centre that was compliant or substantially compliant on all outcomes.

1.5.3.3 Outcomes with the highest and lowest compliance levels

In the National Disability Authority sample of 192 reports, the outcomes with the highest compliance levels were:

- Outcome 3: Family and personal relationships and links with the community (93%)
- Outcome 15: Absence of the person in charge (91%)
- Outcome 9: Notification of Incidents (89%)
- Outcome 10: General Welfare and Development (84%)
- Outcome 16: Use of Resources (84%)
- Outcome 2: Communication (76%)

The outcomes with the lowest compliance levels were:

- Outcome 18: Records and documentation (17%)
- Outcome 07: Health and Safety and Risk Management (21%)
- Outcome 04: Admissions and Contract for the Provision of Services (26%)
- Outcome 17: Workforce (29%)
- Outcome 08 Safeguarding and Safety (36%)
- Outcome 05 Social Care Needs (37%)
- Outcome 06 Safe and suitable premises (37%)

When major non-compliance was analysed, the following outcomes were found to have a compliance level of non compliant major in at least one in ten inspections when the outcome was inspected against:

- Outcome 7: Health and Safety and Risk Management (20%)
- Outcome 6: Safe and suitable premises (13%)
- Outcome 4: Admissions and Contract for the Provision of Services (13%)
- Outcome 12: Medication Management (12%)
- Outcome 17: Workforce (10%)

- Outcome 14: Governance and Management (10%)
- Outcome 8: Safeguarding and Safety (10%)

In the National Disability Authority's sample of 192 reports, Outcome 7 (Health and Safety and Risk Management) was found to have the highest levels of major and moderate non-compliance. The detailed statistical analysis of the sample of reports highlighted specific breaches of regulations in this area in relation to fire risks, ongoing assessments of hazards and emergency procedures.

1.5.3.4 Regulations breached most often, when inspected against

These are the top ten Regulations cited in the sample of reports which were breached most often when inspected against:

1. Premises (Regulation 17)
2. Admissions and contracts for the provision of services (Regulation 24)
3. Risk management procedures (Regulation 26)
4. Individual assessments and personal plan (Regulation 5)
5. Written policies and procedures (Regulation 4)
6. Complaints procedures (Regulation 34)
7. Statement of purpose (Regulation 3)
8. Fire precautions (Regulation 28)
9. Residents' rights (Regulation 9)
10. Medicines and pharmaceutical services (Regulation 29)

1.5.3.5 Larger designated centres are less likely to comply

Designated centres with 10 or more residents were more likely to have had findings of moderate or major non-compliance than designated centres with fewer residents. The statistical analysis of the 936 reports to mid July 2015 found that these larger designated centres accounted for 70% of the resident population.

1.5.3.6 Regional and inspector variation in compliance levels

In the National Disability Authority's sample, both specific regions and specific inspectors were statistically significant predictors of compliance levels. Therefore, there was variation both between inspectors and between regions in the sample.

1.5.3.7 Providers operating in isolation less likely to be compliant

Small providers (with 4 or fewer designated centres) were more likely to have had higher levels of non-compliance. This negative effect was mitigated if the providers were members of an umbrella body.

1.5.3.8 Improvement in compliance levels as learning took place

Compliance rates were lower in the first six months of inspection, which confirms reports of initial lack of readiness by many providers for the requirements of the inspection process. The compliance rate improved over the second six months of the inspection process, and has stabilised thereafter. Statistical analysis of the sample showed higher rates of compliance if:

- the inspection was later on in the first year
- it was the second inspection
- the provider had more than four designated centres or
- a small provider was a member of an umbrella body.

However, it was also clear that a small number of providers, in our sample, did not show evidence of learning from the process, as their compliance levels did not improve over the course of the year.

1.5.3.9 Factors with no impact on compliance levels

The following issues were tested for in the National Disability Authority sample but showed no impact on compliance levels:

- the type of disability catered for by the service
- whether funded under section 38 versus section 39
- whether the service provided respite or not
- announced or unannounced visit
- whether or not the designated centre was HSE run
- being run by one of the largest five disability providers in Ireland
- whether the centre already had residents or not, or if there were vacancies

1.6.4 Readiness of the Disability Sector for regulation and inspection

1.6.4.1 Disability sector ill-prepared for a regulatory inspection process

Despite taking a range of preparatory actions for the introduction of regulations and inspection, the general sense from both providers and HIQA was that the disability sector seemed ill-prepared when the regulations were introduced and inspections began.

1.6.4.2 Administration and documentation raised as a challenge

It is clear from the review that regulation and inspection of disability services requires a level of administration that was not in place in organisations previously and that this element of regulation and monitoring has had a significant impact on staffing and resources.

1.6.4.3 Commentary on Impact Assessment

A number of service providers commented on the huge impact of the commencement of regulations and inspections on the disability sector, particularly in terms of resources and

additional costs that are being incurred for registration and to achieve compliance. The National Federation of Voluntary Bodies commented on the lack of a comprehensive regulatory impact assessment, which would have addressed, amongst other areas, the resource implications and the impact on the implementation of national policies which support the development of 'ordinary lives in ordinary places'.

1.7.5 Commentary on Legislation and Regulations

There was a wide range of commentary on the legislation and regulations that apply to residential disability services.

1.7.5.1 Designated centre

A lack of clarity on the definition of 'designated centre' in the Health Act was raised as an issue.

1.7.5.2 Registration

Stakeholders raised the following issues in relation to the regulations applying to the registration of designated centres⁶:

- Financial disadvantage for smaller designated centres in the registration regulations
- Costs incurred for making changes to registration throughout the year
- Certain registration regulations which service providers found it difficult to comply with
- A lack of allowance in the regulations for emergency placements

1.7.5.3 Disability care and support regulations

Under the 'Disability Care and Support regulations'⁷ the following issues arose:

- Criticism of a lack of consistency between standards and regulations and lack of consultation on the regulations
- Regulations criticised for being more appropriate to institutional settings than ordinary housing
- Issues around the same regulations being applied to residential and respite services
- Appropriateness of fire regulations being applied to some small scale dwellings
- Concern that implementation of the regulations is not congruent with the implementation of national policy to move people from congregated to dispersed housing in ordinary communities
- Interpretation of regulation referring to medicines and pharmaceutical services

⁶ The Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

⁷ Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013

1.7.5.4 Further clarity requested on certain regulations

Clarity was requested by service providers regarding regulations relating to the following areas:

- Requirements for certain aspects of personal plans
- Discrepancy between HSE and HIQA guidance and regulations related to residents' finances
- Challenges for service provider organisations in relation to the role of the Person in Charge
- Regulation supportive of good management

These issues are discussed in more detail in Chapter 6 of the report.

1.7.6 Experience of the process of inspection and regulation

1.7.6.1 Feedback on interaction with inspectors

There was positive feedback from residents and family members on how they found the HIQA inspectors.

There was a wide variation in responses from service providers on how they found the HIQA inspectors. Descriptions of interactions ranged from being complimentary of the inspectors, using terms such as 'very helpful', 'respectful', 'accommodating' and 'approachable' to being an extremely negative experience in other settings with words, such as, 'intimidating', 'threatening' and 'challenging' used.

1.7.6.2 Commentary on the Inspectors' backgrounds

Many service providers highlighted the importance of HIQA inspectors having a background and understanding of disability services. The background of the individual inspectors was perceived by service providers to affect their focus and approach to inspections.

1.7.6.3 Concerns expressed about inspectors operating a caseload covering services for both older persons and persons with disabilities

Many stakeholders and service providers recognised that some of the inspectors had come from 'elder care' inspections. They expressed concern that the approach taken to inspections in nursing home settings was being replicated inappropriately in disability settings. HIQA told the National Disability Authority that the inspector team structure is being reconfigured to have one group inspecting older person's services and a different team of inspectors for disability services

1.7.6.4 Concerns expressed about certain aspects of inspections

Service providers expressed concerns about certain aspects of HIQA inspections, including:

- A lack of consistency with interpretation of regulations

- A lack of a designated liaison person in HIQA for large service providers
- Inaccessible language in inspection reports
- A focus on paperwork/documentation⁸
- Differences between verbal and written feedback reported
- An over-emphasis on risk assessment and risk management

1.7.6.5 Significance of attitudes and culture in services

The issue of institutionalised practices emerged in almost all of the interviews with HIQA staff. A number of HIQA interviewees commented on the challenges facing large, campus-based services where these practices can persist.

1.7.6.6 Process and cost implications of agreeing actions plans

Issues around the process and resource implications for the implementation of actions plans were noted in the interviews. CEOs and managers highlighted the practical dilemma faced by service providers, who are told by HIQA to act swiftly to resolve issues of non-compliance, but told by the funder, the HSE, 'not to spend money we don't have'.

1.7.6.7 Costs of implementation in 2014

Large service providers reported spending up to €1 million on foot of HIQA inspections in 2014. Other service providers gave figures of between €12,000 and €17,000 per designated centre to bring them in line with the regulations and standards.

A recent study by the National Federation of Voluntary Bodies on the costs associated with the registration and inspection process, and the implementation of the actions arising from HIQA inspection reports, has indicated that the costs amount to approximately €25 million (2014/5).

HSE calculations to date for 2014 show their spending in the region of €11.4 million in capital costs; an additional €4 million in staff costs; once off costs; and agency staff, which has an immediate extra costs such as 21% VAT. The HSE reported that it has not received any additional funding in its budget allocation to address the issues relating to HIQA inspections. The HSE has estimated that the cost in 2015 of funding actions in Action Plans will be €57 million

The costs quoted in this section are estimates and reflect the views of the representatives of the National Federation of Voluntary Bodies and the HSE at the time the interviews

⁸ "Paperwork" was a phrase used in the course of interviews. HIQA refers to this paperwork as " the documentation which provides evidence that the service is being provided to meet the needs of residents, is being audited and reviewed and that arrangements are in place to ensure the consistent delivery of the service"

took place. The National Disability Authority has not independently assessed these cost estimates.

1.7.7.7 Good practice and continuous quality improvement

The process of HIQA inspections in disability services is still in its second year. Given this short timeframe there were challenges in identifying good practice.

HIQA interviewees noted that good practice could be promoted through greater interaction and sharing of expertise and learning between service providers. The National Federation of Voluntary Bodies noted that since the introduction of the regulations there has been on-going inter-agency sharing of information and experience, leading to problem resolution across services. The Federation organised a number of shared learning and dissemination events on major quality improvement initiatives and developed a resource point on its website to facilitate the sharing of HIQA related policies and documentation.

1.7.7.8 HIQA's Role in Promoting Good Practice

During the first year of inspections, the focus of HIQA has been on ensuring compliance with the regulations and registering designated centres. Because of the focus on registration in this first phase of the inspection process, thematic inspections by HIQA have not yet commenced in disability services. HIQA confirmed that it is its intention to conduct thematic inspections in disability services. While acknowledging quality improvements and good practice in some designated centres, HIQA noted that there are significant levels of non-compliance in other designated centres. Consequently, HIQA's resources have been concentrated on addressing these non-compliance issues.

Chapter 2 Introduction

2.1 Context

2.1.1 Health Act 2007

The Health Act 2007 provides the statutory basis for the regulation, registration and inspection of residential services provided to people with disabilities, to children under the Child Care Acts, and to other dependent persons. This encompasses residential services (including respite services) where the care is provided by the Health Service Executive (HSE), as well as by private or voluntary providers having arrangements governed by sections 38 or 39 of the Health Act 2004 or section 10 of the Child Care Act 1991. Section 2(1) of the 2007 Act defines these residential services as "designated centres".

The 2007 Act establishes the Health Information and Quality Authority (HIQA). Section 7 defines the object of the Authority:

"to promote safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public."

Section 8 defines HIQA's functions. Under subsection (1)(b) these include setting standards on safety and quality in relation to services provided under the Health Acts 1947-2007 and the Child Care Acts, including residential services provided to people with disabilities.

Sections 98 to 101 authorise the Minister for Health to make regulations to give effect to the Act. These sections expressly provide for regulations to set criteria for the registration of designated centres and for the functional standards to which designated centres must operate.

Part 7

Part 7 of the 2007 Act establishes the office of the Chief Inspector of Social Services. Section 40 provides for HIQA to appoint a person to that office. Under section 41, the functions of the office include:

- maintaining a register of designated centres
- registering and inspecting designated centres to assess whether the registered provider complies with standards set by HIQA or applicable regulations

Section 43 authorises HIQA to appoint persons to assist the Chief Inspector in the performance of his or her functions. These persons are formally known as 'Inspectors of Social Services' but are referred to generally in the 2007 Act and this report as 'inspectors'.

Part 8

Part 8 of the 2007 Act governs the registration of designated centres. It requires persons who operate designated centres (or who intend to do so) to register under the Act. Under section 69, persons who operated residential centres at the time of the commencement of Part 8 in November 2013 were to continue the services for a period

not exceeding 3 years or such shorter period as the chief inspector may determine. To be registered, the registered provider and persons involved in its management must satisfy the Chief Inspector of their fitness and their compliance with applicable standards and regulations. Under section 48, applications for registration and renewals of registration must include prescribed information about each designated centre, including:

- the number of residents
- the identity of the registered provider
- the identity of the person in charge of the designated centre
- other information as required by the Act or regulations under it

These details are kept on the register maintained under section 49. A prescribed fee must be paid for registrations, renewals and applications by registered providers to vary or remove their registrations. Under section 49(2), a registration is for a period of 3 years unless otherwise terminated for reasons provided for in the Act.

Part 9

Part 9 of the 2007 Act gives the Chief Inspector powers to fulfil his or her functions under section 41. These include authority to:

- enter and inspect premises
- view and take copies of documents
- interview workers
- (subject to their consent) interview people who live in designated centres

Commencement

The Health Act 2007 became law on 21 April 2007. However, Part 7 (as it relates to designated centres for persons with disabilities), Part 8 (Regulation of Designated Centres) and Part 9 (Inspections and Investigations) were not commenced until the Minister for Health made the requisite order on the 1st of November 2013.

Section 69 of the 2007 Health Act is a transitional provision that deals with designated centres already in operation at the time of commencement of Part 8. It provides that the Chief Inspector can permit such centres to remain in operation for up to three years after that commencement, pending registration under Part 8.

2.1.2 Economic climate in Ireland

At the time of the commencement of HIQA inspections of residential services for adults and children with disabilities in November 2013, there were serious economic and fiscal pressures facing Ireland. Residential services for people with disabilities were not immune to this. There was an embargo on staff recruitment in place, disability services had seen a reduction in funding, and efficiencies had to be achieved within existing resources.

2.1.3 National policy

Government policy, as detailed in the Report of the Working Group in June 2011 –**Time to Move on from Congregated Settings**- is to move people from congregated settings to the community. This required the development of a national plan and a change programme which provides supports to people with disabilities that are based on the values of:

- equality
- the right of individuals to be part of their community
- planning for their own lives and making their own choices
- providing personal supports for independent living

Community-base services are superior to institutions as places for people with disabilities to spend their lives. Research studies examined by the Working Group showed conclusively that :

- community living offers the prospect of an improved lifestyle and quality of life over institutional care for people with intellectual disabilities
- this applies to old and new institutions, whatever they are called
- community living is no more expensive than institutional care once the comparison is made on the basis of comparable quality of care
- successful community living requires close attention to the way services are set up and run, especially the quality of staff support⁹

2.1.4 National Standards for residential services for people with disabilities

Before the commencement of Parts 7, 8 and 9 in November 2013, HIQA consulted extensively with service providers on standards for residential services provided to persons with disabilities. This process led to the publication in January 2013 of HIQA's "National Standards for Residential Services for Children and Adults with Disabilities". (For convenience, these are referred to in this report as "the National Standards"). The National Standards cover eight broad themes. The first four themes relate to the quality and safety of services provided. The remaining four themes relate to the capability and capacity of service providers to provide services of appropriate quality and safety. Table 2.1 gives a brief summary of the eight themes.

⁹ Report of the Working Group on Congregated Settings, "Time to Move on from Congregated Settings" (June 2011), page 12

Table 2.1: HIQA Themes for National Standards

Theme	Description
1. Individualised Supports and Care	How residential services place children and adults at the centre of what they do.
2. Effective Services	How residential services deliver best outcomes and a good quality of life for children and adults, using best available evidence and information.
3. Safe Services	How residential services protect children and adults and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
4. Health and Development	How residential services identify and promote optimum health and development for children and adults.
5. Leadership, Governance and Management	The arrangements put in place by a residential service for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
6. Use of Resources	Using resources effectively and efficiently to deliver best achievable outcomes for adults and children for the money and resources used.
7. Responsive Workforce	Planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of adults and children with disabilities in residential services.
8. Use of Information	Actively using information as a resource for planning, delivering, monitoring, managing and improving care.

Source: National Standards, p. 7

The National Standards set out individual standards under the rubrics of the eight themes, together with detailed outcomes indicating what service providers must achieve to be compliant with the standards. For example, under the theme of 'Safe Services', Standard 3.1 requires that "[each] person is protected from abuse and neglect and their safety and welfare is promoted."

There are separate standards and outcomes for adults and for children, though both sets are built around the framework of the eight themes.

The standards were developed through a consultative process that involved people with disabilities and disability organisations.

2.1.5 Regulations

On 1 November 2013 – the same day that Parts 7, 8 and 9 of the 2007 Act were commenced– the Minister for Health issued two related statutory instruments under that Act. The first deals with the registration of designated centres for persons with disabilities. It sets out detailed requirements for registration including information and documents to be supplied to the Chief Inspector, as well as, the fees for registration, renewals and applications for variations of conditions of registration.

The second statutory instrument contains detailed regulations concerning the operation of designated centres for persons with disabilities and the standard of care and support to be provided to their residents. For convenience, these are referred to in this report as "the Regulations". The Regulations include provisions relating to the protection of residents, standards of care and support, staffing, governance and management. They assign responsibility for compliance to either the registered provider or the person in charge of the designated centre, in accordance with the nature of the obligation in question.

2.1.6 Assessment outcomes

To assist inspectors in the process of assessing compliance with the Regulations and National Standards, HIQA has developed a set of 18 Outcomes that reflect the eight themes underlying the National Standards and that encompass the overall requirements of the Regulations, as well as, the National Standards. Inspectors use the 18 Outcomes to assist them in planning and conducting inspections and to categorise findings of compliance or non-compliance. Table 2.2 lists the 18 Outcomes and the themes to which they relate.

Table 2.2: HIQA 18 Outcomes

Theme	Outcome
Individualised Supports and Care	Outcome 1: Residents' Rights, Dignity and Consultation
	Outcome 2: Communication
	Outcome 3: Family and Personal Relationships and Links with the Community
Effective Services	Outcome 4: Admission and Contract for the Provision of Service
	Outcome 5: Social Care Needs
	Outcome 6: Safe and Suitable Premises
	Outcome 7: Health and Safety and Risk Management
Safe Services	Outcome 8: Safeguarding and Safety
	Outcome 9: Notification of Incidents
Health and Development	Outcome 10: General Welfare and Development
	Outcome 11: Healthcare Needs
	Outcome 12: Medication Management
Leadership, Governance and Management	Outcome 13: Statement of Purpose
	Outcome 14: Governance and Management
	Outcome 15: Absence of the Person in Charge
Use of Resources	Outcome 16: Use of Resources
Responsive Workforce	Outcome 17: Workforce
Use of Information	Outcome 18: Records and Documentation to be Kept.

Source: "Judgement Framework for Designated Centres for Persons (Children and Adults) with Disabilities", HIQA, January 2015.

For the purposes of assessment and inspections, the Outcomes are in turn associated with individual Regulations.

2.1.7 Assessing compliance

Inspectors assess and report on the overall operations of designated centres by reference to the 18 Outcomes. This enables them to find whether a centre is compliant with the Standards and Regulations. Based on these findings, HIQA then determines degrees of

compliance or non-compliance and which Standards and/or Regulations have been breached. The registered provider and/or the person in charge identify actions to remedy non-compliances and agree the actions and time-frame for their completion with HIQA.

To assist registered providers, persons in charge and inspectors in assessing compliance or degrees of non-compliance, HIQA published two documents – the Assessment Framework¹⁰ and a Judgement Framework.¹¹ HIQA made these available on their website with a view to promote transparency, so that providers could see the frameworks being used by inspectors and, also, so that they could use the frameworks themselves to assess their own compliance with the legal requirements.

The Assessment Framework provides guidelines to inspectors on the areas to be considered when deciding whether a provider or the person in charge are compliant with the requirements.

The Judgement Framework outlines:

- the process by which inspectors assess compliance
- the means of determining appropriate regulatory responses
- examples under each of the 18 Outcomes of findings of compliance and non-compliance

Up to the publication of the Judgement Framework in January 2015, HIQA assessed non-compliance with the 18 Outcomes in three degrees:

- Matters deemed '**non compliant - minor**' require the registered provider or person in charge to take relatively small steps to remedy
- Those found to be '**non compliant - moderate**' require priority action to remedy or mitigate the non-compliance and ensure the health, safety and welfare of service users
- Matters found to be '**non compliant - major**' involve serious breaches that require immediate steps to be taken

With the introduction of the Judgement Framework, HIQA changed the treatment of minor non-compliance. Matters found to require small measures that will bring them into compliance quickly are now classified as 'substantially compliant'. As all reports reviewed in this study pre-date the introduction of the Judgement Framework, that change is not relevant to them.

¹⁰ "Assessment Framework for Designated Centres for Person(Children and Adults) with Disabilities", HIQA, January 2015

¹¹ "Judgment Framework for Designated Centres for Persons (Children and Adults) with Disabilities", HIQA, January 2015.

2.1.8 Types of inspection

HIQA conducts five types of inspections¹²:

1. “Full 18 outcome” inspections, usually to inform registration decisions or renewal decisions.
2. Monitoring inspections to monitor ongoing compliance with regulations and standards.
3. Follow-up inspections to assess whether the provider has implemented the required actions.
4. Single/specific inspections are based on a notification or on information received.
5. Thematic inspections which focus on food and nutrition, for example.

Inspections to inform a registration or registration renewal decision almost always evaluate compliance with all 18 Outcomes.

Inspections to monitor ongoing Regulatory compliance, almost always, evaluate compliance with 7 Outcomes which HIQA has identified as potential areas of risk:

- Outcome 05: Social Care Needs
- Outcome 07: Health and Safety and Risk Management
- Outcome 08: Safeguarding and Safety
- Outcome 11: Healthcare Needs
- Outcome 12: Medication Management
- Outcome 14: Governance and Management
- Outcome 17: Workforce

(For convenience, these are referred to as 'the core Outcomes'.)

Inspections can be both announced and unannounced. In general, inspections to inform a registration or registration renewal decision are announced and other inspections are unannounced.

2.2 Background to the review

The Minister of State at the Department of Health, Kathleen Lynch TD, asked the National Disability Authority to conduct an independent review, one year on, following the implementation of a system of regulation, standards and inspections of residential disability services, by the Health Information and Quality Authority (HIQA).

¹² HIQA Annual Report 2014, page 23

Since 1st November 2013, HIQA has been responsible for the process of registration, inspection and monitoring against the National Standards for Residential Services for Children and Adults with Disabilities and the legal Regulations published by Government.

Minister Lynch asked that the review capture the experience, impact and learning from the introduction of the system of regulation, standards and inspections of residential disability services, and, also highlight the range of good practices which are in place.

2.3 Approach taken to the review

The National Disability Authority's review consisted of 2 elements:

The first element of the review involved a series of engagements with key stakeholders. This element of the review focussed on engagement with those who have had direct experience of the inspection process. The second element of the review comprised statistical analysis of published HIQA reports on residential services.

The first element of the review consisted of:

- Engagement with residents and family members
- Bi-lateral engagement with key stakeholders
- Engagement with those who have had experience of the inspection process in the National Disability Authority's sample of 12 residential and respite services

2.3.1 Engagement with residents and family members

The approach taken by National Disability Authority was to identify adult residents from the National Disability Authority's sample of 12 centres who had met with inspectors and others (experts by experience group¹³) who had been actively involved in working with residents about the HIQA inspections. Children services were excluded from this. This involved:

- Contacting the Person in Charge in the selected centres about the process for engaging with residents
- Identifying residents who were willing to engage with the National Disability Authority
- Ethical and consent procedures for this engagement
- National Disability Authority engaged a skilled contractor who had experience in this field and had skills in augmented communication for carrying out the interviews. National Disability Authority conducted 3 of the interviews with residents

¹³ The 'experts by experience' group who participated in Focus Group 1 are a group of service users/self advocates who have delivered training and information workshops on the HIQA National Standards for Residential Settings for Children and Adults with Disabilities to service users and care staff.

2.3.2 Profile of Participants

There was a good gender mix across the interviews and focus groups. The age range of participants was broad – approximately 25 to 75 years. People who communicate in different ways were supported to participate in both the interviews and focus groups. A small number of participants (three) were non-verbal and some individuals had receptive and/or expressive language difficulties. Total Communication supports were used (where required) to facilitate the engagement of all participants, for example, a set of pictures to guide participants through the questions and provide a visual plan for the interview. An interpreter was engaged in one centre to support three participants who communicate using sign language. The use of easy to read materials supported individuals with literacy difficulties to access the consent materials and to engage in the focus group member checking process¹⁴.

Engagement with family members was challenging, both in terms of identifying family members who have engaged with HIQA and of those who have, about their willingness then to engage with the National Disability Authority. In total five family members were interviewed. Four of them engaged with HIQA inspectors on the day of the inspection and the other sought to engage with HIQA about the content of a published report.

The engagement with residents and family members informed the content of Chapter 3 and the findings in Chapter 6 of this report.

2.3.3 Engagement with statutory and voluntary bodies

The approach taken by National Disability Authority was:

- Written correspondence with CEO of non statutory and/or equivalents in statutory agencies outlining the purpose and process for the HIQA review
- Face to face interviews with the designated person(s)
- Drafting a report based on the interviews
- Issuing draft report to the interviewees for comments/observations and sign off
- Finalising individual reports for each of the interviews

The National Disability Authority held interviews with the following key stakeholders:

- Department of Health
- Disability Federation of Ireland
- National Federation of Voluntary Bodies

¹⁴ Member checking involves testing the data, themes and interpretations with participants to ensure validity. At the end of each interview, the interviewer read back the information gathered to the participant(s). This gave them the opportunity to confirm details, correct errors and make additions. In the case of the focus groups, once the data was analysed, an easy to read summary of the data gathered and broad themes identified was sent back to the participants with a request for feedback.

- HIQA
 - National Head of Programme, Disability
 - National Head of Children's' Programme
 - Head of Programme, Registration
 - 2 Inspector Managers Adult Disability
- Health Service Executive (HSE)
- Inclusion Ireland
- National Advocacy Services
- The Not for Profit Business Association Limited

2.3.4 Engagement with service providers, that the National Disability Authority had already selected, who had direct experience of the HIQA process

From the random sample of 192 HIQA reports published in Year One of Inspections, the National Disability Authority selected 12 centres for more detailed engagement.

With regards to the selection of those 12 centres with whom the National Disability Authority engaged, it was important to have an adequate mix of the following:

- Type of inspection – registration; announced and un announced; on foot of a complaint
- Type of provider - HSE; private; and voluntary service providers
- Type of service - Respite; Residential; and residential and respite services
- Type of disability – physical and sensory; intellectual (mild, moderate and complex); acquired brain injury; autism
- Type of residence– both in terms of size (single residential settings; congregate etc)
- Demographic spread and geographic location (rural/urban) and across the 9 inspectorate areas for adult residential services and 1 national inspectorate area for child and mix case (child and adult)
- Level of compliance – compliant; minor non-compliance and major non-compliance (based on the published reports)
- Timing of inspection – a mix of early ones in the process and later ones

As this was a voluntary engagement with the National Disability Authority, the approach taken by National Disability Authority to maximise this engagement was to:

- make personal contact by phone with each of the CEO's/Chief Officer CHO for HSE and discuss what was involved and to identify who within their organisation along with the Person in Charge would be best placed to talk to
- confirm arrangements for interviews
- set up interviews

- conduct most interviews by phone although 3 were done face to face. In some cases, there were 2-3 management staff taking part simultaneously in the interviews
- draft report for each interview
- circulate draft for agreement with those interviewed
- finalise individual reports for each interview

The engagement with key stakeholders informed the content of Chapter 4 of the Report, as well as, the findings detailed in Chapter 6.

2.3.5 Engagement with HIQA

The National Disability Authority had originally envisaged carrying out interviews with the relevant lead inspectors who were involved with the National Disability Authority's sample of 12 centres. HIQA, on foot of legal advice, could not allow inspectors to engage with National Disability Authority in relation to the inspection carried out in these centres. However, the HIQA National Programme Lead for Disability was available for any clarifications or further discussion on issues that arose in the context of National Disability Authority's engagement with the 12 centres.

2.3.6 Data analysis

The second element of the review was a data analysis of published HIQA inspection reports to mid July 2015¹⁵ and a more detailed statistical analysis of a sample of HIQA inspection reports, published within year one (November 2013- December 2014). The National Disability Authority reviewed 936 published inspection reports to mid-July 2015. This provided a statistical analysis of and gives a broad overview of how many people were living in compliant and non-compliant designated centres.

The National Disability Authority also carried out a qualitative and quantitative analysis based on a sample of 192 inspection reports on 163 designated centres published by HIQA between November 2013 and January 2015. (Four reports relating to two centres that were the subject of ongoing official investigations were excluded from an original random sample of 196 reports.) In addition to the published reports, it also used spreadsheet data supplied by HIQA that replicates most of the contents of the published reports.

Qualitative analysis of the data was performed using the NVivo qualitative analysis application and was carried out by an independent contractor. Data was selected to identify:

- favourable comments and observations made by inspectors, including in relation to matters otherwise found not to be fully compliant
- criticisms and observations leading to findings of non-compliance in relation to each of the 18 Outcomes

¹⁵ These related to inspections that had taken place up to mid July 2015

- actions taken by registered provider to address findings of non-compliance

The data analysis informed Chapter 5 of this report and the findings in Chapter 6. Appendix 1 contains detailed statistical analysis of the National Disability Authority's sample of 192 reports from year one. Appendix 2 contains the statistical analysis of the 936 inspection reports published to mid July 2015.

2.4 Outline of this report

This Report has six Chapters and Appendices

1. Executive summary.
2. Introduction.
3. Engagement with residents and family members.
4. Bilateral engagement with key stakeholders.
5. Analysis of data from HIQA reports.
6. Findings.

Appendix 1 – Quantitative and qualitative data analysis of the National Disability Authority's sample reports year one.

Appendix 2 – Quantitative analysis of 936 reports on inspections conducted to mid July 2015.

Chapter 3 Engagement with residents and family members

3.1 Introduction

The views of residents, self-advocates and family members were sought as part of the National Disability Authority's review of the implementation of the HIQA Standards and Regulations for Residential Services for Adults and Children with Disabilities.

Forty seven people with disabilities were consulted, participating in individual interviews, group interviews and focus groups. People with physical, sensory and intellectual disabilities were included. Thirty four of the individuals lived in group homes or congregated settings. The consultation also sought the views of a group of experts by experience and an advocacy council. In addition, five family members of residents living in disability services were interviewed.

3.2 Residents

Residents engaged enthusiastically in the consultation, sharing their views and ideas with great honesty and passion. A Total Communication approach was used to ensure individuals who communicate in different ways could be supported to get their thoughts across.

Overall, the participants welcomed the introduction of the standards and inspections, however, they raised a number of points in relation to the inspection process. Participants conveyed the importance of providing information and education on HIQA to people with disabilities, stressing the need for accessible information which is produced with people with disabilities. They expressed the importance of consent and their right to decide who can access their personal spaces and personal information. Residents described the positive experiences they had in meeting the inspectors and argued the importance of ensuring that everyone has the opportunity to share their views with the inspection team. The issue of fear arose however in many discussions, with participants explaining how staff and service providers can engage in behaviours, which disempower people with disabilities, before and during the inspection process.

Finally, participants identified the need for them to have access to HIQA reports and shared their views on the impact of inspections. They expressed the need to be involved in producing action plans and to be an equal part of the decision making team when changes are recommended and how they are implemented.

Many recommendations put forward by the participants to improve the inspection process, are outlined. Participants strongly expressed the view that this information should be communicated to HIQA, the National Disability Authority and service providers.

3.3 Consultation Methodology

Information was gathered using semi-structured interviews and focus groups. Using semi-structured interviews and focus groups enabled consultation on specific issues whilst also allowing the exploration with participants of any unanticipated issues as they arose.

A 'key topic' framework for the interviews and focus groups which was developed to support the understanding of the individuals participating. A small consultation group of people with disabilities gave advice on the structure and language used in the interview questions. Open ended questions were used where possible.

The data gathered during the interviews and focus groups was reviewed, coded and analysed for broad themes. All participants were given a code to ensure their identity remained anonymous. The analysis included notes taken during the sessions, memory-based analysis, and the analysis of written documents provided by participants. The analysed data was reviewed by a second researcher to reduce subjectivity and to provide additional insight into the themes.

A process of member checking took place to validate the information gathered. Member checking involves testing the data, themes and interpretations with participations to ensure validity. At the end of each interview, the interviewer read back the information gathered to the participant(s). This gave them the opportunity to confirm details, correct errors and make additions. In the case of the focus groups, once the data was analysed, an easy to read summary of the data gathered and broad themes identified was sent back to the participants with a request for feedback. Participants were given two weeks to reply. This process allowed errors to be corrected, wrong interpretations to be challenged, additions to be made and ensured the themes identified were valid.

3.3.1 Ethics and consent

There was a strong focus throughout this engagement on adherence to best practice in consulting with people with disabilities, and the maintenance of ethical standards. The protocol in this consultation has been informed by two pieces of work - Ask Me - Guidelines for Effective Consultation with People with Disabilities – National Disability Authority (2004), and the National Federation of Voluntary Bodies' guidelines on carrying out research in ID settings (NFVB 2008, Doyle 2009).

A consent process was followed which ensured that participants:

- understood what the project is about
- understood key information about the interview process / focus groups
- were aware they had a choice to participate in the project or not
- understood they could change their mind at any time
- understood how the data would be stored and used

An information leaflet on the project, consent checklist and consent form was designed in consultation with people with disabilities. These were specific to the interview process and were available in Easy to Read and Plain English.

Service providers were contacted to request their participation in the project and their support in the engagement process. The centres were asked to identify individuals who had been in the house when the HIQA inspection took place, and had met the inspector. Each service provider identified a staff member as a contact person for the contractors. Telephone contact was made and the information / consent process explained.

The consent materials were distributed to an agreed staff member supporting individuals so that they could have a chance to consider them. This staff member supported people to access the information. Individuals decided firstly if they would like to take part and secondly if they wished to take part in an individual or group interview. At the outset of each interview, the researcher reviewed the consent materials and provided additional information and clarification where necessary. This is in recognition of consent as an ongoing process.

3.3.2 Profile of participants

There was a good gender mix across the interviews and focus groups. The age range of participants was broad – approximately 25 to 75 years. People who communicate in different ways were supported to participate in both the interviews and focus groups. A small number of participants (three) were non-verbal and some individuals had receptive and/or expressive language difficulties. Total Communication supports were used (where required) to facilitate the engagement of all participants, for example, a set of pictures to guide participants through the questions and provide a visual plan for the interview. An interpreter was engaged in one centre to support three participants who communicate using sign language. The use of easy to read materials supported individuals with literacy difficulties to access the consent materials and to engage in the focus group member checking process.

Table 3.1: Participant Information

	Number of Participants	Gender		Disability	Residential status
		Male	Female		
Individual Interview	7	3	4	3 – sensory 1 – physical 3 – intellectual	4 -group home 3 -congregated setting
Group Interview (4 interviews)	11	2	9	9 – intellectual 2 – physical	11 -group home
Written contribution	1	0	1	1 – sensory	1 -congregated setting
Focus Group 1 (experts by experience)	8	6	2	8 – intellectual	3 -group home 1 -social housing 3 -independent living 1 -live with relative
Focus Group 2 (advocacy council)	20	11	9	20 – intellectual	12 -group home 5 -independent living 3 – live with family

Most interviews were conducted without a staff member or advocate present. One staff member supported a participant with a sensory disability during an individual interview. One staff member supported three participants with intellectual disabilities during a group interview, at their request. Two facilitators supported the participants in focus group one. A number of staff members / supporters attended focus group two. The contributions of staff members were included in the data only if this information supported participants with communication difficulties to express their experiences and preferences.

3.3.3 Strand one: individual and group interviews

A purposeful sample of 7 centres for was used to recruit participants for inclusion in this aspect of the project. Nineteen individuals engaged in individual and group interviews. The seven residential centres were located in five different counties. One participant chose to communicate their views in a written document.

Information on the participants is provided in Table 3.1. The interviews were conducted in a location, and at a time, of the participant's choosing. Generally participants chose to be interviewed in their own home or their day centre. Where groups consisted of individuals from different residential houses, the group members selected one venue to meet in. The duration of individual interviews was between thirty and forty five minutes, group interviews lasted between forty five and sixty minutes.

Staff members did not participate in the interviews unless participants specifically requested this – this occurred in the case of one group interview and one individual interview.

3.3.4 Strand two: focus groups

The second strand of this project consisted of two focus groups. A focus group methodology is time and resource efficient; it allows for the detailed exploration of a specific topic; it can capture perceptions, thoughts and feelings even in those with communication impairments; the participants do not need good literacy skills; emphasis is placed on the interaction of the group and this can add to the ‘richness’ of the data (Kitzinger 1994). The possibilities and benefits of using focus groups with people with disabilities have been highlighted in the literature (Fraser and Fraser 2000, Barrett and Kirk 2000, McCallion and McCarron 2004).

The team followed the recommendations on the design and delivery of focus groups as outlined in Doyle (2009) - Using Focus Groups as a Research Method in Intellectual Disability Research: A Practical Guide.

Key stakeholders were engaged bilaterally and from this engagement two groups were selected for inclusion in the consultation. It was felt that a group of experts by experience and an advocacy council would have valuable expertise to offer. Twenty eight people in total participated – information on the participants is provided in Table 3.1. The focus groups were facilitated by two experienced contractors. In the case of focus group 1, a co-researcher also attended to support the data collection and analysis. The duration of each focus group was approximately one hour and thirty minutes. Focus group 1 involved the experts by experience group. Focus group 2 was a meeting of an advocacy council in a large disability organisation. A number of the experts by experience and council members had direct experience of living in a house which had undergone a recent HIQA inspection.

Staff members attended the focus groups to facilitate individuals who communicate in different ways and to support participants to express their views. The focus group members also provided the contractors with written documents and video materials, relating to HIQA inspections, for their consideration.

3.4 The findings

This chapter summarises the main findings from the consultation with residents, advocates and experts by experience. In relation to the interviews with residents, the majority of participants (16 out of 19) recalled the inspections and aspects of the process with clarity. A small number of people found it hard to remember the event or any specific details about the inspection. In some cases the inspections had taken place over a year prior to the consultation. These individuals were asked more general questions about their knowledge of HIQA, their experience of visitors to their home, their views on access to their files or bedroom, and changes in their house in the previous months.

The views of residents in services and the experts by experience differed on some issues discussed. Where this occurred, both points of view are outlined within each theme, allowing the reader to get a sense of the different perspectives and experiences evident in the data.

Some residents experienced announced inspections, some unannounced inspections and some both.

The broad themes which emerged are as follows:

- Information on HIQA and the inspection process
- Communicating with the inspector
- Consent
- Fear
- Lack of information following inspections
- The impact of inspections

3.4.1 Information on HIQA and the inspection process

The majority of participants in the interviews and focus groups had a basic knowledge of the role of HIQA. Residents understood that an inspection had taken place in their home. Participants identified that HIQA looked at the quality of services provided in residential houses but many were unclear on how they went about doing this. Most of their knowledge of HIQA came from the media or from information provided by staff. A significant number of people explained that they knew very little about HIQA before the inspection in their home.

“only you sometimes hear it on the news or TV....maybe about hospitals”

“I didn’t know who they were until they came but we were preparing for HIQA with our goals...I didn’t know what they did”

“You’d hear about it on the news and about hospitals and nursing homes and it was very strange when they came to disability places”

In one focus group, the members highlighted the need for more information to be given to the people using services. They spoke about staff getting lots of training about HIQA before inspections but the people in services not knowing what they were about. They felt staff training was seen as more important than training for the people using services.

The experts by experience reported that lots of people who attended their training sessions for people using services, did not know what HIQA did. The group found the easy to read standards too difficult to understand.

Participants described HIQA’s role as:

“a ruling body set up by the government”

“a concern department”

“a quality organisation”

“They go around inspecting places like nursing homes, institutions and independent living to see how people are getting on and if they are happy or not”

“HIQA come and help you if you want them to”

“They are an inspector of quality...above the HSE in authority”

“going around the houses to make sure the ladies are well looked after and the houses were clean and tidy the way they want it”

“HIQA is a body, a body of people that comes in and inspects the houses to see if everyone is treated fairly”

Most participants were not familiar with the HIQA standards or the purpose of the inspection. A small number of the individuals interviewed could identify things that would be of interest to HIQA during an inspection. The group of experts by experience had a much clearer knowledge of the standards and an understanding of how HIQA operates. The list below identifies items mentioned in the interviews and focus groups when participants were asked what HIQA would look at during an inspection:

- investigating bad staff / how staff treat and talk to people
- staffing levels
- how money is managed
- how clean and safe the house is
- our health and welfare
- what our bedroom is like
- if we have family and friends / how we all get on
- our rights / choices / goals
- problems in the house
- food and meals
- fire safety – fire exits, drills, alarms, doors
- if you are independent
- equipment like walkers, frames

- help you if you need anything
- security
- quality of care
- the building
- medication
- privacy
- files

In most cases of announced inspections, residents reported that the staff in their house had communicated with them to ensure they understood that there would be a HIQA inspection.

“They told us HIQA were coming to do their research”

“We were told it was going to happen...it could happen anytime”

“They explained to us why they were coming...to help us”

“Staff told us they were coming and they were getting our folders ready”

“X (Manager) had talked to us ...said they were coming and gave us information on what to expect...we knew they were coming to see if the home was up to standard”

The advocates and experts by experience believed that in some services, residents were not given this information, even when staff and management knew the dates of inspections.

“Some people are not told at all...they told us they got a complete shock to find a stranger in their house”

Some residents knew in advance exactly when the inspectors were arriving and some were ‘surprised’ when they came. Most participants explained that they were not particularly concerned by ‘surprise’ visits or unannounced inspections, however if given a choice, they would prefer to have notice. All those interviewed stated that they had no objections to HIQA inspectors visiting their homes.

For two of the groups interviewed, the key issue was the time the inspectors arrived. One reported that the inspectors arrived in their home in the evening. This was a source of frustration – “when they were coming it was too late...they came in the evening...we couldn’t get the tea or the tablets done...got held up...they came late in the day when they should have been there early”. The second group expressed concern that the inspectors arrived in the morning as they were leaving for work. This meant that they did not have the opportunity to meet with inspectors.

During one interview a resident explained how they had tried to find a contact number for HIQA using the 11811 service. They had not been successful. Another person asked if service users have a right to phone HIQA up themselves, indicating a possible lack of information about the role of HIQA in services.

3.4.2 Communicating with the inspector

The dominant theme throughout the interviews was the participant's desire to meet and talk with the HIQA inspectors. Participants identified this as the most important aspect of inspections for them. The participants were unanimous in expressing the view that everyone in the house should have a chance to talk to the inspector and to have their say.

Of the nineteen people interviewed, fourteen had the opportunity to talk with the inspector during one of the inspections in their home, two did not, and two could not recall if they had met the inspectors.

The inspectors were described as:

“friendly”

“easy to talk to”

“very helpful”

“nice people”

“very kind”

“chatty”

All fourteen residents reported that overall they felt their meeting with the inspector was a positive experience. All remembered if the inspector was a man or a woman, and some participants remembered the inspector's name. People spoke with the inspectors about many different things including their lifestyle, how they felt about living in the house, interests, choices, work, safety, chores, complaints and relationships. In particular, participants seemed to enjoy talking with inspectors about their hobbies, goals and how they spend their day. They gave strong indications that they felt listened to and were given adequate time to talk.

“I thought they were very nice...I enjoyed it...from my experience I think they would listen and be very helpful”

“I was nervous and asked the staff to help me. When the lady came she just talked to me and I told her what I thought. I told her everything I could think up”

“At first I was nervous – I thought it was like an interview but after a few minutes it was easy to talk”

“She was very nice. She can call again”

Apart from one group, all residents described being given the opportunity to choose where to meet the inspector. Generally, meetings happened in their bedroom, the kitchen or the living room. They also chose to meet the inspector on their own, with peers or with a staff member or supporter. There were no reported issues with privacy. One group described how the inspector sat with them to have a meal. They recalled feeling relaxed and they enjoyed the conversation.

A staff member, supporting participants in one of the group interviews, re-counted that it was hugely evident that their inspector had a lot of experience in working with people with disabilities. This meant that they were relaxed and informal in their interactions with the residents which made the visit easier to manage for residents. The staff member stressed the importance of inspectors having relevant experience in order to interact and engage with residents and to understand services well.

In some centres, the inspections took place over one day. This caused some difficulty for individuals who were out working or at a day centre. Some residents reported that the inspectors arrived after they had left for work and had left before they got home. Some participants explained that they had changed their working arrangements to ensure they had an opportunity to meet the inspector; however they acknowledged that this is very difficult to do with an unannounced inspection.

Other participants felt that a one day inspection was “too short” and didn’t give them a chance to “get used” to the inspectors and have an opportunity to “chat properly”.

One participant was out working and did not get an opportunity to talk to the inspectors. This gentleman was very cross, describing the situation as “unfair”.

“I had no say”

“I have a few things I wanted to talk about ...I would love to be talked to”

This individual suggested that if inspectors did not meet or talk to everyone in the house then “they should come back on a different day”.

The group of experts by experience shared the information they had gathered during their training sessions. They reported a number of incidences of residents being denied the opportunity to talk with inspectors. They gave examples of the inspector visiting at a time which didn’t suit all residents due to their work commitments and one example of a person asking to speak with the inspector but not being facilitated to do so. This group felt that often staff and managers had all the say during inspections.

“Sometimes they only speak to staff and management and they should be speaking with clients”

“The service (residential service) was not run for the people”

3.4.3 Communicating with people who are non-verbal or communicate in different ways

A sub-theme emerged during the discussions on meetings with the inspectors. In almost all the interviews and focus groups, participants identified the challenges faced by people who communicate non-verbally and the importance of ensuring these individuals have their say. They recognised that these people needed more time and support to express their opinions.

“Some people say words with their fingers so they’d have to understand the signs. If they didn’t know that how would they know what the person was saying if they didn’t speak”

“It’s hard to communicate with everyone. Say a person was deaf or something... you need to bring a support person along and plan ahead”

Participants described how they or their housemates were supported by staff members or interpreters to converse with the inspectors. Pictures, photographs and communication passports were used in some centres to facilitate interaction. In one centre residents were given the opportunity to write down their comments.

One female resident explained that she was worried the inspector would not understand her speech and suggested that it might help if the inspector had pictures, or if a friend or another resident could come with her when she was talking to the inspector.

All participants agreed that the inspectors should have “special training” in how to communicate with people who are non-verbal.

3.4.4 Consent

Participants raised the issue of consent in both focus groups and in three of the four group interviews. The issue of consent related to a number of aspects of the inspection – accessing bedrooms; accessing personal files and information; contacting family members. Some individuals asked if they were allowed to refuse HIQA access to their personal spaces; property and/or files.

Some participants were unhappy that HIQA inspectors could enter their bedrooms. The majority of residents recalled being asked for their consent and expressed the view that this was very important to them. Others asked why HIQA inspectors don’t ask for consent to enter their personal spaces. Almost all participants agreed that access to their room could be given once permission was sought and people had an opportunity to accompany the inspector to their room.

“I didn’t like it...interfering...no need to go into the bedrooms”

“She asked before she went into my bedroom – I prefer that”

“my bedroom ...no that’s private”

People in the focus groups talked about HIQA accessing personal files and information. Some residents were aware of this and others were not. The majority of people interviewed could not say if the inspector had looked at their personal files and if they did what kind of information they accessed. Most residents did not recall being asked for their consent when it came to accessing personal files. There was a sense that individuals felt they had little control over this aspect of the inspection.

“The files were handed to them by staff – they didn’t ask us”

“I would like to be asked first...maybe they should sit with me and look at them”

The participants expressed a strong desire for confidentiality and for their privacy to be maintained during inspections. Two participants voiced their concern about the information recorded on their personal files since the introduction of HIQA inspections. Two ladies explained that the inspector asked too many personal questions, in particular, about their medical history. In one centre, the residents described one of the outcomes of their inspection - each person has a “HIQA box” in their room which contains an easy to read care plan and intimate care plans. Two of the participants reported that they didn’t really like these and would rather their information to be kept in the office.

“They asked me personal things...was I ever in hospital...about my medication...I don’t know they should be asking me that”

“I thought they went too far with their questions”

“Even in the day service now you have to have long daily notes with you every day which is uncalled for. Yes if something happens your staff can tell the staff in the day unit but why would they be writing everything down about you. It’s to cover the workers... You can’t breathe now but staff write it down for HIQA”

Participants had mixed views on the involvement of families in the inspection process. Most agreed that this was a good idea but requested that they would be informed before any family members were approached. One gentleman explained that he would like to choose which of his family members were asked to get involved. A number of participants expressed the view that family involvement could be helpful.

“I would like them to ask before they contacted them...that’s our own right”

“It’s a nice idea to ask them”

“They might be able to help...give their opinion”

A small number of participants described how they had little contact with their families and expressed the view that their involvement was unnecessary and in some cases an invasion of their privacy.

“You don’t want to talk to families...end up fighting over things...that’s what families do”

“It’s a risky tricky proposition. Confidentiality would be gone”

During one of the focus groups, one man explained:

“Families have their own purposes and views. They are the first people to advocate for us and advocate for us all our lives. They have their own concerns and that’s important but sometimes advocates (peer advocates) can work better as we don’t bring our private views into it”

The three participants living in a congregated setting did not know if the HIQA inspectors looked in their bedrooms; at their personal files; and/ or contacted their families. They were not particularly concerned about any of these things, as long as, the staff were made aware of them. Two of the residents expressed the view that staff would protect their rights. One participant explained that during the inspections “everything was open nothing was hidden from the inspectors”.

3.4.5 Fear

The group of experts by experience reported that some people they met were afraid of HIQA because they didn’t know what to expect. In both focus groups, the participants raised the issue of staff using HIQA inspections to make residents comply with house rules – the most common example was keeping the house clean. The view that HIQA ‘checked’ on the cleanliness of houses and bedrooms was prevalent throughout all of the interviews and focus groups.

“I always keep my room clean and make my bed cos you never know when they will come out...and that would be just the time you wouldn’t have the bed made”

“Staff told me to keep my room clean”

“You have to make sure you have all the bins cleaned, floors washed, tables wiped and bedrooms cleaned now for HIQA coming”

Some participants expressed the view that their bedroom was untidy but that was their choice. Two individuals pointed out that most 'regular homes' are not "spotless clean" at all times.

During the focus groups, advocates voiced their concerns about staff

"Frightening" residents about the outcome of inspections if they communicated complaints or concerns to the inspector. This view was reiterated in a small number of interviews. Two residents were told "no complaints please" by a staff member prior to the inspection, which they ignored.

"People are afraid to speak up to inspectors. One particular place was told that if that house closed down that they would have nothing and nowhere to go".

"Staff have threatened people and said don't say anything or they'll close us down".

"I did complain on staff, I didn't mention names because I feel there would be comeback"

Others participants talked about staff saying things like "You did a great job, you didn't let the side down" after an inspection had taken place.

During the interviews residents were asked if they felt they could talk to the inspector if they had any concerns or worries. There was a mixed response to this question. Some individuals said that they would prefer to talk to staff, a manager or to an advocate. One female resident explained that "I'd be afraid to say anything, I wouldn't tell her...you never know what would happen".

By comparison a significant number of people felt that they would have no difficulty talking with the inspector about concerns or issues - "You could talk to them if you wanted to...if there was anything wrong in the house you could say it to them".

A sense of personal responsibility was evident in some of the discussions. One group stated that they thought it was very important to "have everything right when HIQA come...then you have no worries about the inspection".

Another group explained "we have to make sure everything is ready for the HIQA crowd...that everything is right".

3.4.6 Áras Attracta

A number of individuals and groups raised the subject of the December 2014 Primetime documentary on the events which took place in Áras Attracta. It was clear that this caused

huge concern to participants. They linked the Áras Attracta situation to HIQA inspections in a number of different ways.

In one focus group, participants were very concerned that HIQA had been to Áras Attracta and had not highlighted the issues.

“When they went before they didn’t get it and they weren’t on the ball. Why did they not know what was happening?”

Some members of the group suggested that residents at Áras Attracta were not supported to voice their concerns.

“Service users may be told not to say anything and that’s why Mayo was wrong. How come they didn’t pick it up?”

“Some people are warned to pretend everything is fine”

During the interviews a number of residents expressed the view that HIQA had a role to play in protecting their rights in similar situations. They found this reassuring. One participant explained that she was “glad someone was watching”.

“They need to go in and make sure that the person in the nursing home or house are healthy, secure and not being abused”

“HIQA could help them...talk to them”

It was suggested that HIQA should go into centres undercover – “to see what happens”.

“What happened in Mayo could happen anywhere. It should be undercover because we are very upset about what we saw on Primetime”

3.4.7 Lack of information following inspections

One of the most notable findings from this consultation was the lack of information provided to residents following an inspection of their home. With the exception of one centre (centre for people with physical disabilities), no-one else had seen the HIQA report on their house or knew how to access the report. Some people did not realise that the inspector wrote a report and almost all the residents interviewed were unaware that the report was in the public arena.

“I saw them (inspectors) writing things with a pen but I don’t know what they were writing”

“I didn’t know they wrote a report at all”

The group of experts by experience and some members of the advocacy council group were aware that HIQA wrote reports following inspections, but they explained that these were difficult for people to access and to understand. They expressed concern at the limited feedback given to residents following inspections, explaining that sometimes the details are in the media before people living in the house have the information.

Very few people had received information from staff or service providers on the outcome of the inspection. Generally, people reported receiving very brief feedback:

“She said it was a lovely house and to keep it clean”

“They said it was a good report”

“The staff said we did really well”

“What they said about our house was it was nice but there were safety needs....that’s all I know”

Residents had little or no involvement in the development of action plans to address issues of non-compliance in their house. In some centres, the residents indicated that the findings of HIQA reports were a private matter for managers and staff. Some explained that it would be ‘rude’ to ask for information.

“only management knows about this stuff”

“No I think it must be private but it is fine. I don’t need to see it I am not worried about it”

This view was not shared by the majority of participants who expressed a strong desire to see the report or to have the contents explained to them. They want to know what HIQA have found and what is going to happen next. It was noted that difficulties with literacy may make it hard for everyone to read and understand the report. A number of people asked why the reports are not in easy to read versions.

“At least we would know. It would be handy for service users to know what needs to be fixed”

“She wrote a report but we didn’t see it...I think we should see it”

“If someone read it to me and explained it to me”

“Yes I would like to see it or maybe see a summary of the main points...put it up on the notice-board”

3.4.8 The impact of inspections

During the interviews and focus groups participants were asked to outline any changes that had taken place in their house since the inspection in their home. Six of the nineteen people interviewed expressed the opinion that there were no changes since the inspection with the exception of the cleanliness of the house. Residents continually brought up the subject of cleaning the house and their bedrooms before inspections and in anticipation of inspections.

In 13 of the 19 interviews, and in the focus groups, there were detailed discussions on the impact of inspections. These discussions generated a list of positive and negative outcomes. One resident explained “some of it is good and other things are not”. One resident articulated that she disliked change and would prefer things in the house to stay the same; “I don’t like changes – that’s what I would tell them (HIQA)”.

3.4.9 Positive outcomes

The positive outcomes were identified as:

- changes to the décor of the house including new furniture
- safety adaptations; one house had been adapted to cater for the evacuation needs of people using wheelchairs in the event of a fire
- improved safety and security practices; fire drills, burglar alarms, security lights
- changes to the size and design of bedroom spaces
- changes in staffing levels; increase in nursing staff mentioned
- residents felt they had an increased awareness of their rights
- residents said they had more access to advocacy services and supports
- more house meetings and service user meetings
- residents reported improved communication and relationships both with staff and with other residents
- greater focus on independence skills; One lady described how she now accesses and controls her own money through a local post office as a result of a recommendation made during the inspection
- changes to care practices; in one centre participants reported that they used to be checked on by staff every hour during the night but this was reduced and participants now had a choice if they wanted to be checked during the night and how often this happened
- people reported using their local communities more
- new activities; culture evening, new clubs

3.4.10 Negative outcomes

During the consultation participants raised a number of issues and concerns which they believed were negative outcomes of the inspection process. One issue was dominant throughout the conversations - the demand HIQA places on staff time and resources. Participants felt that HIQA causes staff to spend a lot more time on paperwork/documentation. This has a negative impact on their interactions and restricts their daily activities. During one focus group the members described how the staff are working on paperwork until very late in the evenings. Participants were very clear in articulating that their views were not a criticism of staff, whom they believed were “doing their best”, but struggling to balance engaging with residents and meeting the demands of inspections.

“It is hard on us trying to do stuff and they’re stuck doing paperwork”

“Staff have to be writing all night up to 11 o’clock and they don’t have much time. They have more concentrating on writing than sitting and chatting. Most days the manager is stuck in the office and it’s not fair”

“If you’re looking for support, staff tell you they’ve only 5-10 minutes for you and then they have to go back to the office”

“The staff are there to support people not to be in an office. It’s got worse”

“All we can tell you is all we see is paperwork, paperwork, paperwork. There is hardly any time, hardly any time for people to have conversations, to sit down and talk to people”

A staff member supporting a person with high communication needs reported that they had experienced outings being cancelled because of paperwork which had to be done for a HIQA inspection.

“HIQA are coming to make life better but it hasn’t...even if the paperwork is completed, it doesn’t mean life is better”

One advocate described how in one organisation staff no longer had time to recruit volunteers which had a significant effect on the quality of life of people living in the service.

Other negative outcomes raised include:

- more house rules
- the need for the house to be clean all the time
- lack of confidentiality; too much shared information
- safety restrictions; one female resident described how she can no longer access the full garden in her centre

- unwanted changes; to bedrooms – the layout, cleanliness, numbers on doors, bins – the type of bin used , gardens – access, layout, furniture

Unwanted changes to the management of medication – in one house a resident described how some medications can now only be given by a nurse. If a nurse is not available to go on an outing then the person may need to stay at home to receive their medication from a nurse

Residents and advocates were concerned that residential disability services were being turned into “nursing homes”. They were keen to emphasise the point that these centres were their homes and should be “like any other home”. Some individuals strongly resented the changes which they felt were imposed on them.

- “We were given no say”
- “The ladies were very nice...a little fussy and they forgot that here is a home”
- “We got numbers on our bedroom doors ...that was to do with the HIQA crowd”

3.5 Conclusions and residents’ recommendations

This section presents the recommendations and suggestions which were made by participants in interviews and focus groups during the consultation. As above, all of the people consulted with were very strong in their view that these recommendations should be highlighted to their service providers, the National Disability Authority and HIQA. Participants described a set of actions which they felt would support best practice before, during and after the inspection process. There was evidence that some of these listed below are already being implemented by inspectors and service providers, however, participants stressed the importance of a consistent and agreed approach. Participants acknowledged that further discussions will be required to clarify roles and responsibilities in relation to the recommendations made.

The recommendations made by the group related to the following:

- consultation with people with disabilities
- information and education

The recommendations in relation to information and education are divided into things people recommend happen:

- before an inspection visit
- during an Inspection visit
- after an inspection visit
- meeting the inspector
- consent
- the inspection team

- fear and respect

3.5.1 Consultation with people with disabilities

- People with disabilities felt that they should be consulted with on a regular basis by HIQA to help them improve on the inspection process and to allow HIQA to hear people's ideas. They voiced the opinion that they should be involved in setting and reviewing the standards as experts by experience

3.5.2 Information and education

- Participants recommended that they would like information and education on HIQA and their role, the standards and what happens during an inspection. This should be developed and delivered with people with disabilities to make sure it is accessible
- People using services should have access to information in a way that they can understand about their rights and the standards. Information can be made easy to understand by using things like video, audio, short easy read documents as well as face to face meetings. The group of experts by experience suggested that learning can be made easier to understand by using drama and role plays. When information is being made easy to understand, this should be done in partnership with people with disabilities
- People should be given information on how to contact HIQA outside of inspection visits

3.5.3 Before an inspection

- People would like notice of inspections. If an inspection is announced, people would like notice of the visit. People expect their service provider or HIQA to tell them (two weeks before would be good)
- HIQA should send the name and a photo of the Inspector(s) who will be visiting

3.5.4 During the inspection

- inspectors should have an ID badge so people know who they are
- inspectors should talk with people with disabilities first before meeting managers

3.5.5 After the inspection

- everyone should get a copy of the report and know what will happen next.
- people may need support to read and understand the information
- people would like a meeting with the inspector after the visit to talk about what they found and talk about the changes they suggest. People wished to have the option of refusing some changes in their homes
- people should have an opportunity to put their ideas into the action plan that service providers develop. The actions taken affect people's home and lives, and they should have a chance to put their suggestions forward

3.5.6 Talking with the inspector

During the consultation, participants reported that many of the items outlined below happened during their inspection. They were, however, keen to ensure that every resident is afforded the same opportunity to meet and engage with the inspectors. The following recommendations, therefore, are important to enable this to happen and include:

- Inspectors should have training and experience in working with people with intellectual disabilities. They should get information about how people communicate and how to support people who communicate in different ways, for example, Lámh
- Inspectors should have a set of pictures and photographs which they can use to talk to people
- Inspectors should allow plenty of time to make sure they talk to everyone. It's important to give extra time to people who communicate in different ways
- Inspectors should be kind, friendly and make people feel comfortable
- Everyone in the house should have a chance to talk to the inspector and to have their say
- People should be given the choice to meet the inspector alone or with support. If they require support, they should choose who will support them – family, friend, staff, advocate etc.
- Inspectors should not assume that people have been given the opportunity to talk to them by the staff or service providers. They should check this with each resident themselves
- If residents are out of the house when the inspection is on, the inspector should come back at a different time. The inspector should make sure everyone who wants to talk to them can
- Inspectors should share a meal or a cup of tea with residents and chat
- Inspectors should tell people whether what they say will be kept private or shared with a service provider or staff. If information is going to be shared with the service provider or staff, residents need to understand that this will happen, how and the reasons why

3.5.7 Consent

- should be sought from the person about accessing files, entering bedrooms, involving families and talking with an inspector
- offer people the opportunity to accompany inspectors while they look at a person's bedroom or files
- if a person does consent to their family being involved, the person should choose which family member gets involved

3.5.8 The inspection team

People with disabilities should be part of inspection teams. Below are quotes gathered from the group of experts by experience, articulating their recommendations on how this might happen:

- “People with disabilities, who are experts by experience, should be on the HIQA Inspection team”
- “We have very valuable knowledge. We also have a unique view on the day to day running of a residential house, and the issues that are important to people living there”
- “Send someone like us and pay us like in England. People living in services will listen to us – we are their peers and they are ours. I know what it’s like – it’s like a jail without bars. We live it day in and day out”
- “There should be at least 3 people with learning disability on the inspection teams. They could meet residents as a focus group and share their experience. One person’s view in an inspection team could be easily outweighed”
- Inspectors with a learning disability could meet people before the other inspectors. This would show that the person whose home is being inspected have important views that must be taken seriously. This would send out an important message to support staff and the organisation that people with a learning disability have an important role to play in this official government sponsored team
- People with disabilities may have a role in providing support to people who communicate in different ways

3.5.9 Fear and respect

It is important to note that this was not a feature of all centres or inspections, however the issue arose on a number of occasions and participants felt it important to make a best practice recommendation.

- staff and service providers should not use the HIQA inspection process as a way to encourage, persuade or bully residents into doing things they might not want to do, for example keeping your bedroom clean, getting out of bed on time, eating certain foods, keeping quiet about problems and issues

3.6 Concluding comments on residents’ experiences

In summary, the people consulted with had a wealth of knowledge and experience relating to HIQA inspections. They shared their views honestly and openly. The recommendations made demonstrate people’s commitment to improving partnerships, services and in turn people’s quality of life.

People’s experiences of HIQA inspections have been largely positive, but they have voiced concerns and suggestions for change. Some of their overall comments on HIQA inspections reflect this:

“It’s a starter in the right direction”

“When they came they made me feel more independent...by talking to you about your rights, your own room and all...since they have been gone I think I have been standing up for my rights...talking to them made me change”

“I think it’s good they want to come and have a look and see the place. Some people can’t look after themselves or talk so they need to see that”

“I think the principle is good but it needs to be worked on. It should improve services for the people”

“We are getting on a lot better and staff and service users are communicating better. It’s a big change in our lives”

“All the team here are much more driven – committed if you like”

“I don’t mind them (HIQA)...I’m happy it is good to keep the standards high and makes people more aware of health and safety. It keeps staff on their toes”

3.7 Family members’ views on their engagement with HIQA

The National Disability Authority sought to interview family members from all 12 of the residential services which had been selected from the larger study sample. In total five family members were recruited. Four of whom had engaged with a HIQA inspector on the day of an inspection. The other interviewee sought to engage with HIQA about the content of a published inspection report.

3.7.1 Difficulties in recruiting family member interviewees

In the majority of the 12 selected centres service providers indicated either that the HIQA inspectors didn’t engage with family members or if they had engaged that the service provider had no record of who they had engaged with. HIQA informed the National Disability Authority that they don’t keep a record of their engagement with family members. HIQA indicated that that they do seek contact details of family members for children’s residential disability settings and that they would routinely make contact with some family members but that wouldn’t be standard practice in relation to adult residential disability services.

The limited and ad hoc nature of engagement between family members and HIQA inspectors obviously raised methodological problems for this report but more fundamentally it raises questions about HIQA’s engagement with family members of residents in adult disability services in particular.

3.7.2 Knowledge of the HIQA process

Most interviewees said that they had a general awareness of HIQA mainly through media reports or that they weren't that aware of HIQA and their role in residential disability services.

“My knowledge of HIQA comes from the media”

“I wouldn't have known much about HIQA or the Regulations before meeting the inspectors”

3.7.3 How family members came to engage with HIQA

Family members described how they came to engage with the HIQA inspector. For all those interviewed for this report the engagement was unplanned.

“I had been aware that HIQA had been in and out and that there had been meetings, family meetings, so I was aware that the inspections were happening but on that particular day I was about to go away on holidays, I just happened to call in, and I met [staff member name] and she said that they [HIQA] would like to talk to family members and I said ye no problem. I was probably aware that they were going to be there that week but I just happened to call in that day”

“It was very informal. I just happened to meet in the corridor. There were other people around. I wouldn't call it a meeting”

“When I turned up to collect [relative's name] some of the staff asked if I would like to talk to the inspector, that the inspector wanted to talk to some of the families and some of the residents”

3.7.4 HIQA questionnaire

Some family members said that they had been sent a questionnaire in relation to their family member's residential service. Family members appeared to find the questionnaire suitable. However some family members were unclear as to whether the questionnaire was for HIQA or from the residential service provider.

“I thought that the HIQA form was a bit vague, they don't go into much detail on anything but then again all those forms are. I suppose that they are a way of opening up a discussion if there are issues”

“I think the form was reasonably ok to fill in. I think I wrote a lot in the margins. It wasn't a bad form. I think I said what I needed to say”

“I filled the form. I had no problem with the form. I don't know if it came for HIQA, I think it might have come from [provider name]. I'm not sure who it came from”

3.7.5 Family members' views of HIQA inspectors

Family members who had engaged with a HIQA inspector found them to be professional and skilled

"I thought that the inspector was very pleasant, very kind, I felt that she engaged with my mother at very respectful level"

"I thought that it was very fair, all the different things he asked me"

"I think his [the inspector's] background was a special needs nurse. He asked me very interesting questions. He asked me if there was something wrong with my sister would they tell me, would they tell me if there was something going on, would I be consulted and I was able to give me him some examples of times that I was contacted"

"I was impressed with the inspector. The questions he asked were very relevanthe [the HIQA Inspector] did understand the needs of people with disabilities and what they would need and was looking to see that the individuals' needs were being met"

3.7.6 Consent

None of the interviewees were aware if the consent of their family member living in the residential setting was given or sought prior to them speaking to the HIQA inspector.

Some interviewees expressed the view that getting the consent of the family member living in the residential centre for their family to engage with HIQA is important but that in some circumstances it is not possible.

"I think that HIQA should engage with families. Particularly for people like my mother who would have dementia as well as her other disability. We are very involved in her care in [centre name]. I suppose that it depends on the individual with the disability and the extent to which they may or may not be in control of their live. [Relative's name] is quite dependent and we are part of any discussion and decision about her care so in our case it makes sense that we would be part of any HIQA inspection. Whether it was valid or not we felt that we should have an input into the HIQA [inspection]. In other circumstances I think that it would be very important that the person with a disability be asked about whether they want the family to engage with HIQA but in our circumstances that is not possible"

"There was no discussion about [relative's name] consenting to me engaging with the inspector but [relative's name] is very disabled. He really wouldn't understand what it was all about. I think he would lack the capacity to make a decision around consent for me to engage with the inspector, that is why we have to be really involved in his care"

3.7.7 Engagement with provider around the published inspection report or action plan

Providers' engagement with family members subsequent to an inspection ranged from writing to family members telling them that the inspection report had been published to consulting with families on the implication of any changes arising from inspection findings.

"The manager called me soon after the inspection because some of the inspectors findings directly related to [relative's name] care and around his meds management. So she wanted to talk to me about the implications of that. But they generally involve me in everything around [relative's name] care"

"I did get feedback on the report. And then I read about it in the paper afterwards"

"We were invited to a meeting. I think that we have been to three meetings in relation to HIQA. I think that the organisation was very open with us about the HIQA findings. Actually, I think they beat themselves up a bit too much about the findings of one of the reports. They have been very honest and upfront with the families"

"I got a letter from the [provider name] to say that the report has been published"

3.7.8 Complaints about accuracy of published HIQA reports

One interviewee rang HIQA to complain that a statement of fact, based on information supplied by the provider, in a published HIQA inspection report was factually inaccurate.

"I had found out by then the name of the HIQA guy and I asked to speak to him about the report and I explained on the phone that I didn't want to speak to him about my current complaint about [relative name] that I wanted to speak to him about what was written in the report which were factually incorrect. I was told that I couldn't speak to the inspector, that, HIQA didn't operate that way. I don't think he got the message because he never rang me back"

While information about the factual inaccuracy may well have been passed on and added to the file on the centre. The above example raises at a minimum some concern about the information family members are provided with in their engagement with HIQA.

3.7.9 Impact

Family members had very differing views on the impact of HIQA inspections. Some family members believed that the impact of the HIQA inspections had been discernible, practical improvements in the service. One interviewee believed that as inspection findings had not

been addressed a year after the Action Plan timelines had elapsed, during which time HIQA had not re-inspected, and that therefore the process was not working adequately.

“I definitely think that overall input of the HIQA inspections has definitely been an improved service. I can see, just from going in and out, that they have come up lots changes. Some small changes, some large – staff, rotas, or in relation to the physical infrastructure or security. They have done so much and the families have been informed along the way”

“HIQA are a year overdue in coming back. They gave [provider name] till [date of Action Plan timeframe relating to findings of major non-compliance] to address the major non-compliances but they haven't been back. They had till [date of Action Plan timeframe relating to findings of major non-compliance] to address quite fundamentally important things, such as, no care plans, no behavioural support plans. I rang HIQA in [date] as the actions in the report had not been addressed and the lady who answered said that in service providers there is a mechanism for complaints and you have to engage with that”

Chapter 4: Bilateral engagement with key stakeholders

4.1 Introduction

This chapter reviews the main findings which emerged from interviews with three groups of stakeholders:

- Persons in Charge and managers of disability service providers
- Other key stakeholders
- HIQA Managers

The findings of the interviews with service providers and other key stakeholders have been integrated and are presented below in Section 1. The findings of the HIQA Management interviews are presented separately in Section 2.

4.2 Section 1: Findings from interviews with service providers and other key stakeholders

The service provider interviewees were from a sample of 12 designated centres. These 12 designated were selected from the 163 designated centres which were covered by the random sample of 192 reports published in year one of HIQA inspections of residential services for adults and children with disabilities. The full analysis of the 192 reports is contained in Appendix 1 and summarised in Chapter 5.

The 12 centres were selected from the sample of 163 designated centres based on the following considerations:

- reasonable regional distribution
- including some physical sensory and intellectual disability services
- including some respite services and residential services
- including some children's services and adult services
- a reasonable balance of HSE, Voluntary Agency and for profit providers
- a reasonable balance of compliance levels

In each of the 12 centres, the National Disability Authority requested an interview with the Person in Charge and the organisation's Chief Executive Officer or equivalent.

The other key stakeholders interviewed were:

- Engagement with other key stakeholders included:
 - Department of Health
 - Disability Federation of Ireland
 - Health Service Executive

- Inclusion Ireland
- National Advocacy Services
- National Federation of Voluntary Bodies
- The Not-for-Profit Business Association Limited

Participants engaged in individual or small group interviews, which were conducted by the National Disability Authority. Some stakeholders submitted their views in writing.

The views and experiences of participants are wide ranging. Within themes identified, where there are polarised opinions, both views are presented in this chapter in order to allow the reader to get a sense of the various perspectives and experiences reported by those interviewed.

The broad themes which emerged are classified under four main headings:

- Experience
- Learning
- Impact
- Good Practice

4.2.1 Experience

4.2.1.1 Preparation

This subtheme relates to the preparation that service providers described having to take in anticipation of registration and HIQA inspections.

Most providers explained that preparation for inspections began up to five years ago when they started to create an awareness of HIQA and the standards, amongst their staff teams. Preparatory actions taken included:

- strategic planning at senior management level
- staff training and recruitment
- engaging external consultants and trainers
- engaging in mock inspections / monitoring inspections / regular internal observations and 'walk arounds'
- attending briefing days
- becoming familiar with the regulations and standards
- reviewing policies and procedures
- establishing quality teams
- carrying out internal audits
- gathering paperwork, documenting and establishing data recording systems
- developing person centred plans

- informing families and residents about HIQA
- gathering feedback from families and residents on their service
- analysing HIQA reports as they were published

Participants explained that in advance of the inspections starting, they felt 'anxious', 'apprehensive' and 'in a panic'. Some service providers had been involved with other quality assurance systems such as Council for Quality and Leadership (CQL) accreditation. A number reported that this assisted in their preparations for HIQA.

“For many years we have engaged with the Council for Quality and Leadership... So we have, I suppose, a lot of experience of external reviewers coming in and looking at services and speaking with our staff and service users.” (Manager, Service provider)

Despite all of the actions outlined above, the general sense was that the disability sector still seemed 'ill-prepared' when the inspections began.

“On paper it looked as we had done a degree of preparation but in reality most staff thought it was never going to happen.” (Person in Charge)

Service providers and stakeholders highlighted the complexities of the regulation and inspection process in the disability sector and the range of people involved. The elder care sector had previous experience of the Health Board inspection process and a structured improvement process. There was a lengthy transition process when HIQA inspections were introduced to the elder care sector and investment in minor capital projects. By comparison the disability sector:

"... did not have such an infrastructure and hence one finds a myriad of quality assurance and accredited systems in operation. This was never examined in a coherent way.” (HSE)

The National Federation of Voluntary Bodies noted that the lack of an adequate regulatory impact assessment was significant for service providers:

“The lack of a comprehensive regulatory impact assessment, which would have addressed, amongst other areas, the resource implications and the impact on the implementation of national policies, which, support the development of 'ordinary lives in ordinary places'”.

4.2.1.2 Key challenges in the application for registration phase

A range of local issues arose for service providers at this phase. Those reported during the interviews tended to be specific to individual designated centres or service providers. There were, however, some challenges which were reported by a significant number of service providers and stakeholders. Most of these were anticipated by providers from the outset:

- some staff engaged in the process more readily than others
- the registration process is seen by participants as ‘an overly complicated cumbersome system’
- the costs associated with the registration and application process are onerous for organisations
- the lack of a named person within HIQA that an organisation could liaise with on an ongoing basis throughout the registration process was felt as unhelpful
- the registration of new designated centres has created difficulties in relation to both emergency placements and de-congregation
- personnel issues: the skill mix and training of staff, and the requirement for Garda clearance and references for people in the post for up to 20 years and also for board members
- difficulties complying with building, planning and fire regulations
- lack of a consistent approach from HIQA on statements of purpose and contracts of care
- absence of policies and standardised practices

It was noted that some of the preparation undertaken by service providers was ill-informed:

“A lot of organisations did masses of preparation work in advance without necessarily knowing what preparation work they should be doing, a lot of it was done based on the standards not the regulations as they came later and there are things that the organisation did based on the standards which aren’t necessarily relevant in terms of the regulations.” (Disability Federation of Ireland)

4.2.1.3 What is a designated centre?

The designated centre is defined in the legislation, however, participants continually raised the definition as an issue. The National Federation of Voluntary Bodies, the Department of Health, and the HSE, highlight that the lack of clarity on what constitutes a designated centre, has caused ongoing difficulties for service providers. Providers of services to people with physical and sensory disabilities seem particularly affected. Service providers are unsure as to how more individualised living arrangements are treated and uncertain how they can deliver on national policy of moving people to independent, community-based living.

The Housing Agency, in a submission to the National Disability Authority, suggests that there are a number of key issues:

- the criteria for what constitutes a designated centre
- the need to register a new designated centre well in advance of an individual moving in

Review of the implementation of regulations and standards in residential services for adults and children with disabilities

- the need to register a property which a person with a disability may use as temporary accommodation, for example if their home is being renovated
- lack of clarification in relation to the deregistration of properties where properties have been registered inappropriately
- the appropriateness of inspections where a person with a disability lives independently and has a tenancy agreement

The Housing Agency state that this lack of clarity has ‘been detrimental to the movement of people with disabilities to mainstream housing options’ and ‘is causing significant delays to the movement of people from congregated settings’. They report that people with disabilities ‘are experiencing distress and uncertainty as they await the movement to their home’.

The Department of Health note that the lack of clarity around designated centres:

“is becoming a serious issue for some providers who can no longer avail of Department of Environment’s capital grant for buying a property, as the Department of Environment are now enforcing strict adherence to the guidelines for CAS [Capital Assistance Scheme] and as a result some of the Designated Centres may be seen “as health facilities” and therefore not eligible for funding under this scheme. Other issues that impact on this are to what constitutes a leasing arrangement and the capacity of the individual resident in signing tenancy agreements.”¹⁶

Service providers expressed the view that the current definition may not be suitable to disability services. They feel that some homes should lie outside the definition of a designated centre, for example, some rented properties, those that are funded through local authority or capital assistance schemes and where service users own their homes. They report, however, that they have received contradictory advice from HIQA in this regard

“HIQA takes the view that if they receive disability services then their home counts as a designated centre.” (Manager, service provider)

“because if someone has a disability and needs help with activities of daily living they would then be prevented from accessing mainstream housing supports... it all goes back to poorly worded regulations...badly thought

¹⁶ The above quote reflected the Department of Health’s view at the time the interview took place in April 2015. More recently the Department has stated that it is working with the Department of the Environment Community and Local Government in developing guidelines for CAS that are consistent with the policy thrust of the Disability Strategy, Housing Strategy for People with a Disability 2011-2016, the Value for Money and Policy Review of Disability Services and ‘Time to Move on From Congregated Settings’

out...people don't understand the range of support for people with a disability." (Manager, service provider)

The National Federation of Voluntary Bodies noted that the need for designated centres to be registered in advance of opening, results in potentially wasted resources as it can take some months to secure 'permission to open'. The following is an example provided by the National Federation of Voluntary Bodies

"We applied in December (2014) to open 2 new houses and we are still not permitted to open them as the registration has not officially be granted. Inspections are complete, all paper work is complete but the final 'sign off' is not yet complete. We have 2 vacant properties all ready to be used but no permission from HIQA to use them. A second point relating to the opening of new centres is that inspections are carried out before anyone lives there. The expectation is that all paper work will be completed and all risk assessments done even though the group do not live in the house yet- this is evidence that the focus is not on people but on building compliance and paper work compliance." (Quote from National Federation member organisation)

4.2.1.4 The regulations and standards - levels of satisfaction

Every person interviewed recognised and welcomed the need for regulation and inspection in the disability sector. The need for inspections to cater to people with a huge spectrum of abilities and needs in different settings was recognised as a challenge in the disability sector.

"The HIQA process is very welcome. It is really important in terms of scrutiny. The fact that there is this type of anxiety in the system is a good thing. So much has been institutionalised into big organisations for so long that the external regimes a good thing. It shakes things up. A lot of the reaction at the moment I would say is a reaction of the newness, to a major new change but on balance it has to be seen as a valuable process." (Inclusion Ireland)

Some service providers noted that there is a need for the process to be embedded into services and they felt that this would happen in time:

"We think HIQA is a very positive development and absolutely required and we have no issue with that whatsoever. But, it has had an enormous impact. But we've been through something similar, when we went down the Council for Quality and Leadership route, which also had an enormous impact and then that became part of what we did and was just embedded in the services and it became just normal business. So, we assume that HIQA will become the same." (Manager, service provider)

4.2.1.5 Ethos and origins of the regulations

Many of those interviewed were of the view that the regulations were based on a 'narrow' 'medical model' of service provision which developed out of nursing home regulations. Interviewees felt that this medical model approach did not fit disability services well, many of which are based on a social model of disability and services based in the community.

“The big difficulty for disability organisations and the HSE is that the Regulations appear to have been lifted from the Nursing Home Regulations and modified slightly to meet what they thought were disability standards, but the Regulations don't fit the life of a person with a disability... The Standards and Regulations were introduced to have a positive impact on the quality of life for people with disabilities living in residential settings and “what is happening is that a person's life is being curtailed to live within a set of Regulations...this was never the intention.” (HSE)

4.2.1.6 Standards versus Regulations

A significant number of interviewees noted a discrepancy between the standards and the regulations. Some service providers pointed out that there was confusion over what inspections would be based upon, with many service providers using standards as the focus of their preparatory work rather than regulations. Overall, participants seemed very satisfied with the standards:

“The standards are great...where it is bogged down is with the regulations.” (HSE)

Many stakeholders and service providers were of the view that the standards were very person centred while the regulations were not so.

Some stakeholders said that a broad consultation process took place when the standards were developed and reported that they had an issue with the lack of consultation and the fast pace at which the regulations were developed:

“The standards had gone through a broad consultation process. The regulations were drafted over a summer with very little consultation. The regulations should have been drafted to fit with the policy direction. The process of developing the regulations was flawed because if it wasn't about embedding the policy direction, which is about person-centred supports. That is the new direction and philosophy in disability services and regulations don't take account of that.” (Manager, service provider)

“At an overall level, we do have concern about the gap between the standards and the regulations and the different basis of them because the tone of them is quite different. The standards are much more person centred than the regulations which I believe have more of a centre focus than a person focus. So, it's how do you bring the person focus into the regulations?” (Manager, Advocacy service)

4.2.1.7 Regulations and National Disability Policy

Stakeholders and service providers noted the tension which exists between the regulations and compliance on the one hand, and bringing services in line with national disability policies, particularly congregated settings and the Value for Money and Policy Review of Disability Services¹⁷ on the other. This is reportedly causing significant issues and dilemmas for services trying to balance competing demands.

“The regulations should be supporting organisations to implement key national policies (for example, Congregated Settings, New Directions etc.), the movement to more individualised supports and services and the implementation of key legislation (for example, the UN Declaration of the Rights of People with a disability). However, in many instances the regulations are focussed on the nursing home model and as a consequence don’t readily fit disability services, promote individualisation and encourage organisations to build real, inclusive lives for people with an intellectual disability.” (National Federation of Voluntary Bodies)

Providers would like greater flexibility from HIQA in relation to congregated settings and report that they are struggling to remain focussed on moving people to the community, whilst trying to achieve compliance in large residential settings.

“The inspectors were focussed on the designated centre and didn’t want to hear about the move to the community-they were ‘you need to focus all your energy on this service’ we were trying to get them to focus their energy on getting people to move out.” (Manager, service provider)

“There is nothing in the regulations that picks up on people moving out of institutional settings or large settings generally. There is nothing about people choosing where and with whom they live – the UN declaration. There is nothing strongly addressing community participation and involvement...you can squeeze a bit here and there out of it but nothing centrally. Yet, that has been the direction of services for a decade now – this is not radical stuff.” (Manager, service provider)

4.2.1.8 Issues with specific regulations and standards

Service providers and stakeholders identified a small number of specific, shared issues with particular aspects of the regulations and standards. They reported that these issues significantly affect their ability to deliver services.

- complying with fire regulations
- responding to emergency placements

¹⁷ Value for Money and Policy Review of Disability Services in Ireland (2012), Department of Health

- respite-challenges meeting the regulations in respite settings
- finance- regulations governing residents' finances and conflict with HSE protocol on same
- management of medication and medical care
- person centred plans- how person centred planning and practice was inspected and the regulations applying
- the Person In Charge

Some of these are discussed in more detail below, whilst others will be covered in later sections of this chapter.

Additional issues with the regulations and standards raised by individual participants during the interviews include:

- records and the storage of information
- contracts of care
- developing and displaying the statement of purpose
- developing and displaying complaints procedures
- risk management procedures
- institutional standards for food hygiene
- Infection control measures – for example the segregation of cleaning equipment and duties in keeping with institutional/clinical care standards
- a lack of clarification on the development of policies and the use of a single national policy versus a site specific policy
- a lack of clarification on how often policies should be reviewed
- policies and protocols on end of life care
- notifying HIQA of changes within 28 days if a Person in Charge is absent unexpectedly

The National Federation of Voluntary Bodies identified a number of key concerns in relation to specific regulations:

“The following are concrete examples of where particular regulations are not appropriate to disability services:

Regulation 5 - Individualised Assessment and Personal Plan:

- Regulation 5 (1): ‘all service users should have an assessment and Person Centred Plan’ – however not all service users wish to have a Person Centred Plan

- Regulation 5 (4): as some individuals have lived in services for many years there would not be 'admissions' documentation on file
- Regulation 5 (6): some care plans do not need a full multi-disciplinary team assessment

Regulation 8 (3) – Protection:

The regulation indicates that the Person in Charge shall initiate and put in place an investigation but it should be the registered provider who undertakes this

Regulation 9 (2a) Residents Rights:

Clarity is needed around consent if no next-of-kin exists

Regulation 11 (3) Visits:

Regulation states that a suitable private place beyond a person's bedroom is available to receive visitors. This is impractical in many domestic / community houses (nursing home model)

Regulation 14 (2) Person in Charge:

The requirement that a Person in Charge should work full time is challenging, restricts organisations in terms of who they can appoint, and in instances is at odds with employment law entitlements e.g. the entitlement for staff to avail of parental leave. This regulation is also indicative of an over focus on process rather than the result; if a manager demonstrates capacity to run a good service than the exact number of hours or arrangements is not really relevant. While some inspectors are flexible on this requirement the particular regulation needs to be reviewed

Regulation 14 (3b) Person in Charge:

This regulation requires Person in Charge to have an appropriate qualification in health or social care management at an 'appropriate' level. There is a lack of clarity on constitutes an 'appropriate' qualification

Regulation 16 (1) Training and staff development:

Clarity is required in relation to the frequency of refresher training, for example, fire safety, manual handling, Client Protection. It is proposed that a period of every 3 years would be the standard period for undertaking refresher training (unless there is a legal requirement specified)

Regulation 17 Premises:

A number of the requirements set out in regulation 17 are more appropriate to a nursing home model rather than a social care model

Regulation 28 Fire Safety:

The fire safety standards that are in place are more suited to larger nursing homes or institutions and are not at all suited to regular / domestic houses

Regulation 29 Medicines and Pharmaceutical Services:

Numerous issues have arisen for organisations in relation to the implementation of this regulation, for example, GP's unwilling to complete individuals' files (which some inspectors expect to see updated by the relevant GP); further guidance required on medication management."

4.2.1.9 Complying with fire regulations

Service providers questioned the appropriateness of fire regulations for residential disability services. The cost of meeting these regulations is significant. Providers say that they sought guidance and support from HIQA on a regular basis in relation to this aspect of the regulations.

There are concerns that in implementing these regulations, providers are turning a 'home' into a 'public building' or 'institution'. This issue is discussed in detail in the section on impact – rights versus regulations. Providers report that these regulations limit the housing options for people with disabilities, causing specific issues in the case of rented properties. They explain that the regulations are not suited to a 'regular domestic house'. They also describe practical difficulties such as accessing fire officers to sign off on buildings and understanding the requirements of different fire authorities. This has delayed the registration process.

Following feedback, the regulatory requirement in the registration regulations in relation to fire safety and building control was changed, after discussions between HIQA, the Department of Health and the Department of the Environment, Community and Local Government. The requirement for written confirmation from a suitably qualified person that all statutory requirements relating to fire safety and building control have been complied with has been removed.

4.2.1.10 Responding to emergency placements

A specific difficulty arising for service providers is how to comply with regulations in the case of emergency admissions. This is because of the requirement that a new designated centre must be registered before a residential service can be provided. There is a perception that the regulations are 'too strict' and 'very rigid' in this regard. Provider nominees describe the extreme consequences of breaching regulations, including large

finances, court cases and jail sentences, when often they have to act immediately to deal with crisis situations. The lack of spare capacity in residential services exacerbates this problem:

“We had a service user who couldn’t go home because of violence. There was no bed in the place for him, no place for him to go, no other service provider would take him.” (Manager, service provider)

“We had a situation where there was a gentleman who has a very profound disability ...He lived at home with his parents all his life...his mother has dementia and his father had a stroke. His father is in hospital ...the mother has dementia and we had to take him in. Now what were we supposed to do in that situation?” (Manager, service provider)

Managers and CEOs explain that they have had to open houses, admit individuals without adequate assessment, move residents from one house to another, at short notice, move residents to new buildings which are not registered – all in response to emergencies but all against the regulations. They stress the need for a plan to deal with these situations without breaking the law, and would like the option of a two to three week interim agreement or temporary registration to allow them to support an individual or family in crisis. One Person in Charge explained that they have stopped offering emergency respite/placements as it raises too many potential issues of non-compliance.

“It’s almost like we can’t win at the moment the way the regulations are set up. What you’re doing is, you’re responding in a person centred way, you’re supporting an individual and his family but because of the way the law is written as an agency we are actually going to be seen as non-compliant. So, in doing what we’re supposed to do, in terms of person-centred planning, we are essentially not complying with the law.”

A number of service providers described a potential situation where they may have to move residents into temporary accommodation due to renovations taking place in their house or sudden and unexpected issues arising, for example, fire or flooding. In these instances providers state they can only move people to registered centres. They report that it is not possible for them to rent a house for a period of time as it is impossible to comply with all the regulations in that time.

“HIQA is saying that there shouldn’t be any emergency moves out – unplanned moves – but that is not realistic emergencies come up all the time. People are not in a good place – we might need to get someone out really, really quickly – but there is no wriggle room with them – ‘we need 6 months’ notice if you are opening a designated centre’ ” (Manager, service provider)

CEOs and managers reject the reported suggestions from HIQA that providers should maintain a ‘contingency’ house or use other local institutions as emergency accommodation, stressing that the former is not possible due to funding implications and the latter goes against the principles of person centred support.

“Well there is one in particular that they are going to have to look at, and that is the one where you can’t put anybody into a centre that hasn’t been registered, that’s a nonsense, they are going to have to do something about that. Say, for example, you have a situation where a house goes on fire, you have to move people out, you don’t have any spare beds, what are you supposed to do? I know of one situation where somebody has actually been to a hotel because they had no other choice and then they were told by HIQA that it was not a designated centre. Now that is nonsense, there has to be some way that you can deal with emergencies, there has to be, because we as a service provider deal with emergencies all the time.” (Manager, service provider)

4.2.1.11 Respite

Stakeholders and providers talked about the problems of meeting the regulations and standards in respite settings. They feel there is a need for a ‘stripped back’ version of the regulations and standards in respite houses. Service providers report that it is impossible to gather and manage the required records and documentation in respite services, and note that some aspects are entirely irrelevant in these settings, for example work and education plans. They suggest that the role of respite services needs to be clarified.

“As a registered provider the house must be right and I must have all my insurances and health and safety and fire and all that. But the documentation that is required, you need the same for somebody in a respite house as you do in a residence, and for somebody that might come for six or eight weeks, for a different reason, because their family needs a break. And you’re expected to have the full documentation as if they were a resident, knowing everything about them, plans for the future, things since they were last in, and we find that hard to keep up to date for 60 – for a house of 6 that’s fine. We find it very difficult that it’s the same documents for residents and respite because they’re coming in for different reasons.” (Manager, service provider)

4.2.1.12 Finance

The HSE indicated that there is a discrepancy between HSE guidance on how residents’ finances should be managed and HIQA guidance. The HSE’s private property and accounts guidance would say that the HSE can set up an account and manage it on a person’s behalf. HIQA’s guidance document on residents’ finance recommends that each individual should have their own personal account and manage their own finances. One service provider also raised the issue of residents paying for staff to go on holidays and the issues which arise around this:

“For people to go and get out and be more independent and using the money available to them to be more independent then it’s about us [disability providers] agreeing with HIQA as to how/what do they want us to make sure, to safeguard, this.”

Some providers explained that the introduction of inspections has encouraged them to be more transparent with families in terms of how they manage resident's monies. However, they note the need for more clarification on how to support individuals who have no family members.

4.2.1.13 Management of medication and medical care

Numerous issues have arisen for service providers in relation to the implementation of Regulation 29: Medicines and Pharmaceutical Services.

- self-administration of medication

Two service providers gave examples of difficulties with supporting people with disabilities to self-administer their own medication:

“The administration of medication was non compliant because the list of medication they take every day doesn't have the GPs name on it. But for HIQA purposes and standards that was non-compliant. Although, the lads take their medication freely and safely, they were looking for something the organisation doesn't have. They were totally focused on policies as opposed to peoples' lives maybe.” (Manager, service provider)

- safe administration of medication

One service provider highlighted the difficulties of working within a social model whilst following the regulations around the safe administration of medication.

“We are not a nurse led model, if a person lives in the country and he lives on his own and the home support worker comes in every morning to him and gives him his breakfast and lays out his tablets, are we suggesting that we are going to have nurses to do that? It wouldn't make sense because then you are treating everybody as if they are sick. They are not sick, if I take blood pressure tablets does that mean I'm sick, no, it means I am being treated to stay well, but I'm not sick. I think we need to get over the emphasis of getting a nurse...It's down to the confidence and training, sharing of training and common sense approach and support.”

- difficulties in engaging with community based healthcare professionals, such as, pharmacists and GPs

Two service providers reported difficulty in meeting the requirements set out in the regulations relating to medical care. One service provider reported that the GP refused to do an annual medical or sign a form. Another service provider reported in relation to a pharmacist:

“We also engaged with the local pharmacist – while we have our own medication policy, they did recommend that we get the pharmacist to do audits. We are having some little problems in that communication, while she promised a lot of things, we are on her back on that. They also said that if

the residents wanted information about their medication that the pharmacist would come out and talk to them about it. She did agree to that and has come out to one of them.”

- safe storage of medication

Storage of medication, and the need for pharmacy dedicated fridges/stores was raised by a number of stakeholders and service providers as particularly problematic in community homes:

“We have to try and keep it as homely, as possible, it is a house, an actual proper run of the mill house, not any kind of unit. You’ve a laundry room, hot press, bedrooms, and a kitchen, dining room and conservatory. So we were at a loss where we could put it [medication store]. We couldn’t have it upstairs in the office area because we felt we can’t travel with medication, because we have to bring the person to the medication and then take it out, because of transportation and safety and stuff like that.” (Person in Charge)

4.2.1.14 Person Centred Plans

A number of stakeholders and providers gave the example of Regulation 5: Individualised Assessment and Personal Plan as an example of a regulation causing difficulties in everyday practice.

- people with disabilities’ desire to have a Person Centred Plan

Some service providers strongly suggested that not all people with a disability want a Person Centred Plan and the approach may not always involve or warrant the involvement of a multidisciplinary team:

“The point she [inspector] made on the Person Centred Plans is something that is in the regulations so we have to do something on that. But I would have to work with people to see if this was something that was of value to their lives... We did a piece of research for quality improvement in about 2009 around Person Centred Plans and people with physical and sensory said that they didn’t want it. I trialled it and showed them and they very strongly said that they didn’t want it and I don’t think that anything has changed.” (Person in Charge)

- the issue of Person Centred Plans having to be done in respite services for children and adults was highlighted as not being appropriate by a number of service providers
- some of the stakeholders expressed concern about how personal plans and person centred practices were inspected and evaluated by HIQA in different settings. Service providers and stakeholders highlighted a possibly narrow or ‘tokenistic’ view of Person Centred Plans. They stated the need for inspectors to take a broad, holistic view of Person Centred Plans rather than solely focussing on the paper elements of the plan

“HIQA need to look into the process of the work that goes on in centres. If the process in putting together a Person Centred Plan was faulty the outcome is meaningless. A lot of reports say “the residents appeared happy”, I have no idea what that means. HIQA need to be interested in the process in which staff engages with residents. How did you come to produce this Person Centred Plan? Was it participatory? Or is a just series of well written plans that the staff actually wrote? We know that in dozens and dozens of centres staff are actually writing the Person Centred Plans.” (Inclusion Ireland)

- participants identified the complexities associated with respecting the decisions of individuals and managing risk:

“We were hoisted on our own petard – we had said this is your home you decide who comes in and what you like, we knock on the door and you let us in – all of this, basic good practice, but one of the big implications of HIQA is that this becomes a problem. Some people say ‘I don’t want a risk assessment – bugger off I simply want someone to come in and help me get dressed, eat whatever, it’s a problem.’ (Person in Charge)

In conclusion, most people interviewed felt it would be beneficial to review the regulations at this point, in liaison with key stakeholders, service providers and people with disabilities themselves:

“We need to review the Regulations from the lens of a person with a disability who wants to live an ordinary life in an ordinary place.” (HSE)

“It is of course an exceptionally complex business to introduce a regulatory system into a previously unregulated environment and resembles the task of building a ship while simultaneously venturing forth upon the high seas. However, as we all must travel in this ship in order to reach a common destination it would be wise to ensure that we take time to reflect on what is being learned.” (Member organisation, National Federation of Voluntary Bodies)

4.2.1.15 The inspectors

Stakeholders and service providers spoke about their experiences with HIQA inspectors. Within this theme, a number of subthemes were identified:

- Background, training and knowledge of the inspectors
- Inspectors’ interpretation of the regulations and standards and approach to inspections
- Lack of consistency

Information in relation to the inspectors' engagement with service providers, service users and staff will be covered under the broad theme of 'communication and the provision of information'.

4.2.1.16 Background, training and knowledge of the inspectors

All of the stakeholders interviewed highlighted the importance of inspectors having a background, training, a good working knowledge and an understanding of disability services. The need to understand the differences between a physical and sensory disability service versus an intellectual disability service, and differences between services in different settings, for example, large scale units on a campus versus a small community home, was noted to be of great importance. Interviewees reported dissatisfaction when inspectors did not have the required knowledge and expertise:

“There needs to be a better understanding that all the services are different. A nursing home is a nursing home is a nursing home but there is a huge variety of disability services. There are huge variations in ages and needs. You could have a centre where you have young people with acquired brain injury, where risk taking and independence need to be supported and a service for older people with ID (intellectual disability) many of whom have been in residential setting since they are seven. Those services are very different. You can't look at those services with the same lens.” (Disability Federation of Ireland)

One stakeholder highlighted the difficulty with inspectors operating a mixed caseload consisting of nursing homes and disability services, and welcomed a programmatic approach to inspections (e.g. inspectors doing disability or older persons inspections only). Many stakeholders and service providers recognised that some of the inspectors had come from 'eldercare' inspections. They expressed concern that the approach taken to inspections in nursing home settings was being replicated inappropriately in disability settings.

The background of the individual inspectors was perceived by service providers to affect their focus and approach to inspections. There were many examples given such as an inspector with a nursing background spending a large amount of time on best possible health and medication management versus an inspector with a health and safety background largely focussed on this aspect of services.

Where an inspector did have relevant background and experience of the service they were inspecting, this was noted and highlighted as a positive in interviews:

“X came from an ID background which was very good, very positive, and very obvious. The other inspectors were not from an ID background. It was clear that they were struggling with some of the practices they had, challenging behaviours that [a service user] has, making recommendations and I could see they had no experience and no background. Certainly with X,

all of their recommendations would have been very positive and X would have been very integrated with service users, would understand: he knew what it was about.” (Manager, service provider)

4.2.1.17 Approach to inspections and interpretation of the regulations and standards

Some service providers expressed frustration at the amount of time spent by inspectors looking at the documentation that is in place. They expressed the view that in some cases, inspectors were over-reliant on paperwork/documentation rather than taking a broader view of services during inspections. This view was summed up by Disability Federation of Ireland as follows:

“There is a view held by lots of the organisations that you could run a poor service but be HIQA compliant if you have your paperwork in order, or run a great service but, be found not compliant, because the paperwork is poor. That is damaging the relationship between HIQA and the organisations. People feel that they [HIQA] are just coming in to look for a tome of paperwork, that everybody’s job is to provide them with paperwork when this is about people’s homes. That is something that has come back pretty consistently from organisations that HIQA is looking at something that is not real about the organisation...that is not about the heartbeat of the organisation.”

Interpretation of the regulations was highlighted as an area of concern and considered, as potentially, not reflective of the lived experience of the service user. Some stakeholders and service providers gave examples of inspectors adhering in a fixed or narrow way to regulations and focussing on policies and paperwork only, leading to practices which were viewed as not appropriate or required, such as keeping food diaries for the purpose of reporting to a family and doing nightly monitoring checks on residents who did not require this level of supervision. Other examples included inspectors taking a prescriptive approach relating to the provision of information on advocacy services and over-generalising the use of communication supports:

“The inspector said to me you don’t have a nutrition policy here so you are majorly non-compliant. I said – well the lads get weighed, have healthy eating, one goes to Slimming World, and they even showed X how they did their shopping list – they cut the cornflake packet off with the low fat labels on. But we as an organisation don’t have a nutritional policy so as far as she’s concerned, because a policy doesn’t exist, we are non-compliant. She wasn’t prepared to listen, they aren’t overweight because they are weighed and have regular GP care.” (Person in Charge)

“Following things to the letter of the law ... so for example for an organisation to show that residents have access to advocacy, all they are required to do was put a poster up on the wall to advertise the national

advocacy service, everybody in that service can't read, but that was seen as satisfying the Standard, that was what the inspector wanted them to do to satisfy the Standard." (Disability Federation of Ireland)

4.2.1.18 Lack of consistency

The lack of consistency and variation in practices around the regulations and their interpretation was a recurring theme in the interviews. Service providers spoke about their frustration and concerns relating to the lack of consistency in a number of areas:

"There are questions about inspection and training of inspectors. Many providers have told me that one inspector will pass them for something and another inspector will criticise them for the same thing." (Inclusion Ireland)

"An inspector can go into a facility and they can say that the room is too small, there are prescribed measurements, I know of one unit where there was about 10 bedrooms closed because they were too small. I know another unit in a different area of the country with the exact same build and the exact room measurements and there isn't one mention of the room sizes." (Manager, service provider)

One provider described their frustration at the lack of consistency between the Assessment and Judgement frameworks and the practices of inspectors on the ground:

"we have challenged them on things they have given us a major non-compliant and we've looked at the judgement framework and said that it is only minor non-compliance, sometimes they say ok we will look at it but 99% of the time they'll stand over decisions. We would send in factual accuracy ...we send back what we think and they say this is our final wording on it." (Manager, service provider).

Inconsistencies between different inspectors on the same team in their interpretation and application of the regulations and standards were highlighted. Service providers described their frustration at how inspectors could approve policies or service levels in one designated centre in their organisation but not in another. One provider described how a Person in Charge was considered to be suitably qualified in one designated centre in their organisation but found to 'have gaps in their knowledge' in another.

"We have had experience of one inspector signing off on policy in Unit A and another inspector, with the same policy, saying it is not good enough in Unit B. They are different inspectors but on the same team." (Manager, service provider)

"The problem is the interpretation of the regulations in children and adults' services are very, very different. The inspection process is very, very different. As an organisation we might be compliant and something is

perfectly acceptable in one service and not acceptable in another. So every inspector is different and the interpretation of the regulations is a little open to people's personal preferences.” (Manager, service provider)

The lack of consistency was particularly evident in the areas of policies and documentation. Examples given include:

- complaints policies
- contracts of care
- personal plans
- register of staff
- risk management
- frequency of staff training in services

One service provider reported changing their statement of purpose three times in a number of months due to inspectors giving different and inconsistent feedback:

“We have had a couple of incidents whereby an inspector on site, wasn't happy with something that happened, indicated that verbally immediately. Rather than waiting for a report or instruction to come, we acted upon it. The inspector came back the following day and was not pleased that we had acted so quickly on it. And said no, they weren't happy with that outcome. So given that they gave that sort of feedback, we went back to the original plan and they weren't happy with that. So, you're kind of going 'what is it that they want?'" (Manager, service provider)

Another provider commented on the inconsistent and sometimes inappropriate advice offered by inspectors in relation to staff training and the need for refresher training in specific areas. Examples given by participants include fire safety, manual handling, safeguarding, epilepsy, challenging behaviour. The National Federation of Voluntary Bodies suggests:

“...the focus tends to be on training provision rather than the impact on behaviour of the training”

Some service providers reported that they were given verbal feedback at the end of an inspection. In some cases, they were told the information would not appear in a report, which it then did. In other cases, the level of compliance was worse in the report than had been initially discussed at the point of verbal feedback.

Two services reported cases of inspectors using the wrong set of regulations (Care and Welfare of Residents in Designated Centres for Older People) during inspections.

4.2.1.19 Communication and the provision of information

This emerged as a prominent theme in all interviews. The subthemes covered are as follows:

- (i) Engagement with HIQA as an organisation
- (ii) Engagement with service providers and staff
- (iii) Engagement with residents
- (iv) Engagement with families

(i) Engagement with HIQA as an organisation

A number of service providers and stakeholders spoke about the challenges of interacting with HIQA as an organisation:

- Large service providers reported the challenge of having multiple inspectors/lead inspectors to work with one organisation, with no specific individual from HIQA, identified as the liaison person to engage directly with the provider. Some providers reported that they would like to have a more open relationship with HIQA where they could seek support and advice, and “tease some of the issues out”. A small number of providers described having this level of interaction with their inspector but it seemed limited to specific geographical areas
- Some stakeholders reported difficulties in not having named contact people in the HIQA offices. Some commented that they would welcome more opportunity to directly liaise with HIQA and to share information and expertise
- A small number of service providers reported their documentation getting lost within HIQA and dealing with different people about the same issue caused problems. One provider gave an example of correcting contact details twice yet monitoring reports continued to be sent to the wrong address
- One service provider spoke about the challenges of using HIQA’s centralised email system to submit action plans and other items required without clarity on whether it had been received or acted upon within HIQA offices
- Use of inaccessible language in documents and reports was reported to be an issue. Staff commented on the use of ‘daunting’, ‘clinical’ and ‘technical’ language. A number expressed the view that the language used can seem harsh, for example the term ‘major’ non-compliance. One participant noted the need for HIQA to review the use of ‘institutionalised’ language in the regulations and standards, and in their reports. They felt this did not meet best practice standards. In particular, stakeholders felt that the use of words like ‘centre’ removed the focus on the location as the ‘person’s home’
- Reports: some service providers noted items copied and pasted from one designated centre to another which were factually inaccurate. Other service providers noted errors in reports such as spelling, grammar, incorrect numbers relating to centres etc. This was reported to ‘take from the validity of the report’

- Overall, service providers welcomed documents and guidelines from HIQA which provided advice and clarity on specific issues – for example, those on intimate care and risk management
- Service providers and stakeholders welcomed the information days and forums which HIQA facilitated, noting the value of sharing their learning and expertise

(ii) Engagement with service providers and staff

The National Federation of Voluntary Bodies reported on a lack of consistency in how inspectors interacted with providers and reported that this ranged from being ‘very professional and courteous to being abrasive and uncompromising’. This variation was also noted as a significant issue in service provider interviews. Descriptions of interactions ranged from being complimentary of the inspectors, using terms such as ‘very helpful’, ‘respectful’, ‘accommodating’ and ‘approachable’ to being an extremely negative experience in other settings with words, such as, ‘intimidating’, ‘threatening’ and ‘challenging’ used:

“We have noticed a difference between inspectors. Some just have a message to give and it can be a very serious message but they give it in a very nice way. While they still expect the same answers, same compliance levels and they still get the message across that it’s exceptionally serious, they do it without being condescending or aggressive whereas other inspectors tend to give the message a different way.” (Manager, service provider)

“In general they [inspectors] are very focussed and professional and a good number of them put you at ease... Unfortunately, there are a few, and we’ve had a few recent inspections whereby they haven’t put staff at ease. It’s been authoritarian almost, whereby, staff have actually had to leave interviews with inspectors to get glasses of water, go outside for a bit of air, because they have literally been grilled.” (Manager, service provider)

“I was at a forum where HIQA said listen, I can see your worried faces, don’t be worried, we are here to support you... That was September, but come February they came in and just tore us apart, I was thinking ‘where is the support in this?’ I nearly had a nervous breakdown that weekend, it was horrendous, it was awful.” (Person in Charge)

One Person in Charge described the experience as ‘intense’ but reported that a rapport was built up and their anxiety reduced over the course of the visit:

“I challenged her [inspector] constantly during the monitoring inspections. You had the freedom to challenge, she is an inspector, she isn’t God. She hasn’t got all the answers and she doesn’t make the rules.”

Persons in Charge and service providers also reported very different experiences when they reached the stage of developing action plans—some had no contact at all with the inspector, others had regular contact by telephone or email:

“They [inspectors] can offer sometimes a small bit of guidance, sometimes it is not enough, especially when we’re trying to decipher what they view as sufficient. What we view and what they view can be very different.” (Person in Charge)

“Absolutely, could engage. They gave me a lead inspector which was great, even if she hadn’t done the inspection, I could always go back to her.... If I had any issues at all I could ring them and they always came back to me.” (Manager, service provider)

“...sometimes a view can be taken it is not up to us [HIQA] to solve your problem” (Manager, service provider)

One manager described how the lead inspector spent the best part of a day with them going over each of the action plans – “that was brilliant”. The participant explained that it was a positive two way conversation which clarified what they needed to do.

The HSE representative explained that:

“some service providers don’t engage with the lead inspectors for fear they may have to do more and they don’t have the resources to do it”

(iii) Engagement with residents

Most participants reported positive engagements between inspectors and the residents in their designated centres. They reported that residents were happy to engage with inspectors and show them around their homes. Where residents found it difficult to have unfamiliar people in the house, or disliked the changes to their routine, most providers noted that inspectors were respectful and accommodating of this.

Some interviewees reported concern that inspectors may not be appropriately skilled to engage well with residents who communicate in different ways. Some expressed concern at how people who communicate differently would be supported:

“How are people chosen to speak with inspectors? Is it the people who are most articulate who are going to get heard? Is it people who the services think will show them up in a good light? We all have to watch in our work that it is not just articulate self-advocates who get heard. You have to use technology. You have to make the effort to speak to people who are either less confident or have more significant communication issues.” (Inclusion Ireland)

The use of independent peer advocates was suggested by one stakeholder as a potential solution to support people who require it.

Some stakeholders reported that some residents have a fear of meeting the inspector and of ‘saying the wrong thing’. Others reported positive experiences of inspectors taking the

time to get to know people over a meal or a cup of coffee, and this was welcomed. Other examples of good practice were also discussed, such as, asking residents for their consent to access files and bedrooms and accepting a resident's refusal to allow them to enter their home. Participants also welcomed the inclusion of the views of residents in the inspection reports:

“You could hear the voices of the people who live here coming out in the report, which I thought it should be, not the voice of the organisation.”
(Person in Charge)

A significant number of stakeholders and service providers did not feel that inspectors spent enough time with residents during the inspection. They also believed that HIQA, as an organisation, did not spend enough time engaging with people with disabilities and gathering their evaluations of inspections.

Participants reported that questionnaires and reports were not made available in easy to read formats, making them inaccessible to many residents with intellectual disabilities. Inclusion Ireland reported that many people with intellectual disabilities feel that the easy to read standards are still too difficult to understand.

It was noted in a number of interviews that inspector's lack of knowledge about total communication and appropriate communication supports resulted in them generalising strategies from one unit to another. Examples were given of inspectors insisting on having things in an easy to read format in cases where people were unable to access information at that level:

“They [HIQA] did make a comment that they needed a communication thing on the wall, for those people who have communication difficulties, a picture thing.....I don't think it's a one size fits all. What works in one house may not work in another and they don't need to be put up in every house.” (Person in Charge)

Participants from service providers supporting people with physical and sensory disabilities, expressed frustration at the importance placed on easy to read materials when this was not required by or appropriate for many of their residents. They also questioned how inspectors could communicate effectively with residents, who communicated using sign language, without an interpreter.

Service providers identified that they are responsible for communicating information to residents prior to the inspection taking place. Some expressed the need for HIQA to support providers in this task. One service provider reported asking for a photograph of inspectors in order to prepare residents and this was refused.

(i) Engagement with families

Most people interviewed reported that HIQA did not contact families. Service providers sent information on the inspection to families, along with a questionnaire provided by HIQA. This was reported by service providers to be inaccessible and difficult to follow for families. The questionnaire sought to gather the views of family members on the quality of the service provided. It could be returned directly to the Inspector.

Some service providers reported high levels of participation and positive engagement between HIQA and families during the inspection process. The views of families were included in some inspection reports. Some stakeholders highlighted that many families may be fearful to approach or speak with HIQA for fear that the service their family member is getting would be affected in some way.

4.2.2 Learning

4.2.2.1 Expectations of the role of the Person in Charge

The Health Act requires that each designated centre has a Person in Charge. Managers and CEOs stated that there is a clear job description in the statutory instrument for the Person in Charge.

Persons in Charge were reported to be involved in all aspects of the inspection and registration process. The National Federation of Voluntary Bodies pointed out that the Person in Charge model does not necessarily fit with many of their member organisations' existing management structures and, as a consequence, this is causing difficulties for organisations at both management and industrial relations levels.

In some designated centres, a head of unit was already in place, and this person effectively became the Person in Charge. In other services, the process was reported to be much more complicated and there was a need for services to be reconfigured. The National Federation of Voluntary Bodies explained that the moratorium on recruitment within the public sector has impacted on staffing levels and grades within organisations and this in turn has had an impact on the appointment of Persons in Charge. Managers explained that there are variations across service providers in terms of the qualifications of Persons in Charge. They expressed concerns that they had very limited funding to upgrade posts to ensure the correct individuals were in these roles.

During the interviews, managers highlighted their need for consistent guidance from HIQA in relation to the Person in Charge, particularly, in relation to the seniority of this individual and the selection of staff for these positions. There was some concern that HIQA did not fully recognise the issues arising from the appointment of staff to these positions and the subsequent challenges for providers:

“From the way that services were set up, you know they [HIQA] are talking about the Person in Charge being in charge of budgets and all those things. That is not the way that centres are set up. It is a bit alarming, it has caused a bit of anxiety or concern for the people that were willing to take on the role

and responsibility. I think that there is a massive legal requirement there and yet the role that you would have, it wouldn't expand to that responsibility.”
(Manager, service provider)

“This balancing act to get the right person in charge – that is leaving out the Industrial Relations issues – HIQA is very clear that this person has to know all the people – very well and equally has to have the power to make decisions around addressing issues.” (Manager, service provider)

Service providers described how a lack of information led them to appoint area and service managers or directors of nursing to act as the Person in Charge, often for a number of designated centres/campus or across different geographical locations. As the inspection and registration process moves forward, providers have identified difficulties with this model, and they acknowledge the need for change. Participants explained that this will have implications for their budget, staffing structures and training programmes, as well as, an additional administrative burden.

The appointment of Persons in Charge has led to some issues with trade unions, as some of the staff have refused to take on the extra responsibilities of the role. Some of the Persons in Charge interviewed said that they were given the option to take up the position; others felt that they were ‘expected’ to take up the role. Some applied for and were interviewed for the job, others were not.

“[In terms of selection of Person in Charge] there was nearly no discussion on that. It was a given” (Person in Charge)

“We have people going off sick and after 28 days we must appoint a new Person in Charge, officially, means the deputy is stepping up and this causes issues as people say they hadn't signed up to be a Person in Charge.”
(Manager, service provider)

Persons in Charge commented on the ‘steep learning curve’ they had experienced. Some had understood clearly the role they had undertaken, others explained that they had entered into the job ‘blind’. A number of those interviewed welcomed the clarification of their role and better job descriptions.

4.2.2.2 The qualifications and skills of the Person in Charge

Participants reported some confusion in relation to the required qualifications of the Person in Charge. They note the “lack of clarity on what constitutes an appropriate qualification”. The HSE points out that some providers interpret the regulation to mean that the Person in Charge must be a nurse. They explain that:

“The Regulations do not state this. The Person in Charge has to have 3 years supervisory experience and be a health professional”

Participants reported that Persons in Charge come from a range of different backgrounds:

- social care leader / team leader
- social care worker
- house parent
- staff nurse / clinical nurse manager grades 1 / 2 / 3

Generally, the Persons in Charge interviewed had no difficulty with HIQA's need to establish that they are 'fit to practice'. Some service providers explained that HIQA were dissatisfied with the qualifications, experience and skills of a Person in Charge in one of their designated centres. One manager reported that this information is communicated through 'certain wording' in their reports or indirectly in a 'verbal conversation' with the Provider Nominee. Service providers acknowledged that in some cases staff resigned from or were moved out of Person in Charge positions and redeployed to other roles. Managers raised the issue of finding roles for staff who may be underperforming or unsuitable to the position, but have been working in the organisation for a long time.

Some Persons in Charge had previous management experience and training, others did not. The training provided to Persons in Charge varied considerably. Some providers gave specific training to Persons in Charge and their deputies on topics, such as the regulations and standards, developing action plans, leadership, quality improvement and staff supervision. This was provided through either in-house training or the recruitment of external consultants. A number of Persons in Charge said they were given the opportunity to attend the information days delivered by HIQA and the National Federation of Voluntary Bodies:

"It was very useful, there was quite a lot of work done by the organisation and the training department to prepare people for what was coming down the line." (Person in Charge)

Some Persons in Charge were given no additional training whatsoever. In some instances this was due to financial constraints, but other service providers expressed the view that training was not required as their Persons in Charge were experienced and had occupied posts of responsibility for some time. Some Persons in Charge had worked in the UK previously and had experience of regulatory systems, which they reported to be extremely helpful in preparing them for the inspection process.

4.2.2.3 Specific challenges for the Person in Charge

Participants reported a number of specific challenges for the Person in Charge. These included:

- The Person in Charge being named on HIQA reports – this caused considerable concern for Persons in Charge during the earlier inspections. This practice has since changed and more recent reports name the provider nominee, rather than, the Person in Charge

- The burden of administration – service providers noted that they have had to change rosters to allow the Person in Charge more time to prepare for inspections and to carry out governance duties. This has sometimes meant removing them from the frontline for a period of time leading up to inspections
- The level of responsibility/legal implications of the role – the Persons in Charge interviewed highlighted the ‘sense of responsibility’ they now feel both for the residents and for getting a ‘good’ HIQA report. They also highlighted the fact that although they are ultimately responsible for many aspects of the regulations and standards, they are often not in a position to make the necessary changes to ensure compliance, for example to agree funding for building adaptations, to change staff rosters or bring in new staff, to develop organisational policies

“The onus is on me. I found that my concept of the Person in Charge and the training we’ve done in the organisation is from an accountability perspective and a responsibility point of view. The whole inspection comes down to me...it is my responsibility to get a good inspection.”

“You [the Person in Charge] are with all the responsibility with this big organisation not taking any ownership of it”

- The challenges of dealing with the inspection process: participants explained that the inspection interviews can be difficult for the Person in Charge. They described the process as ‘long’, ‘tiring’, ‘lonely’, ‘personal’, ‘challenging’, ‘quite intense’
- The effect of inspections on personal reputations and stress levels: some Persons in Charge resigned or changed positions as they found the process too difficult. It was noted by participants that HIQA reports can be very ‘harsh’ and it is difficult as a Person in Charge not to take this personally. One participant described the inspection process as ‘personally humiliating’. Dealing with the media was also a particular area of concern
- Managing the workload: Persons in Charge reported working long hours, working on rest days or annual leave days, and disrupting holidays to accommodate inspections. Where managers had taken on the role of the Person in Charge as part of their workload, they described the difficulties of preparing for and participating in inspections whilst still trying to carry out their other managerial duties, for example looking after day services, providing clinical supports, delivering training
- The challenge of keeping well informed and updated on the regulations and standards: the Persons in Charge interviewed talked about the difficulties they experience in finding time to ensure their knowledge is current and they are aware of best practice

4.2.2.4 Identifying ways to support the Person in Charge

Participants highlighted a number of ways in which HIQA can support Persons in Charge. These included:

- providing specific training for Persons in Charge on the regulations and standards and on their role
- providing the HIQA Assessment and Judgement Frameworks
- promoting learning from other jurisdictions

Participants also highlighted the ways in which service providers support Persons in Charge in their role:

- undertaking mock inspections
- developing audit tools and providing training on audits
- establishing a system of peer support for Persons in Charge which includes regular meetings with other Persons in Charge and a discussion forum to share problems and ideas
- setting up a quality department and appointing key staff to oversee the process in large organisations
- sharing the knowledge gained from one inspection across an organisation
- having policies and procedures in place which are in line with the regulations and standards
- the challenge of keeping a personalised service in the face of increased documentation and paperwork

4.2.2.5 Preparing for inspections and registration

Participants suggested things that might have helped them in their preparations for inspection and registration. These include:

- having a liaison person from HIQA to work with
- more clarity from HIQA on specific regulations
- more guidance documents
- more focussed training
- more appropriate advice from some external consultants
- a greater focus on decongregation and how it fits with inspections
- having access to the judgement and assessment frameworks at an earlier point in the process

4.2.2.6 Moving forward after the inspection-developing action plans

Once a draft inspection report has been issued, service providers are given a specific time period to return an action plan to HIQA. This action plan must address the issues of non-compliance identified by inspectors.

Most providers described how the plans are worked on by the Person in Charge at the local level initially, often with support from senior managers in relation to timelines or resources. More serious issues or those with significant financial implications are escalated to the CEO, provider nominee or an area/service manager.

The Persons in Charge remarked on the wide range of people they liaise with in the development of an action plan. These include senior managers, departments, such as, quality; governance; finance; HR; buildings and maintenance; health and safety; and clinicians.

Service providers and stakeholders highlighted the challenges involved in developing action plans. These include:

- feeling under pressure to solve long term or complex problems in a very short time period
- developing organisational policies in a short space of time - participants noted that this can go against best practice recommendations, for example, in relation to consultation and working in partnership with stakeholders within an organisation
- establishing working groups or multi-disciplinary team supports in a short period of time – this can be necessary to identify appropriate actions and agree the long term implementation of the plan
- managing costs and resources within existing budgets and seeking additional sources of funding
- feeling under pressure to invest in congregated settings which are due for closure
- agreeing realistic timelines with HIQA
- sourcing the correct documentation and evidence for submission with the action plan
- managing issues of conflict between the inspectors and the Persons in Charge / service providers
- communicating between HIQA and service providers can be poor, for example, mislaid documentation, contradictory information

In a number of interviews, participants raised the question of the involvement of the HSE (as the funder), at this stage of the inspection process. The HSE noted that they do not get involved in the development of action plans with non-HSE providers. In some cases, however, service providers will contact the HSE if they have received a ‘bad’ report but, the HSE does not engage with HIQA on behalf of service providers, as they are “private companies in their own right”. The HSE acknowledged that it can be in an awkward position as they engage with HIQA as both funder and provider of services.

Representatives from the Disability Federation of Ireland pointed out that:

“plans need to be jointly agreed between provider and HSE as funder and jointly go back to HIQA ... it doesn't make sense to leave the funder out of the mix ... at the moment the organisation is being fired at from both sides ... if you don't have the money it doesn't matter how many times you are found to be non-compliant ... particularly in relation to congregated settings, it is very frustrating for providers who are trying to close a centre to be told they have to invest in it. There should be a memorandum of understanding between the provider, HIQA and the HSE that centre x will be closed in two years and, therefore, it is not required to bring it up to full compliance where this would add significant costs.”

Service providers emphasised the serious implications of failing to develop action plans which meet HIQA requirements. Some had submitted a number of action plans following an inspection which had been rejected by HIQA. They expressed high levels of frustration and stress, and felt poorly supported by HIQA and the HSE. Some service providers said they felt 'vulnerable' and 'fearful'. Providers also highlighted the importance of implementing the plan as quickly as possible – this is necessary to alleviate the concerns of residents, families and staff once areas of non-compliance have been identified.

“Previously, what has happened is that an action plan would be submitted and HIQA have come back and said there are 1 or 2 things that are not sufficient..... we now have one chance to correct the action plan and if not satisfactory, no action plan is published thus leaving the provider no opportunity to inform people of action taken or action to be taken to resolve the matter.” (Manager, service provider)

4.2.2.7 Challenging reports and feedback on action plans

Generally, participants described the process of reporting back to HIQA with any factual inaccuracies that might exist in a report as relatively straightforward. In terms of challenging the actual content of reports, participants had differing opinions and experiences. Many believed that HIQA would only change factual inaccuracies and were unwilling to change their assessment or opinions, even if the Person in Charge or service provider could produce evidence to support their argument:

“They [HIQA] only wish to make corrections to what they term factually incorrect – yet they include loads of opinions which they won't change. If they say you have 14 service users but you have 19 they will change that but if you say I don't agree with your interpretation there that we are doing x, y and z it is not an issue for debate or negotiation on interpretation – they don't agree.” (Person in Charge)

“It's about picking your fights. You have to be careful how you challenge them [HIQA]. You can challenge them on the wording they use, but we'd be very cautious about challenging them.... There's a firm belief among service

providers about not getting into challenges with HIQA, you're just wasting your time, you know." (Manager, service provider)

"If there was anything we were not sure of, we could pick up the phone to him [inspector] freely. If he didn't come back today, he would certainly come back tomorrow." (Manager, service provider)

The National Federation of Voluntary Bodies explained that organisations can respond to inspectors' judgments as to the fitness of providers and their staff, and as to the levels of compliance with regulations and standards using the HIQA document entitled 'Policy and procedure for managing submissions made by registered providers in respect of regulatory judgments made by the Chief Inspector of Social Services of the Health Information and Quality Authority'. The Federation noted that some service providers were unaware of this process.

4.2.2.8 Providing feedback to HIQA

A number of providers confirmed that they had given feedback to HIQA through the HIQA feedback form. A significant number of participants expressed the view that they would like more opportunity to meet face to face with HIQA to discuss the registration and inspection process, and share learning. Persons in Charge suggested they would like more face to face time, at the end of inspections, to talk about the findings. Service providers requested the opportunity to meet with representatives from HIQA to discuss more general issues:

"There hasn't been a forum by which we could sit down and communicate as equals with HIQA. It would be very helpful to have this type of forum. There's as much learning for HIQA as there is for services as well in all of this and I think the while inspections, the whole regulatory process is strengthened by both parties having a partnership approach to it. Perhaps maybe there is a feeling that it's not a partnership approach." (Manager, service provider)

4.2.3 Impact

Participants described a number of positive developments, as well as, a list of significant challenges, experienced by service providers since the introduction of HIQA inspections. It should be noted that the views of service providers varied considerably with regard to the impact of inspections, and the experiences reported were diverse. Often, what one individual saw as a positive development was perceived by another to be a negative outcome, for example, the introduction of increased documentation and recording systems.

It appears that providers delivering services to people with physical and/or sensory disabilities, or in congregated settings, may have found the process more challenging. The reasons for this are not entirely clear from the data but could be related to the issues,

such as, the suitability of the regulations; the ethos of specific providers; and the individual needs of residents.

Participants commented on the need for individuals, staff teams and service providers to recognise the positive aspects of their own work rather than focussing continually on non-compliances or on “what’s not been done yet”.

4.2.3.1 Positive developments since the introduction of HIQA inspections

Amongst the positive developments mentioned were:

- higher levels of accountability and transparency
- more direct involvement from managers in the delivery of frontline services
- the inspection process gives service providers the impetus to move forward and make changes. Providers described how previously they may have ‘procrastinated’ over decisions, however, HIQA require that they take action within an agreed timeframe, and return to check outcomes

“But what it has done is given us the mechanism to force action in certain areas, that maybe staff have been advocating on in the past. And given resources, there’s always been a reason why we’ve made the best of a situation and not maybe pushed to make change, so that’s a positive.”
(Manager, service provider)

“As managers, we now have autonomy to go into the services, they always had that autonomy but now with HIQA, they have that as an extra tool to work with.” (Manager, service provider)

- an overall improvement in the standards of care delivered to people using services, with both good and bad practice identified to the Person in Charge, staff teams and service providers
- greater focus on person centred supports, personal plans, providing choice, community engagement. A number of service providers acknowledged an increased recognition of the changing needs of residents and the necessity to adapt supports to meet these needs:

“We are continually looking at changing needs... no one stays the same throughout one’s life. With cutbacks it puts organisations under pressure. So HIQA have highlighted to us that we need to be shouting that from the rooftops. That there are changing needs and a changing environment that the person will need going forward.” (Manager, service provider)

- better recognition amongst staff of the rights of residents, and more consultation around issues which affect their daily lives. Some participants reported increased service user involvement in the running of their homes and a sense of ‘empowerment’ of residents. Participants also reported more use of accessible modes of

communication to support all residents to have a voice, for example, easy to read minutes of house meetings; picture menus; visual schedules. Interviewees also noted the increased profile of advocacy supports since inspections began

“More appreciation of the service users’ rights – from board, governance, management, that had huge impact...people’s rights have really come to the fore.” (Manager, service provider)

- increased awareness amongst staff teams and the general public of the safety and welfare issues that face residents with disabilities, which in turn could lead to better safeguards and protections. A number of providers highlighted positive changes to restrictive practices and to the management of behaviours which are perceived to be ‘challenging’, for example removing locks on doors
- significant improvements to buildings and other aspects of the physical environments. This has brought about improvements in safety and in the overall quality of life of residents. Examples include adapted and enlarged bedrooms; better access to areas, such as, gardens; fire doors and escapes; improved décor
- the establishment of clinical governance structures within organisation
- the development of policies to meet the standards and regulations

“Our attention to detail probably, and our policies and all of that. Nobody read them. They were on the wall because they had to be there. But now they’re a living breathing document, you know them inside out... Things are very real now, systems are talking to each other better now within services.” (Person in Charge)
- better documentation and more accurate systems of recording information:

“I’d say as a whole we are definitely upping our game, looking at what we’re doing, ensuring we are capturing information, gathering it, and there is a trail of everything we do. And to make sure that anybody else can come in and see what we’re doing.” (Person in Charge)
- more training opportunities for staff
- positive and productive working relationships within organisations

“It has joined us together more as a unit, from board down to maintenance. It certainly would be a positive impact around the place.” (Manager, service provider)
- open and accessible complaints procedures
- a reduction in institutionalised practices – examples given include removing centralised meals, laundry, shopping and the management of residents’ monies

4.2.3.2 Ongoing challenges for service providers

Across the interviews, a number of dominant themes in relation to negative outcomes and ongoing challenges for service providers emerged.

Financial implications

The National Federation of Voluntary Bodies explained that the commencement of inspections has placed considerable additional pressure on service providers in terms of funding (both capital and revenue) and staffing requirements. They believe the cost of compliance with HIQA was not prepared for by the HSE.

The introduction of HIQA registration and inspection process at a time of austerity and consecutive budget reductions; Value for Money and Policy Review; and a moratorium on staff recruitment; added to the financial pressures. Participants emphasised the need for the Minister responsible to understand the cost implications of introducing the standards, and the stance of the HSE as funder:

“Huge financial challenges -that’s the biggest part. The cost of implementing the HIQA standards is absolutely ferocious. There’s a huge, huge cost.”
(Manager, service provider)

“The Minister is the one who implemented this and the Minister is the one who will not fund an organisation like us for doing what we were told to do by the statutory regulator. To me that is patently unjust, in fact it is patently wrong.” (Manager, service provider)

Areas demanding significant additional spending include:

- registration costs – both registration and per person costs, and the costs of making changes to the registration document
- staffing costs – in particular, the recruitment of additional night duty staff, Persons in Charge, nurses, quality co-ordinators
- building and maintenance works– participants described works such as updating old buildings; meeting fire regulations; painting and decorating; replacing furniture; installing alarms; restructuring bathrooms; adding storage; sluicing areas and smoking rooms
- staff training and up-skilling, such as, in-house training; external trainers and consultants; lost working days; agency and relief staff
- costs associated with additional clinical supports
- reversing cost saving measures (originally put in place to deal with budget cuts) which are not acceptable to HIQA, for example, closing designated centres for a two week period

Large service providers reported spending up to €1 million on foot of HIQA inspections in 2014. Other service providers gave figures of between €12,000 and €17,000 per designated centre to bring them in line with the regulations and standards. A recent study

by the National Federation of Voluntary Bodies on the costs associated with the registration and inspection process, and the implementation of the actions arising from HIQA inspection reports, has indicated that the costs amount to approximately €25 million (2014/5). The HSE has made some funding available but this was reported by providers to be inconsistent and unpredictable. One provider explained that the financial pressures resulting from HIQA inspections added tension to an already strained relationship with the HSE. The HSE confirmed that they have 'received numerous financial requests on foot of HIQA inspections'. Calculations for 2014 show their spending in the region of €11.4 million in capital costs; an additional €4 million in staff costs; once off costs; and agency staff, which has an immediate extra costs, such as, 21% VAT. The HSE reported that it has not received any additional funding in its budget allocation to address the issues relating to HIQA inspections. The HSE has estimated that the cost in 2015 of funding actions in Action Plans will be €57 million¹⁸. The National Disability Authority has not independently assessed these costs.

CEOs and managers highlighted the practical dilemma faced by service providers, who are told by HIQA to act swiftly to resolve issues of non-compliance, but told by the HSE 'not to spend money we don't have'. The National Federation of Voluntary Bodies explained that some action plans result in money being spent which under another type of scrutiny would not be considered best use of resources, for example, expenditure on maintaining or upgrading older buildings which ideally residents should be moving out of into more individualised or community based arrangements. Service providers report that at times they are diverting money away from other areas of their service in order to deliver on action plans for HIQA. This raises equity issues and the services offered to some individuals may be compromised as a result.

CEOs and managers explained the challenges:

"I don't know how anyone can suggest that you comply with all of these things from a statutory regulatory point of view and your statutory funder says tough, good luck, that's your business. I thought that we were doing this as a sort of a partner with the state." (Manager, service provider)

"...the cost to us for last year was €400,000. It was an enormous cost... from August we had 24 hour nursing, 2 extra nurses during the day and one during the night. It was – where are we going to get the nurses – we don't care, not our problem, you get the nurses. If you don't have them we'll see you in court..." (Manager, service provider)

¹⁸ The costs quoted in this section are estimates and reflect the views of the representatives of the National Federation of Voluntary Bodies and the HSE at the time the interviews took place.

“Between HIQA and the recession and funding cuts, people are much more stretched – we are going to see burnout. People can sustain that for a period, then after that it starts to impact.” (Manager, service provider)

A particular issue relating to HSE resources relates to HSE’s responsibility under the Health Act where the registration of a service provider has been cancelled by HIQA. In such cases, the HSE have to take over the running of such services.

The HSE noted there is a problem in the case of HSE-run designated centres which are found to have ongoing serious breaches of regulations and have had their registration cancelled. The HSE may then continue to run these services and yet may lack the capacity and resources to achieve compliance.

“The capacity of the HSE to respond in such situations and the need to take account of the availability of resources, needs to be looked at” (HSE)

4.2.3.3 Managing resources – what are the priorities of service providers?

Many of the Persons in Charge and managers interviewed spoke about the inspection ‘workload’, with the amount of documentation and paperwork required by HIQA described by one individual as ‘humongous’. There was a sense that service providers have dropped other important aspects of their work to focus on HIQA, and a concern that this will create difficulties in the longer term, for example, the development of day services; decongregation; the organisation of celebratory events; engagement with service users and families. Some providers expressed the view that the workload may reduce as policies are developed, structures put in place and services become more familiar with the process.

Person in Charge and their staff teams felt very conflicted between completing the documentation required for registration, and spending quality time with residents. One Person in Charge recalled that in conversation with an inspector, one resident asked:

“Are we done now?” The inspector replied “I don’t think I’ve any more questions” and he replied “Good. I’ll be glad when you lot have gone, I just want to get some time back to spend with the staff again. We haven’t done anything in the last few weeks while we’ve been waiting for you to come.”

One manager questioned the value of some of the paperwork and the need for evidence and documentation in relation to every aspect of the person’s life:

“For example, in the houses they do their own grocery shopping which is great. For HIQA, she (Person in Charge) has to record which service user went and which staff accompanied them. If they did an activity, they had to record what it was, but also the outcome of that activity. So, definitely an increase in paperwork for her and the staff, which takes time away from the service users. Some service users are able to verbalise for themselves and

they would say, oh X (manager), since HIQA have come you are always writing.”

Persons in Charge explained:

“...part of my management style would be always have time for people – I have slightly less of it now – because we have so many systems to keep up and running, boxes to tick, risk assessment, clinical audit ...all this kind of thing – you have less and less time for the daily interaction.”

“Sometimes it’s getting the time, the balance of what time needs to be applied to this and what time needs to be applied to that. I’m not saying the other things are not important, environment is important and hygiene and cleanliness are important also. Sometimes I think there is a huge amount around clinical stuff, like tablets and whether this was signed or wasn’t signed. The focus should be more on the individual and not about whether or not someone had ticked a box. It’s about getting that correct balance and good inspectors will get that. They will pick up on it and they will start focusing in on those things.”

4.2.3.4 Risk taking

Participants expressed concern that the current inspection process could result in staff and service providers becoming more risk averse, out of fear that their actions may breach the regulations and standards:

“At this present time people are afraid to do anything anymore” (Manager, service provider)

They highlighted the importance placed by HIQA on risk assessments and risk management plans, noting that this can give staff the wrong message. The National Federation of Voluntary Bodies suggested that:

“The regulations as they currently stand are not disability informed and promote a ‘safety culture’ which has been an unintended consequence. This risk adverse culture inhibits innovation in the implementation of national disability policy”

Participants emphasised the need for positive risk taking to ensure that people with disabilities are encouraged to lead ordinary lives in ordinary places and to engage fully with their local communities. They suggested that a service which is fully compliant with the regulations may not necessarily be the best place for a person with a disability to live and receive supports.

“There is no doubt that there are providers who are very regimented and institutionalised in their approach to supports to people with disabilities and the HIQA process fits very well with their own culture ... that is one of our

issues, that the process should not reinforce practices and a culture which disempowers people with disabilities.” (Inclusion Ireland)

Stakeholders reported that:

“Organisations said that inspectors are very risk averse. So where people are trying to push the boundaries and get people back into the community but inspectors are saying no you can’t be doing that with them” (Disability Federation of Ireland)

Participants identified a number of items which impact on this aspect of the registration and inspection process:

- the absence of capacity and consent legislation
- a lack of focus within the inspection process on building capacity and assessing informed consent
- limited independent advocacy services
- poor quality person centred plans with a lack of focus on rights and choices
- out-dated attitudes and approaches

The importance of advocates was emphasised but providers reported difficulties sourcing appropriate advocates for residents. The National Advocacy Service said it would welcome the opportunity for further engagement with HIQA to discuss the role of advocates in the inspection process, communication and information sharing between the two agencies and specific issues, including, the rights of residents.

4.2.3.5 Rights versus regulations

A common theme across the interviews was the issue of the protection of the rights of residents in designated centres. Interviewees voiced their concerns that some of the regulations, if examined in a rigid manner, could lead to unnecessary rights restrictions. One manager explained:

“What HIQA want is over the top. But if that is what they want and that is what we have to do to get registration, we go over the top... certainly we would be of the view that the current regulations are at a level which is inappropriately focussed on protecting a resident, rather than the resident having any say over the risk that they are open to...”

“This is interfering with the rights and responsibilities of the Irish citizen who just happen to live in disability centres.” (Manager, service provider)

Service providers described some ‘draconian’ measures which HIQA insist on in order to achieve compliance. However, some participants noted the ‘blanket’ measures which service providers can be prone to take in a desire to address issues of non-compliance. In interpreting what HIQA require and in a desire to achieve registration, service

providers can apply measures which they would never consider appropriate in other circumstances:

“There are about x (number) people in the home; there were 2 with dementia and 1 with Alzheimer’s. Because of that, every door that opened out had to be alarmed, until we put other things into operation. So if a resident by mistake opened a door, an alarm goes off. I don’t know what risk assessment they use, but they appear to use an extraordinary form of risk assessment. For example, grapes aren’t allowed on the table anymore because somebody may choke. We have to have a nurse in the dining room during all mealtimes in case somebody does choke.” (Manager, service provider)

One service provider explained how they are trying to support the individual’s right to access local medical services whilst also ensuring resources are used effectively. They felt pressurised into taking actions which they would not usually consider appropriate.

“In one place where there was no nurse on night duty but people know they called Limerick doc. We’ve had to put a nurse on call in – the last time I checked she’d never received a call and if she gets a call she is going to say ring limerick doc” (Manager, service provider)

Interviewees strongly articulated the view that the designated centres are first and foremost the home of the individuals living there. There was a lot of concern expressed that the regulations turn ordinary homes into nursing homes, and in doing so infringe on the rights of residents. Participants gave examples of adaptations or additions which were made to residential settings in order to achieve compliance with the regulations, which would not be commonplace in most ‘ordinary’ homes. These include - window locks; door alarms and sensors; fire doors and fire exits; sluicing/storage/laundry rooms; information placed on walls and doors; signage; rails; and medication stores.

Other potential rights issues highlighted by interviewees include - consent; choice; the management of medication; and accessing people’s personal information.

Some service providers noted that inspectors have supported them to identify restrictive practices and to address these:

“After the inspection I suppose half of the practices won’t be in place anymore. It shows us how much the service users have come on. We’ve reviewed them on a 3 month basis and we reduce them as it fits. It’s great that we’ve come to the point where we’re not as restrictive as we used to be...I think staff get into the mind of accepting restrictive practices as normal whereas they’re not...It made us review things individually and we’ve removed them so they’re not there anymore” (Person in Charge)

One provider described how they have established a rights review committee to help oversee their approaches to the management of behaviour.

Stakeholders and providers highlighted a number of other issues with the regulations that work against a rights based model of support – one example is the requirement for individuals to move out of children’s respite and residential services once they reach 18, even if a suitable adult placement is not available to them.

4.2.4 Good practice

4.2.4.1 Promoting quality

The majority of those interviewed welcomed the idea of a regulatory authority and expressed the view that it was ‘much needed’ in the disability sector. Despite their concerns about aspects of the regulations, many believed the inspection process would lead to better outcomes for the people they support:

“I’m a firm believer that people that use the service should get the best possible quality service, that’s why I’m in this business. ...I firmly believe in the standards and what HIQA are doing is right.” (Manager, service provider)

“HIQA will lead to better care plans, person centred planning based on people’s needs within organisations and better focussed training and standardisation across the sector.” (Manager, service provider)

Some participants recognised that this is the first time they have been given structured feedback on the quality of the service they provide:

“I suppose it’s a seal of approval around what you do isn’t it ...for the first time for the people that provide services. In my previous job I was the manager for disability services and running very complex services for people with disabilities but nobody ever told us we were doing a good/bad or ugly job.” (Manager, service provider)

“...up until HIQA, there wasn’t a regulatory body in Ireland that could just knock on your door any time day or night and say we want to inspect your standards of care.” (Person in Charge)

A number of participants suggested that the introduction of thematic inspections in the future would have a positive effect on the lives of people with disabilities, and it was noted that these inspections should encourage service providers to focus on issues which are important to people with disabilities.

4.2.4.2 Sharing knowledge and expertise

During the interviews, participants highlighted the ways in which shared learning from the HIQA process could help ensure that services for people with disabilities are based on best practice. They noted the value of specific initiatives to promote the exchange of information including:

- in house meetings for Persons in Charge and managers: these involved staff from different designated centres within one large organisation, and in some cases they offered a ‘peer support’ system for Persons in Charge. Some groups undertook specific tasks such as analysing published reports for examples of good practice, exploring areas of non-compliance, training on new policies or gathering evidence in relation to policy development. Service providers highlighted the benefits of “cross learning” in raising standards and in service development.

“We would print off different reports for different centres /providers to see. There are always examples of good practice and how to do something differently and I think it’s good to look across other services and other providers to say well that’s actually a really good thing and we don’t do that... It’s a good way of comparing our service to other services...where we need to improve.” (Person in Charge)

- sharing information across different service providers and agencies: Some Persons in Charge and managers established informal and formal networks with other service providers in an attempt to share experiences

“A lot of the voluntary groups and agencies that provide for people with disabilities, they have come together and I suppose been unified in terms of looking at the whole standards and seeing how we can up-skill ourselves to be the best we possibly can and provide the best service be possibly can.” (Person in Charge)

The National Federation of Voluntary Bodies emphasised the importance of sharing experiences and highlighted that service providers involved in the early registration process gave informative feedback to other stakeholders. The Federation noted that since the introduction of the regulations there has been on-going inter-agency sharing of information and experience, leading to problem resolution across services. They organised a number of shared learning and dissemination events on major quality improvement initiatives. A resource point was developed by the Federation on its website to facilitate the sharing of HIQA related policies and documentation.

The HSE expressed concern that some providers may be reluctant to share their experiences. They noted that the physical and sensory sector is small within the residential sector and they do not have an infrastructure to provide support for sharing information. They stressed that the HIQA process is not around long enough to identify good practice and suggested that:

“Good practice should be judged by the outcomes for the individual and if the person has a good life and is living it”

- HIQA training days, information documents and providers forum – most participants valued attending the training days and felt they gained much useful information. However some participants felt the meetings were too general and were “disconnected

from the real inspection process”. Service providers and stakeholder bodies commented on the establishment of the HIQA providers’ forum which has provided a formal structure in which they can raise issues of concern and share expertise. The publication of the judgement and assessment framework was welcomed by most participants. Representatives from Inclusion Ireland suggested that HIQA might use their newsletter to highlight the range of good practices in services

4.2.4.3 Working in partnership

Inclusion Ireland highlighted the valuable work undertaken by a group of self-advocates in their organisation. This Genio funded project enabled fourteen trainers to engage in providing information on HIQA to 150 residents in different services. The group provided a valuable insight into:

“The types of narratives that goes on inside services.... the pressure that people with intellectual disabilities felt to reflect the services well, not being free to speak when there were staff (present) in the room”

A number of participants noted the need for a group of self-advocates acting as a resource to HIQA. Inclusion Ireland also suggested that HIQA might explore models in operation in the UK, where ‘experts by experience’ are employed as full members of the inspectorate team. They believe there is a similar role for people with disabilities in Ireland.

The Department of Health highlighted that they are liaising with the Department of the Environment, Community and Local Government to address specific issues that have arisen in the regulations. They also interact on a regular basis with HIQA and the HSE in relation to the inspection and registration process. The Department of Health noted that work is underway on the development of protocols between the HSE and HIQA on information sharing.

The National Advocacy Service explained that they are looking at their role and how they can facilitate HIQA and advocates to support each other, engage in discussion and share information.

4.3 Section 2: Findings from interviews with HIQA staff members

The National Disability Authority conducted interviews with five staff members from HIQA. The positions held by the interviewees were:

- National Head of Programme: Disability
- Inspector Manager (two individuals)
- Head of Children’s Programme
- Head of Programme for Registration

The broad themes and sub themes which emerged from the interviews will be classified under four main headings – experience, learning, impact and good practice.

4.3.1 Experience

4.3.1.1 Communication and Information -engagement with residents

All the HIQA interviewees highlighted the importance of meeting and talking with residents (both adults and children) during inspections. Some HIQA interviewees noted the willingness of residents in disability services to engage with inspectors and to share information on their home and their lives.

“They [residents] might be waiting at the door to bring us in and show us around. The engagement then might be sitting down and having a cup of tea, or engaging in an activity that they are in the middle of, or having lunch with them.”

The HIQA interviewees explained that it is the responsibility of service providers to give the residents information on upcoming inspections. Overall, they reported mixed experiences of the service providers’ approaches to this, some giving information very effectively with residents “well prepared” and other designated centres with residents “who knew little or nothing about HIQA”.

The interviewees explained that they would either communicate with residents directly or with the support of staff, relatives or advocates, depending on the skills and preferences of the residents. Residents are not put under pressure to meet with or talk to inspectors. Inspectors are sensitive to non-verbal signals which might indicate that their presence is making an individual uncomfortable or distressed, and respond accordingly.

“Some centres wouldn’t have many visitors, so a strange face or two can impact the residents during the day. Some residents may be sensitive about that.”

All of the HIQA interviewees noted the significant challenges associated with engaging with people who are non-verbal or communicate in different ways. They acknowledged the need for some inspectors to have enhanced skills or tools to engage fully with this group. They emphasised the value of spending time getting to know these individuals better and observing how staff interact with them.

“It is easy to communicate with the people who can communicate with you. But trying to elicit the view of people with communication difficulties – our communications can always improve – that is one of the things people would have expressed the view that they would like to have more dialogue around communicating with people with disabilities.”

One HIQA interviewee described the delicate balance between gathering information about an individual’s life and being intrusive. Two HIQA interviewees noted the particular challenges which arise when inspecting designated centres where residents have autism. They reported that people with autism can find it very difficult to have strangers in their home and may dislike change. One of the HIQA staff members expressed the view that the

anxiety communicated may be in relation to all strangers rather than a specific concern about HIQA inspectors. Another HIQA interviewee described how service providers can support inspectors by taking a “proactive” approach and providing clear information on how residents communicate and their preferences at the outset of the process.

The HIQA interviewees described a number of strategies used by inspectors to support engagement with residents who communicate in different ways:

- talking with staff to find out more about how the individual communicates
- using personal communication passports¹⁹
- looking at personal plans to find out how the individual interacts
- observation – of the individual, the quality of interaction they experience, their communication partnerships, how supporters meet their communication needs

One HIQA interviewee noted the challenge of adequately conveying in inspection reports, the information provided by residents to inspectors. The interviewee explained that the report is a “formal process for HIQA to engage with the provider on the provider’s legal obligations”, and the legal nature of the reports can make it difficult to reflect residents’ voices. Inspectors can find it hard to get the balance right and to avoid ‘tokenism’. The HIQA interviewees made a number of suggestions for improving the process of engagement with residents which include:

- additional training for inspectors
- reviewing the forum for self-advocates and exploring engagement with this group
- establishing a participatory panel for service users
- engaging with organisations representing service users
- establishing a forum for children

4.3.1.2 Consent

One of the issues raised in the HIQA staff interviews is the need for inspectors to balance the rights of residents with the legal obligation on HIQA to inspect and monitor designated centres. The HIQA interviewees explained that, in most cases, residents are happy to allow inspectors to enter their homes. Where residents refuse this, HIQA takes an ‘individualised’ approach. Inspectors may visit when the service user is out of the house; meet with staff or family members; look at paperwork; view public spaces only; or meet with the resident outside the house. Inspectors will also take the time to explain to residents “why and what they are doing”.

¹⁹ Personal Communication Passports are a practical and person-centred way of supporting children, young people and adults who cannot easily speak for themselves. Passports are a way of pulling complex information together and presenting it in an easy-to-follow format (<http://www.communicationpassports.org.uk>)

“I had a situation last week where the resident didn’t want us in the house and got very upset, so we left and came back when the resident wasn’t there, the next day.”

All of the HIQA interviewees outlined the importance of respecting the rights of residents to give their consent for inspectors to enter their personal spaces and/or view their personal information. They explained that inspectors would not enter a person’s bedroom without their permission unless they had serious concerns.

“They [inspectors] wouldn’t go into bedrooms without the permission of residents. They are quite conscious that they would ask for permission – that is how inspectors are trained and expected to behave.”

The HIQA interviewees report that they are willing to listen to the views of residents and work with them to find ways to carry out inspections in a satisfactory manner for all concerned.

4.3.1.3 Engagement with families

All of the HIQA interviewees agreed that it is the responsibility of service providers to inform families of inspections. They reported that the main way HIQA engages with families is through face to face meetings during inspections and/or a questionnaire provided by HIQA to service providers. Service providers are requested to put up posters (which contain information on an upcoming inspection in a designated centre) and distribute questionnaires to families prior to announced registration inspections. All inspectors are willing to meet with family members if they request this. HIQA also has a helpdesk where people can report concerns by phone or email.

Those interviewed reported varying levels of engagement with families – some families make contact during inspections and others following the publication of the report, particularly, if they are unhappy or concerned about the content. One HIQA interviewee noted that the questionnaire is due to be reviewed. The HIQA staff did not suggest any other specific ways to improve engagement with families.

4.3.1.4 Engagement with service providers and other stakeholders

Overall, the HIQA interviewees reported positive engagement with service providers and other stakeholders. HIQA has established three consultation panels to support this engagement:

- Service User representative panel: This group consists of representatives of advocacy and service user organisations such as Inclusion Ireland, Carers Association, National Parents and Siblings Alliance, and Disability Federation of Ireland. The group meets on a quarterly basis to share information and to provide a forum for people with disabilities to express their views on the regulatory and inspection process to HIQA
- Provider representative panel: Provider organisations such as the National Federation of Voluntary Bodies, Not for Profit Business Alliance and Disability Federation of

Ireland nominate the representatives on this group. The group meets quarterly to share information about regulation and inspections in the sector and to provide feedback to HIQA on the views and experiences of service providers. The panel provides a forum for provider representative organisations to raise issues and seek clarification on the overall regulatory process

- HSE panel: This panel was established in recognition of the unique role of the HSE as both a direct service provider and as the funding agency for many disability centres around the country. The aim of the panel is to facilitate the exchange of information at national level between the two organisations, and to discuss issues in the disability sector. This group meets quarterly

One interviewee noted that it is part of the HIQA business plan to establish a children's forum.

A number of HIQA interviewees noted that inspectors can and will engage with advocates if they are in the designated centre during the inspection. Inspectors do not have contact details for residents and family members to contact them outside of inspections.

At a senior level, HIQA staff engages with the Department of Health, Department of Education and Skills and the Department of the Environment, Community and Local Government. Those involved reported positive and constructive engagement.

4.3.1.5 Announced versus unannounced inspections

The HIQA interviewees were asked about their experiences of announced and unannounced inspections. Registration inspections are always announced with a two week notification period. There is no set number of days notification required for other announced inspections. There is no requirement in the Health Act for HIQA to carry out a specific number of inspections – announced or unannounced. Due to the need for Registration, a significant number of the inspections, to date, have been announced. Announced inspections allow the inspectors to meet specific people, for example, the Person in Charge or family members.

A number of the HIQA interviewees noted that they would expect higher levels of compliance with announced inspections and they suggested that it is of particular concern to inspectors, where there are poor findings from announced inspections. This can be an indication “that the service provider has a poor understanding of how to deliver a good quality service”.

“On announced inspections what one sees is usually peoples’ best efforts in providing services as there are certain aspects a service provider can prepare for.”

“If they know HIQA are coming and they still can’t get it right, there is obviously a problem with the provider.”

One HIQA interviewee, however, felt that there is often little difference in levels of compliance between announced and unannounced inspections – noting that the main difference was preparation.

The HIQA interviewees explained the importance of unannounced inspections, agreeing that these inspections are essential as they allow inspectors to be confident that everything is in order:

“With unannounced inspections one sees it as it is...”

“On unannounced inspections one sees things as they really are on the day. For example, if one is looking at food and nutrition – the meal is the meal on the day.”

4.3.1.6 The regulations and standards

The HIQA interviewees highlighted that inspectors are required to inspect for compliance with both the regulations and standards. Inspections are carried out against a set of outcomes, based on the standards and regulations. For Registration purposes, designated centres would be inspected against all 18 outcomes, whereas, for monitoring purposes, a core set of outcomes may be selected. The outcomes chosen may be based on previous inspections, action plans or specific information received on a designated centre.

Some of the HIQA staff expressed the view that inspectors may focus more on the regulations due to their legal power. However, it was noted that the standards are starting to “have an impact” and to feature more in reports. One individual suggested:

“In terms of the regulations and the standards, when you read the Act, the standards really only come into play at registration, and you can only prosecute against a regulation. So if we want service providers and the public as a whole to take on and embrace the standards, then they have to have an equal footing with the regulations.”

The HIQA interviewees were asked for their views on the appropriateness of specific regulations and standards one year on. A number of HIQA interviewees commented on the need for one set of regulations for the registration process across both older and disability residential services.

One HIQA interviewee highlighted that providers struggle to provide evidence to show how they are complying with the regulations and standards:

“...this is not just about paperwork but demonstrating how residents are being supported in a meaningful way”

Overall, the HIQA interviewees felt that most of the regulations and standards were appropriate and working well. One HIQA interviewee commented that they felt the

disability regulations are too medical focussed and there needs to be a move towards “a more social and integrated community type regulation base”.

“I think there could be a lot more of the social in the regulations. I like the standards. I think that the standards probably are more focussed on the social aspects and the quality of life.”

Another HIQA interviewee noted that there will be a need for “best practice changes” to the regulations and standards as time goes on. In particular the interviewee noted the challenges of inspecting ‘alternative’ models of service provision and the need for HIQA to be “very inventive in how we are looking at registering these places”.

Additional issues and concerns identified by the HIQA interviewees in relation to the regulations and standards include:

- the difficulties of defining a designated centre
- the difficulties service providers are experiencing in creating a common statement of purpose for grouped residential services
- the difficulties service providers may have in understanding the difference between developing policies for personal planning and actually delivering on that plan for the individual
- are some of the regulations more “institutional” than “home focussed”?
- “...a home does not have a complaints procedure displayed or fire exit signs...it is a balance...if people see reminders up...they are more likely to make a complaint if they have one”
- are some regulations more suited to a public building than a home? There is a need to balance risk. One example provided during the interviews is in relation to fire regulations

“a lit fire escape sign was put up in a resident’s bedroom and he wasn’t able to sleep with the light from it”

- one HIQA interviewee mentioned that the period of Registration is “too arbitrary”. They suggested a more flexible approach with the option to have a Registration period from one to five years whereby the period of registration would be linked to the risk profile of the designated centre

4.3.1.7 Key challenges for providers in the registration and inspection process

All HIQA interviewees expressed the view that the disability sector was initially poorly prepared for the Registration process. The application process was described as “onerous” and service providers struggled to organise the documentation and collate the required information. As a result many applications were incomplete and delays ensued. All HIQA interviewees acknowledged the ‘paperwork burden’ placed on service providers.

“(However,)... while the application process may be onerous, there is a requirement for it to be rigorous- being registered is a very serious business and the process needs to reflect that while minimising the administrative burden for providers”.

A key challenge for service providers, outlined by the HIQA interviewees, was the need for service providers to give written confirmation of compliance with fire, building control and planning regulations. One HIQA interviewee stated that different local authorities such as fire authorities have different requirements in relation to compliance, and it can be hard for service providers to access clear guidance and a competent person to provide the letter of compliance. The Department of Health revised the Regulation for Registration to remove the need for a letter regarding fire compliance from a competent person from the registration regulations²⁰.

The HIQA interviewees also noted that some service providers found inspection days stressful, long and often difficult, particularly, in small houses.

Other matters raised regarding inspections include:

- the capacity of service providers to deliver quality care and supports to individuals with complex needs
- service providers may overly focus on the lack of funding and use this as a reason for non-compliance. In some cases, service providers are failing on basic things which could be rectified easily
- inadequate staffing levels
- balancing time spent on documentation for registration and inspections with time spent with residents

4.3.1.8 Challenges for HIQA in registration and inspection

The HIQA interviewees noted that the disability sector was not ready for regulation, and struggled to meet the requirements.

“HIQA sought to ensure every provider had at least one monitoring inspection prior to a registration inspection, to facilitate learning and to give providers an opportunity to transfer that learning to other centres”.

²⁰ This change has been made in the regulations; The Health Act 2007 (Registration of Designated Centres for Persons (Children and Adult) with Disabilities) (Amendment) Regulations 2015 to remove the requirement, in the application process for the registration or the renewal of registration of a designated centre, for written confirmation from a suitably qualified person that all statutory requirements relating to fire safety and building control have been complied with.

However, HIQA does not have the resources to ensure a monitoring inspection of all centres prior to a registration inspection, as they attempt to meet the challenge to have all centres for children and adults registered by the 1st of November 2016.

Having two sets of regulations for registration – one for elder care and one for disability services poses a number of administrative challenges for HIQA.

The HIQA interviewees commented on the issue of incomplete registration applications, the impact this had on operations and the significant difficulties created for HIQA. Inspections cannot proceed in centres unless the application process has been fully completed. In addition some service providers were reported by the HIQA interviewees to be “slow” in providing “full and complete” information to HIQA even though this is a legal requirement and failure to do so can result in prosecution. The HIQA interviewees identified that HIQA provided significant supports to service providers in the form of seminars and presentations to explain the application process and the importance of documentation.

Another HIQA interviewee explained that a key challenge is to help service providers understand that this is not just about inspections – “this is what your services should be like every day”.

Additional challenges noted by HIQA interviewees were:

- the issue of inspecting residential centres, where, for example, an individual lives with minimal support. If there is a tenancy agreement in place, the setting is not a designated centre and does not have to comply with the regulations
- the rigidity of the regulations and standards – this can be a particular issue for individualised services or ‘alternative’ service models
- the lack of clarity in relation to the management structures in service providers and any changes in management personnel that may occur
- the need for inspectors to be able to examine day services for some residents
 “Some of their care and decisions are being made at those services [day services] and yet we have no remit to go in and look at how these are being delivered”
- misunderstandings in relation to issues of non-compliance and resulting ‘draconian’ measures adopted by service providers to address the non-compliance, for example, in relation to the self-administration of medication, assessing risk in relation to independent travel
- inspecting and reporting on practices in relation to residents’ finances – this can fall under the area of abuse. If identified as this in the report, it can cause confusion with other types of abuse and result in high levels of anxiety and concern for families

4.4.1 Learning

4.4.1.1 The qualifications and skills of HIQA inspectors

The HIQA staff identified that additional inspectors were recruited by the agency prior to the regulation of disability services starting. In addition, the new grade of 'regulatory officer' was introduced. These officers work in a support role to lead inspectors.

The inspectors come from a range of different backgrounds – the HIQA interviewees noted that they all have a third level qualification and experience working in health or social care environments. Backgrounds identified include- nursing; pharmacy; the disability sector; social care; social work; occupational therapy; elder care; regulatory and environmental health.

The HIQA interviewees described the training process for HIQA inspectors. All inspectors undertake an induction training programme. The majority of the HIQA interviewees identified that for recent recruits, this consisted of a mandatory three week regulatory training programme followed by a week-long disability specific programme. In addition, regular training has been provided by HIQA to up-skill and update inspectors. Examples provided by the HIQA interviewees include refresher sessions, workshops accessed in person or via webcam or conference call, weekly information sessions. Topics covered in training programmes include:

- Legal issues
- The Health Act
- The regulations and standards
- Disability awareness
- Communicating with residents
- Being child centred
- The methodology of inspection
- Risk management
- Code of conduct

A number of the HIQA interviewees highlighted that recent training offered to inspectors included modules on communication, positive behaviour support and medication management.

The views of the HIQA interviewees were consistent in relation to the value of ongoing training. All were supportive of this and a number of potential subject areas were identified:

- engaging and consulting with people who communicate in different ways
- understanding behaviour, assessing the management of behaviour and the identification of positive behaviour supports

- restrictive practices
- capacity and consent
- financial management
- advocacy

4.4.1.2 Lead inspectors

The HIQA interviewees explained that each inspector has a caseload of designated centres. The lead inspector, named in the HIQA reports on designated centres, is usually the inspector who has that designated centre in their caseload. The number of inspectors involved in an inspection depends on a number of variables - the size of the designated centre, nature of the inspection, timeframe, and if serious concerns have been raised in relation to a specific designated centre. Usually, there is only one lead inspector for each inspection.

The HIQA interviewees described the role of the lead inspector as:

“On inspection, the lead inspector coordinates the inspection process and gathers the findings from the support inspectors.”

“The lead inspector maintains and updates the designated centre’s file with all relevant information.”

“The lead inspector compiles the inspection report.”

4.4.1.3 Capacity-the difference between large and small service provider organisations

The HIQA interviewees noted the difference between the capacity of large and small service providers to meet the requirements of the regulations and standards. One HIQA interviewee commented that large service providers managed centrally may be unaware of local issues with implementation. The Provider Nominee may not visit the designated centre on a regular basis even though regulation 23 requires this. However, another HIQA interviewee noted that large service providers tend to be able to draw personnel and resources from other parts of the organisation to resolve issues of non-compliance.

4.4.1.4 The skills of the Person in Charge and the management team

A number of HIQA interviewees highlighted that a major factor in the quality of services is the competency of the individuals managing the designated centre, in particular the Person in Charge.

The interviewees explained that in some cases providers have employed expensive consultants to analyse HIQA reports and guide them through the inspection process. However, some HIQA staff believed that the attitude and approach of the management team is a more significant factor in the overall outcomes for providers. One individual explained that:

“...good service providers tend to be more responsive and see their own role at looking at the Regulations and Standards and seeing how they can be applied within their own services.”

4.4.1.5 Institutionalised practices

The issue of institutionalised practices emerged in almost all of the interviews with HIQA staff. A number of HIQA interviewees commented on the challenges facing large, campus-based services where these practices can persist. Sometimes, in higher support or medically orientated services, it was noted that health care needs are well managed, but residents may have limited social opportunities; limited access to their communities and a poorer quality of life.

“What we are seeing is that they are very concerned and very involved in delivering the nursing care. It is very institutional practice, even in (the) smaller community houses.....they are very concerned about delivering the health care needs, well (and) that is sufficient. They kind of have a sense that if you are in a wheelchair and you don't communicate verbally- well they can't tell us what they want and we don't need to do whatever”

“We are definitely finding that the social houses – those are the houses where the residents would not need or require higher support or nursing support – those are the houses that are doing better. The residents in those houses have a better quality of life”

“It is not a golden rule but some of the larger campus type settings have poorer outcomes...more institutionalised...and when one considers where, for instance, intellectual disability services historically have come from...smaller type services have often been spearheaded by parents, friends, local community, whereas the larger institutions have been provided by the state and in some cases religious orders...and would have a history of a more “institutional” approach...”

However, one HIQA interviewee explained that significant progress can be seen in some congregated settings following inspections – “some of the providers have made great strides”. When inspectors enter into a dialogue with service providers around improving the quality of lives of residents, and clear action plans are produced, positive changes have been noted with regards to restrictive practices, behaviour supports, activation, and decision making.

4.4.1.6 Supporting individuals with complex needs

The challenges associated with supporting individuals with behaviour that challenges, individuals with autism, and with meeting the diverse needs of some groups of residents was acknowledged. These were areas of specific concern for inspectors and often raised human rights and quality of life issues for individual residents.

“...if you have a number of high-functioning persons and then you have one or two persons that have high healthcare needs – it has an impact because they can’t get out as much if they don’t have enough staff.”

4.4.1.7 Developing action plans

The inspection report includes an action plan where the service provider is asked to state how they will address areas of non-compliance. The HIQA interviewees reported that this plan can be accepted or rejected by the inspector if they feel the actions are not sufficient to rectify the issues of non-compliance in a timely manner.

“We want the provider to give us a very clear action plan of what they have done or intend to do to address the non-compliance.”

Service providers are given two weeks and a number of opportunities (usually two) to revise the action plan or specific components of the plan to meet the requirements. A number of HIQA interviewees explained that inspectors will engage with service providers face to face, by email or by phone to support them with this process. Some HIQA staff commented on the “inordinate” amount of time spent with some service providers in disability settings in order to facilitate the development of action plans. HIQA has also provided workshops and presentations to providers on this topic. The HIQA interviewees noted that inspectors are “supportive” but “not prescriptive”, and must “be mindful of their role as a regulator and in this regards cannot assume the role of consultant or manager”. Inspectors are aware of that there will be a different ethos in different service providers and the HIQA interviewees suggested that inspectors “allow the provider flexibility in how they address certain issues”.

The issues that may lead to action plans being rejected were identified by the HIQA interviewees as:

- inappropriate timelines
- lack of detail
- inadequate measures taken to deal with issues of non-compliance
- inadequate information provided
- actions not SMART (Specific, Measurable, Achievable, Realistic, Timely)

4.4.1.8 Responding to feedback

The HIQA interviewees identified a number of different ways in which HIQA gather feedback from stakeholders. The HIQA administration team provides quality assurance questionnaires to service providers and Persons in Charge at the end of an inspection. Both have the option to complete this questionnaire which asks about their experience of the inspection process. The information gathered is shared with the inspector and inspector manager. It was noted by some HIQA interviewees that the level of response is low but overall the feedback is ‘quite good’. One HIQA interviewee explained that one

section of the questionnaire asks service providers to comment on the residents' experience of the inspection process – this is often left empty.

Service providers have the opportunity to give feedback on draft inspection reports and to correct factual inaccuracies before the final report is issued.

Service providers can also make a submission to HIQA if they feel a judgement made by an inspector is incorrect. This policy is available for service providers to view on the HIQA website. The HIQA interviewees report that there have only been a small number of submissions to date.

There is a complaints policy in place if people wish to make a complaint against an inspector. The HIQA interviewees did not feel that the fact that service providers have an ongoing relationship with HIQA affects their willingness to make a complaint, if necessary.

HIQA conducted a number of seminars for service providers. The HIQA interviewees explained that this was a useful way of hearing the views and concerns of service providers. Some HIQA interviewees suggested that it may have been useful to have these earlier in the process.

HIQA has established a providers' panel and a number of forums to engage with service providers, residents and relatives. The HIQA interviewees recognised that more needs to be done, in particular, to engage with and get feedback from residents and families.

HIQA will provide a report outlining the information received in 2014 through these forums. The aim is to capture learning and identify areas which need further attention.

4.4.1.9 Changes made or due to be made

As a result of the feedback received by HIQA, a number of changes have been made to the Registration and inspection process. The HIQA interviewees listed these as:

- Revision of planned inspections from a provider basis to a geographical basis
- Revision of the application form for registration
- Working with service providers to reduce the administrative burden
- Development of a new online portal for registration
- The revision of registration regulations concerning fire, building control and planning compliance
- Recruitment of an inspector with expertise in fire management and the development of guidance on fire safety in different residential settings (not yet published)
- The name of the Person in Charge is no longer published in inspection reports

- Changing the categories for levels of compliance (from Compliant, Major non-compliant, Moderate non-compliant and minor Non-compliant to Compliant, Substantially compliant and Non-compliant)
- Removing the actual address of designated centres from published reports to protect the safety of residents
- Publishing Assessment and Judgement Frameworks based on outcomes, which can assist service providers to review their own services
- A revamp of the questionnaire for families will be undertaken
- HIQA is developing protocols with other statutory agencies in relation to sharing relevant and appropriate information
- HIQA is looking at reconfiguring the inspector team structure to have one group inspecting older person's services and a different team of inspectors for disability services

4.4.2 Impact

4.4.2.1 The impact of inspections

All of the HIQA staff members interviewed acknowledged the challenges faced by service providers, following the introduction of the regulations, standards and inspection process. The HIQA interviewees said that service providers struggled to provide the required information and evidence, and were 'shocked' by the amount of effort and work involved.

“The big challenge has been for providers to demonstrate that they do have good governance, oversight and quality assurances in place to ensure that residents receive appropriate and good quality care and support.”

The HIQA interviewees however acknowledged the learning and progress that some services have made in a relatively short space of time. Some suggested that where service providers are willing to engage and open to change, there are “huge improvements” in services.

“What matters most, is whether outcomes for children have improved...it is not about a nice policy...but outcomes based for residents...and people having a quality of life; the safety of children and how the services are led.”

The HIQA interviewees reported the following impacts on services:

- focus on quality
- improvements in safety
- improvements in the quality of care experienced by residents
- better care planning
- greater focus on achieving outcomes for individuals
- better quality of life for residents

- improvements to premises and buildings
- better medication management
- shared learning across service providers

They also commented on how the inspection process:

- ensures those providing services are fit to do so
- highlights shortcomings in services and poor practices
- puts a ‘spotlight’ on the sector and creates awareness

One HIQA interviewee noted the value that thematic inspections will bring to the disability sector in the future:

“Once we get through the initial registration, we will start doing thematic inspections and looking at different themes in disability, which again is about quality improvement. I firmly believe that it will improve services.”

4.4.3 Good practice

The HIQA interviewees noted a range of good practices, such as:

- a strong person centred approach which focuses on the individual, personal goals and “taking the person where they are at”
- responsive leadership in organisations who act quickly; appropriately and show a willingness to change
- competent Person in Charge that is, well trained, experienced, aware of their role, knows the residents well
- outcomes focussed
- organisation and staff are motivated to improve the quality of life of residents
- quality engagement with residents – residents participating in purposeful activities
- residents are involved in their local community
- quality interactions between residents and staff
- good communication supports
- staff trained and supported to deal with behaviours that challenge
- care plans of a high standard
- Social, rather than, medical model
- access to self-advocacy and independent advocacy services
- service provider responsive and willing to change
- competent staff who are well supported and have access to ongoing training and up-skilling

4.4.3.1 Promoting good practice

Interviewees noted the need for “a sustainable mechanism for shared learning and good practice”. A number of suggestions were made in relation to promoting good practices among service providers. These included:

- improving interaction and sharing of expertise and learning between service providers
- attending HIQA seminars and seminars run by organisations such as the National Federation of Voluntary Bodies. These provide opportunities for providers to gain information as to how to be responsive and share good practice
- reading published HIQA reports which should highlight areas for developing good practice
- improving the quality of life of residents
- training and education of staff
- HIQA will produce an overview report of its findings for 2014 which should be informative for the sector

It should be noted, that it is a little unclear from the interviewees, what HIQA’s role in relation to promoting good practice actually is. The views of the interviewees differed in this regard. Some described how HIQA can and do highlight good practice.

“Part of Regulations is about driving improvement and quality of services...HIQA has seen some very good examples of good practice in the provision of services. On the other hand, one can come across some disability services ‘who have been almost hermetically sealed – operating on a particular geographic patch and the only interaction such services have had is with their funders’. The effect of Regulation is that it does shine a light on services and as a result it can be a bit of a shock. However, HIQA try to be fair and proportionate and highlight good as well as bad practice.”

Another interviewee commented on the role HIQA currently play in supporting service providers and inspectors to identify good practice.

“In the business that they [HIQA] are in...it is like asking a Garda have they seen the good drivers on the road. They don’t notice the good ones because they are so caught up in the not so good.”

From the interviews, it appears some HIQA staff currently view their role to be ‘narrower’ than service providers and stakeholders may wish it to be. Their focus has been primarily on identifying issues of non-compliance, rather than highlighting examples of good practice. This has implications for the promotion of good practice and quality across the disability sector.

Chapter 5: Analysis of HIQA data

5.1 Context

HIQA inspections are based on a set of 18 outcomes, which are set out in an assessment framework and which relate to the standards and regulations applicable to residential services for adults and children with disabilities. There are 18 outcomes in total.

HIQA conduct 4 different types of inspections of designated centres. Inspections to inform a registration or a registration renewal decision almost always evaluate compliance with all 18 outcomes. Inspections to monitor ongoing regulatory compliance almost always evaluate compliance with 7 'core outcomes' which HIQA has identified as potential areas of risk, plus an additional 2 or 3 outcomes were sometimes included. Thematic inspections have not yet commenced in residential services for people with disabilities.

Up to January 2015²¹, HIQA assessed non-compliance with the 18 outcomes in three degrees:

- Matters deemed '**non-compliant – minor**' require the registered provider or Person in Charge to take relatively small steps to remedy
- Those found to be '**non-compliant – moderate**' require priority action to remedy or mitigate the non-compliance and ensure the health, safety and welfare of users
- Matters found to be '**non-compliant – major**' involve serious breaches that require immediate steps to be taken.

Chapter 2 (Introduction) provides more detailed information on the legislation behind the inspection of residential services for people with disabilities, the 18 outcomes, the 7 'core outcomes', the types of inspections carried out by HIQA, and the compliance levels used in inspections, all of which are relevant to the following statistical analysis of published HIQA reports.

5.2 Methodology

5.2.1 Selection of reports

As part of the Review the National Disability Authority analysed a set of 192 HIQA inspection reports that relate to 163 designated centres. A random sample of 165 centres was selected from those on whom HIQA had published at least one report between November 2013 (when HIQA was given responsibility for inspections of designated centres) and 8 January 2015.

²¹ From January 2015, HIQA changed the classification of "non-compliant minor" to "substantially compliant"

This produced a preliminary set of 196 reports relating to the 165 centres. Due to official investigations that were ongoing during the conduct of this study, two centres, each the subject of two reports, were excluded. This left a final study sample of 192 reports relating to 163 designated centres which covered 2075 residents.

In addition, the National Disability Authority did a statistical analysis of a total of 936 inspection reports by HIQA which covered all reports from commencement of inspection up to mid July 2015. The information was supplied from HIQA's database, and contained information on the findings (compliant, or degree of non-compliance) under the 18 outcomes set out in the standards. The National Disability Authority also used data on the number of residents, number of places, and provider.

5.3 Data analysis

This section analyses the National Disability Authority sample of 192 HIQA reports on 163 designated centres and looks at:

- which outcomes were inspected against
- how the outcomes inspected varied between children and adult services
- what was the pattern of outcomes inspected
- which outcomes service providers were more likely to be found non-compliant with during inspections
- which regulations were found most often to be breached and
- patterns to predict levels of compliance with HIQA inspections

5.3.1 Number of inspections

Of the 163 designated centres, 25 designated centres had more than one report, 23 had 2 reports and 2 centres had 4 reports (table 5.1).

Table 5.1 Number of reports per centre

Number of inspections	1	2	4
Number of designated centres	138	23	2

Source: National Disability Authority's sample of 192 HIQA reports

By mid-July 2015 there were reports on 666 designated centres. 2 designated centres had 6 reports and over 227 centres had experienced more than one inspection (Table 5.2).

Table 5.2 Number of reports per centre

Number of inspections	1	2	3	4	5	6
Number of designated centres	439	199	18	7	1	2

Source: 936 HIQA reports

5.3.2 Number of residents

In the National Disability Authority's sample there were over 2,000 residents, 95% of them adults, in the designated centres inspected (table 5.3).²² Some of these residents, particularly children, were receiving respite services rather than full-time residential care.

Table 5.3 Adults and children in inspected designated centres

	Number of centres	Number of residents
Adults	141	1,930
Children	14	68
Mixed	8	77
Total	163	2,075

Source: National Disability Authority's sample of 192 HIQA reports. Data refers to latest published report for any centre

By mid-July 2015 HIQA had inspected 666 centres. There were almost 7,000 residents, 93% of them adults, in the designated centres inspected by HIQA in this period.²³ Again, some of these residents, particularly children, were receiving respite services rather than full-time residential care (see Table 5.4).

Table 5.4 breakdown of last report on each designated centre by adults or children

	Number of reports	Number of residents
Adults	578	6,388
Children	60	247
Mixed	28	249
Total	666	6,884

Source: 936 HIQA reports. Note 2 centres have nothing entered for the number of residents, so are excluded from this table

Overall, about 60% of the designated centres inspected had fewer than 10 residents and approximately 40% constituted designated centres with 10 or more residents.²⁴ However, these large designated centres accommodated over 75% of all residents (table 5.5).

²² To calculate the number of residents, as the number in each centre may vary between successive inspections, we took the number of residents from the latest available inspection report for each centre.

²³ To calculate the number of residents, as the number in each centre may vary between successive inspections, the National Disability Authority took the number of residents from the latest available inspection report for each centre. 2 centres with no data for the number of residents were excluded from these figures

²⁴ The HIQA published reports do not always provide information on the nature of the setting in a residential service. Designated centres with ten or more residents may comprise large settings, clustered

Table 5.5 Size of centres

	Number of reports	Number of residents
0-9	90	478
10+ residents	77	1,597
Total	163	2,075

Source: National Disability Authority's sample of 192 HIQA reports Data refers to latest published report for any centre

By mid-July 2015, about 60% of the designated centres inspected had fewer than 10 residents and approximately 40% constituted designated centres with 10 or more residents. However, these large designated centres accommodated over 70% of all residents

Table 5.6 breakdown of last report on each designated centre by size

	Number of reports	Number of residents
0-9	430	1,941
10+ residents	235	4,943
Total	666	6,884

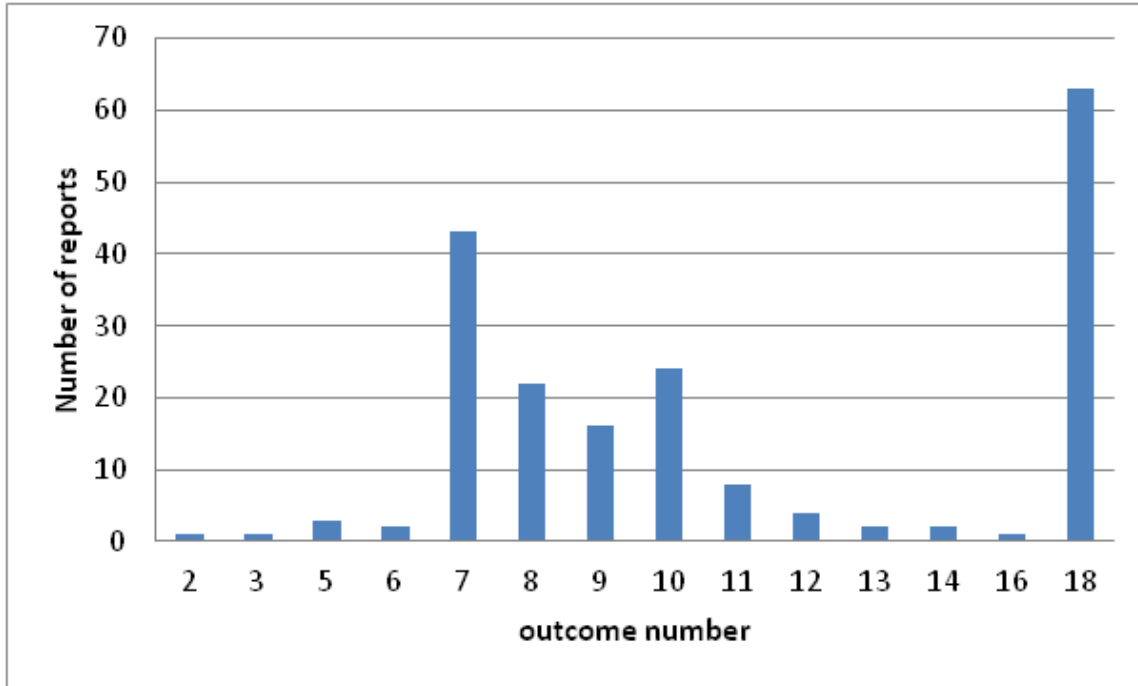
Source: 936 HIQA reports

5.3.3 Number of outcomes inspected against

In the National Disability Authority's sample of HIQA reports, on average HIQA inspected against 12 outcomes but this varied from 2 outcomes inspected against to all 18 inspected against. Graph 5.1 shows there was a small number of reports that looked at 6 or fewer outcomes. A cluster of reports looked at 7 to 10 outcomes. There were a few reports which looked at 11 to 16 outcomes and then a large number of reports where all 18 outcomes were inspected against.

housing, group homes or small community settings grouped together, depending on how a designated centre is registered.

Graph 5.1 Number of outcomes inspected



Source: HIQA data supplied to the National Disability Authority

The number of outcomes inspected against is related to the type of inspection being carried out by HIQA.

5.3.3.1 Inspection type

The five types of inspections found in the data supplied by HIQA on the reports in the National Disability Authority's sample are:

- to monitor ongoing regulatory compliance (117 of the 192 reports)
- to inform a registration decision (63 of the 192 reports)
- to monitor compliance with National Standards (10 of the 192 reports)
- to monitor compliance with specific outcomes as part of a thematic inspection (1 of the 192 reports)
- to inform a registration renewal decision (1 inspection)

The National Disability Authority sought clarification from HIQA on compliance with National Standards. HIQA indicated that “to monitor compliance with National Standards is another way of saying to monitor ongoing regulatory compliance”. The statistical analysis of the National Disability Authority sample does not reclassify the type of inspection as outlined above.

When HIQA conducts a registration inspection they usually examine all 18 outcomes. HIQA explained to the National Disability Authority that they had changed their practice in the first year so that if a registration inspection followed within three months of a an inspection to monitor ongoing regulatory compliance, outcomes that service providers had

been found to be compliant with would not be re-examined. However, there were no examples of this in the data sample. Rather, there were 3 examples of registration reports with fewer than 18 outcomes inspected which were the first reports of those designated centres²⁵. HIQA informed the National Disability Authority that when it is monitoring ongoing regulatory compliance, inspection is against a HIQA core set of seven outcomes and approximately 3 of the 11 other outcomes. The seven HIQA core outcomes were:

- Outcome 5: Social Care Needs
- Outcome 7: Health and Safety and Risk Management
- Outcome 8: Safeguarding and Safety
- Outcome 11: Healthcare Needs
- Outcome 12: Medication Management
- Outcome 14: Governance and Management
- Outcome 17: Workforce

The HIQA Head of Programme Disability said that of the 18 outcome areas, HIQA identified 7 outcomes which related particularly to areas of risk, and which if managed effectively by providers, would indicate that the service available in the designated centre is a safe service for residents, and meets the assessed care and support needs of residents. The HIQA Head of Programme Disability went on to clarify that failure to meet the requirements in these areas would indicate that the centre may not be safe or may not be meeting the assessed needs of residents, and may require further attention from inspectors. When inspecting older person's services, HIQA had found that designated centres that were presenting the most concerns could be indicated by their non-compliance with certain outcomes. Based on their experience in older person's services, HIQA identified the 7 core outcomes for disability services.

For convenience these 7 outcomes will be referred to as the 'HIQA core outcomes'. There appears to be a slight difference in the HIQA core outcomes for adult and children's reports, which is discussed below.

HIQA informed the National Disability Authority that the additional three outcomes that were selected were based on:

- previous inspection reports
- information the service providers provide to HIQA
- information received by HIQA

²⁵ Further information received from HIQA indicated that these 3 reports had been misclassified and should have been classified as "to monitor ongoing regulatory compliance" – this report treats them as they were originally classified. This did not impact on the findings.

Table 5.7 looks at the sample of 192 inspection reports. Of these, 163 were the first inspection of a designated centre and 29 were subsequent inspections. Over the course of the year 63 inspections were to inform a registration decision.

Overwhelmingly, the first inspection in the National Disability Authority’s sample was to monitor ongoing regulatory compliance, and just 40 of 164 first reports (25%) were to inform a registration decision. However, on subsequent inspections this had reversed and 23 out of 29 (79%) of follow-up reports were to inform a registration decision.

Table 5.7 breakdown of reports by inspection to inform a registration decision

To inform a registration decision	First inspection	Subsequent inspection
Yes	40 (25%)	23 (79%)
No	123 (76%)	6 (21%)
Total	163(100%)	29 (100%)

Source: National Disability Authority sample of 192 HIQA reports. As only two types of inspection (informing registration decisions and monitoring ongoing regulatory compliance) had sufficient numbers to draw firm conclusions, what follows concentrates on those types of inspection reports. Note in this and following tables the percentage may not add up to 100% due to rounding

When questioned about the rationale behind this approach, the HIQA Head of Programme Disability said that HIQA has found that the disability sector is struggling with regulation, which is brand new to the sector. By having a monitoring inspection before the registration inspection, HIQA was trying to assist the sector and support service providers to get ready for registration. When inspections commenced, HIQA tried to ensure that each service provider had at least one monitoring inspection before moving to a registration inspection, to facilitate movement towards the registration process.

5.3.5 Which outcomes were inspected against

In table 5.8 details how often outcomes were inspected against in the National Disability Authority’s sample of inspection reports. It shows clearly that there were a group of outcomes that were nearly always examined and a group which were less often examined.

Table 5.8 frequency of outcome inspection

Outcome	Number	%
1: Residents' Rights Dignity and Consultation	107	56
2: Communication	72	38
3: Family and personal relationships and links with the community	67	35
4: Admissions and Contract for the Provision of services	101	53
5: Social Care Needs	186	97
6: Safe and suitable premises	115	60
7: Health and Safety and Risk Management	190	99
8: Safeguarding and Safety	188	98
9: Notification of Incidents	73	38
10: General Welfare and Development	64	33
11: Healthcare Needs	169	88
12: Medication Management	182	95
13: Statement of Purpose	131	68
14: Governance and Management	178	93
15: Absence of the person in charge	69	36
16: Use of Resources	69	36
17: Workforce	186	97
18: Records and documentation	88	46
Average number of outcomes per inspection	12	

Source: National Disability Authority sample of 192 HIQA reports. Note in this and following tables the percentage may not add up to 100% due to rounding

Table 5.8 reflects the approach by HIQA described above to use the set of seven core outcomes in almost all inspections. Clearly, the seven HIQA core outcomes were a group of outcomes that service providers were nearly always inspected against. There is also a group of outcomes which were less often inspected against.

Service providers were inspected against the core set of seven outcomes in approximately nine reports out of ten. Looking at outcomes which were less frequently inspected against, service providers were inspected against the following outcomes in less than four reports out of ten:

- Outcome 2: Communication (38%)
- Outcome 9: Notification of Incidents (38%)
- Outcome 15: Absence of the person in charge (36%)
- Outcome 16: Use of Resources (36%)
- Outcome 3: Family and personal relationships and links with the community (35%)

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- Outcome 10: General Welfare and Development (33%)

However, Table 5.9 highlights there was a slightly different pattern of outcomes inspected against in reports between children and adults residential services.

Table 5.9 outcomes inspected by adult/children or mixed services

Outcome	adult	child	mixed	total
1: Residents Rights Dignity and Consultation	99	4	4	107
2: Communication	65	4	3	72
3: Family and personal relationships and links with the community	60	4	3	67
4: Admissions and Contract for the Provision of services	94	4	3	101
5: Social Care Needs	163	15	8	186
6: Safe and suitable premises	108	4	3	115
7: Health and Safety and Risk Management	167	15	8	190
8: Safeguarding and Safety	165	15	8	188
9: Notification of Incidents	66	4	3	73
10: General Welfare and Development	57	4	3	64
11: Healthcare Needs	158	4	7	169
12: Medication Management	159	15	8	182
13: Statement of Purpose	111	15	5	131
14: Governance and Management	155	15	8	178
15: Absence of the person in charge	62	4	3	69
16: Use of Resources	62	4	3	69
17: Workforce	162	15	8	185
18: Records and documentation	80	4	3	87
Number of reports	168	15	9	192

Source National Disability Authority sample of 192 HIQA reports

Children's services reports were likely to inspect against outcome 13 (statement of purpose) but not against outcome 11 (healthcare needs). Therefore, there seems to be a difference (in relation to one outcome) in the core set of outcomes for children and adult's services. Mixed designated centres (which include adults and children) were likely to be inspected against similar outcomes to the adult services. When asked about this difference, the HIQA Head of Programme Disability stated that HIQA now use the same set of seven core outcomes for adults and children's services. The difference in core outcomes being inspected noted in the data was an error in relation to arrangements for the early inspections that has now been resolved.

5.3.6 Compliance level by outcome

In 2014, HIQA had four levels of compliance:

- Compliant
- Non Compliant - Minor
- Non Compliant - Moderate
- Non Compliant - Major²⁶

The following table (5.10) shows the compliance level by outcome – for instance when Outcome 1 was inspected against 31% of the time service providers were found to be compliant, 30% of the time non compliant minor, 31% of the time non compliant moderate and 8% of the time non compliant major.

²⁶ The four inspection levels were changed in 2015 to compliant, substantially compliant, moderate non compliance, major non compliance.

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Table 5.10: compliance level by outcome

Outcome	Compliant %	Non Compliant – Minor %	Non Compliant – Moderate %	Non Compliant – Major %	Number
1: Residents' Rights Dignity and Consultation	31%	30%	31%	8%	107
2: Communication	76%	14%	6%	4%	72
3: Family and personal relationships and links with the community	93%	2%	6%	0%	67
4: Admissions and Contract for the Provision of Services	26%	19%	39%	17%	101
5: Social Care Needs	37%	12%	41%	9%	186
6: Safe and suitable premises	37%	16%	35%	13%	115
7: Health and Safety and Risk Management	21%	10%	50%	20%	190
8: Safeguarding and Safety	36%	18%	36%	10%	188
9: Notification of Incidents	89%	1%	4%	6%	73
10: General Welfare and Development	84%	8%	5%	3%	64
11: Healthcare Needs	53%	14%	29%	5%	169
12: Medication Management	40%	15%	34%	12%	182
13: Statement of Purpose	34%	41%	21%	3%	131
14: Governance and Management	56%	9%	25%	10%	178
15: Absence of the person in charge	91%	1%	6%	1%	69
16: Use of Resources	84%	1%	7%	7%	69
17: Workforce	29%	18%	43%	10%	185
18: Records and documentation	17%	38%	43%	2%	87
All	45%	16%	30%	9%	

Source: National Disability Authority sample of 192 HIQA reports. Note in this and following tables the percentage may not add up to 100% due to rounding

Overall, 45% of outcomes had a compliance level of compliant, 16% had a compliance level of non compliant minor, 30% had a compliance level of non compliant moderate and 9% had a compliance level of non-compliant major (table 5.10). That is, in four out of ten outcomes the compliance level was moderate non-compliant or major non-compliant. However, there was great variation between the outcomes on compliance level.

The outcomes with the highest compliance levels were:

- Outcome 3: Family and personal relationships and links with the community (93%)
- Outcome 15: Absence of the person in charge (91%)
- Outcome 9: Notification of Incidents (89%)

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- Outcome 10: General Welfare and Development (84%)
- Outcome 16: Use of Resources (84%)
- Outcome 2: Communication (76%)

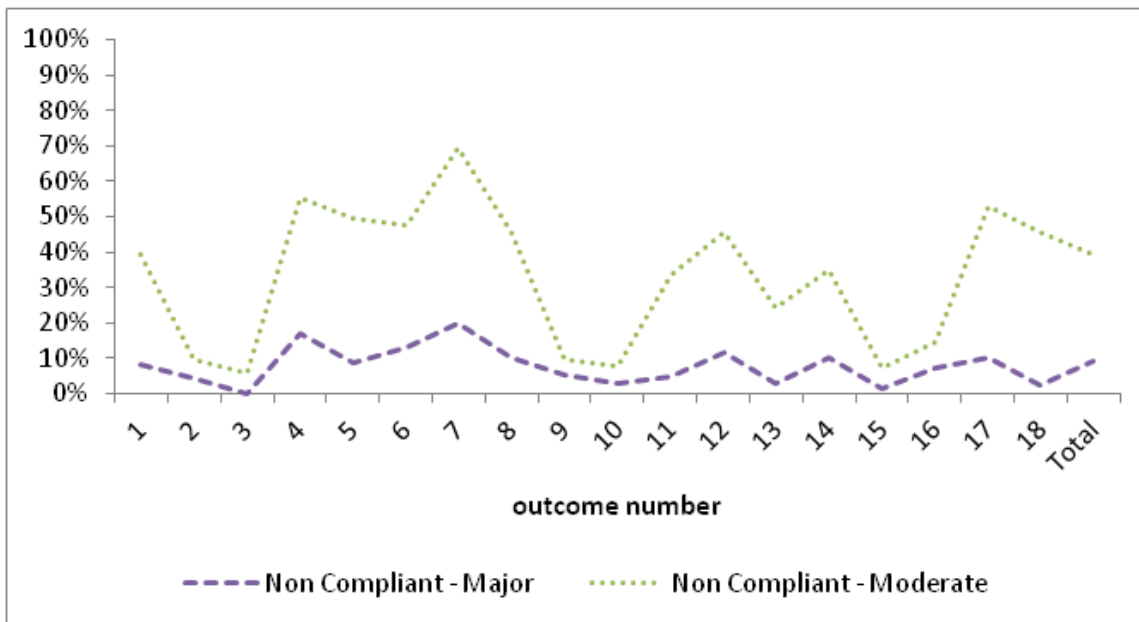
It is important to remember that some of the outcomes with high compliance rates were not inspected against very often.

The outcomes with the lowest compliance levels were:

- Outcome 18: Records and documentation (17%)
- Outcome 7: Health and Safety and Risk Management (21%)
- Outcome 4: Admissions and Contract for the Provision of Services (26%)
- Outcome 17: Workforce (29%)
- Outcome 8 Safeguarding and Safety (36%)
- Outcome 5 Social Care Needs (37%)
- Outcome 6 Safe and suitable premises (37%)

Graph 5.2 plots non-compliance major and non-compliance moderate for each outcome.

Graph 5.2: major and moderate non compliance by outcome %



Source: National Disability Authority sample of 192 HIQA reports

Table 5.1 below combines compliant with non-compliance minor and non compliant major with non compliant moderate. It shows that Outcome 7: (Health and Safety and Risk

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Management) has the highest levels of major and moderate non-compliance, with over two thirds non compliance major or moderate. Other areas of frequent high levels of major and moderate levels of non-compliance are Outcome 4: Admissions and Contract for the Provision of Services; Outcome 17: Workforce; Outcome 5: Social Care Needs and Outcome 6: Safe and suitable premises.

Table 5.1 I: compliance level by outcome

Outcome	Compliant or substantially compliant %	Non compliant major or non-compliant moderate
3: Family and personal relationships and links with the community	95%	6%
10: General Welfare and Development	92%	8%
15: Absence of the person in charge	92%	7%
2: Communication	90%	10%
9: Notification of Incidents	90%	10%
16: Use of Resources	85%	14%
13: Statement of Purpose	75%	24%
11: Healthcare Needs	67%	34%
14: Governance and Management	65%	35%
1: Residents' Rights Dignity and Consultation	61%	39%
12: Medication Management	55%	46%
18: Records and documentation	55%	45%
8: Safeguarding and Safety	54%	46%
6: Safe and suitable premises	53%	48%
5: Social Care Needs	49%	50%
17: Workforce	47%	53%
4: Admissions and Contract for the Provision of Services	45%	56%
7: Health and Safety and Risk Management	31%	70%

Source: National Disability Authority sample of 192 HIQA reports. Note in this and following tables the percentage may not add up to 100% due to rounding

Examining all inspections until mid-July, Outcome 7: Health and Safety and Risk Management, remains the outcome with the highest level of non-compliance major or moderate (See Appendix 2, Table A2.10).

The next table shows the number and percentage of residents in centres, by the proportion of outcomes in these centres which were found as compliant.

Table 5.12 proportion of outcomes compliant

Proportion of outcomes compliant or substantially compliant	No. of residents involved	%	Cumulative %
100%	120	6	6
90-99%	200	10	16
80-89%	187	9	25
70-79%	190	9	34
60-69%	169	8	42
50-59%	322	16	58
40-49%	189	9	67
30-39%	422	20	87
20-29%	132	6	93
10-19%	15	1	94
0-9%	129	6	100
Total	2,075		

Source: National Disability Authority's sample of 192 HIQA reports. Note in this and following tables the percentage may not add up to 100% due to rounding

The table above shows that 6% of residents lived in a designated centre that was compliant or substantially compliant on all outcomes. By mid-July 2015, this had increased to 7%.

Table 5.13 proportion of outcomes compliant – final report only

Proportion of outcomes compliant or substantially compliant	No. of residents involved	%	Cumulative %
100%	509	7	7
90-99%	288	4	12
80-89%	768	11	23
70-79%	769	11	34
60-69%	910	13	47
50-59%	714	10	57
40-49%	663	10	67
30-39%	509	7	75
20-29%	562	8	83
10-19%	585	8	91
0-9%	607	9	100
Total	6,884	100%	

Source: 936 HIQA reports. Note in this and following tables the percentage may not add up to 100% due to rounding.

5.3.7 Compliance level by regulation

There are 32 regulations numbered 3 to 34 in the 'Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013'. In the HIQA 'Assessment Framework for Designated Centres for Persons (Children and Adults) with Disabilities', these regulations are associated with the different outcomes used in HIQA inspections.

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Each outcome has between 1 and 5 regulations associated with it. Two regulations are associated with more than one outcome – Regulation 13 (general welfare and development) is associated with outcomes 1, 2, and 10 and Regulation 23 (governance and management) is associated with outcomes 14 and 16. Table 5.14 looks at regulations associated with each outcome.

Table 5.14 breakdown of regulations by outcome

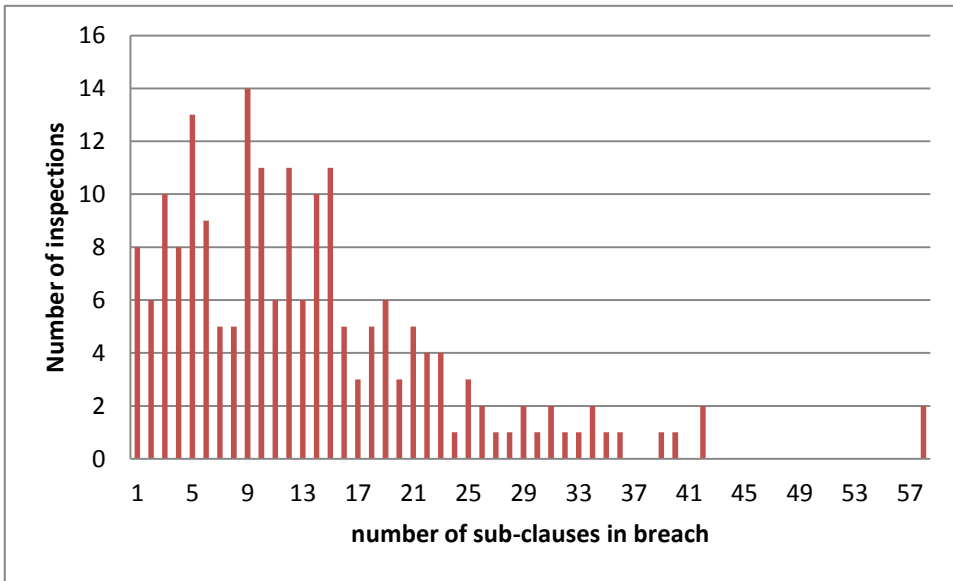
Outcome 1: Residents' Rights, Dignity and Consultation	Regulation 13. General Welfare and Development Regulation 9. Residents' Rights Regulation 12. Personal Possessions Regulation 34. Complaints Procedures
Outcome 2: Communication	Regulation 10. Communication
Outcome 3: Family and personal relationships and links with the community	Regulation 13. General Welfare and Development Regulation 11. Inspections
Outcome 4: Admissions and Contract for the Provision of Services	Regulation 24. Admissions and Contract for the Provision of Services
Outcome 5: Social Care Needs	Regulation 5. Individualised assessment and personal plan. Regulation 25 Temporary Absence, Transition and Discharge of residents
Outcome 6: Safe and suitable premises	Regulation 17. Premises
Outcome 7: Health and Safety and Risk Management	Regulation 26. Risk Management Procedures Regulation 27. Protection against infection Regulation 28. Fire Precautions
Outcome 8: Safeguarding and Safety	Regulation 8. Protection Regulation 7. Positive behavioural support
Outcome 9: Notification of Incidents	Regulation 31. Notification of Incidents
Outcome 10. General Welfare and Development	Regulation 13. General Welfare and Development
Outcome 11. Healthcare Needs	Regulation 6. Health Care Regulation 18. Food and Nutrition
Outcome 12. Medication Management	Regulation 29. Medicines and pharmaceutical services
Outcome 13: Statement of Purpose	Regulation 3. Statement of Purpose
Outcome 14: Governance and Management	Regulation 14. Person in Charge Regulation 23. Governance and Management
Outcome 15: Absence of the person in charge	Regulation 32. Notification of periods when the person in charge is absent Regulation 33. Notification of the procedures and arrangements for periods when the person in charge is absent
Outcome 16: Use of Resources	Regulation 23. Governance and Management
Outcome 17: Workforce	Regulation 15. Staffing Regulation 16. Training and Staff Development Regulation 30. Volunteers
Outcome 18: Records and documentation	Regulation 20. Information for residents Regulation 4. Written policies and procedures Regulation 19. Directory of Residents Regulation 22. Insurance Regulation 21. Records

Source: <http://hiqa.ie/system/files/Assessment-Framework-for-Disability-Services.pdf#page=6&zoom=auto,0,429>

The regulations have sub-clauses so that overall there are approximately 180 sub-clauses that can be inspected against. Later in this chapter, in looking at major areas of non-compliance, regulations are broken down by sub-clause.

Graph 5.3 details the number of sub-clauses cited as non-compliant in the reports in our sample. For instance, 8 reports mention only one sub-clause that was breached and 6 reports mention 2 regulations which were breached.

Graph 5.3 Number of sub-clauses mentioned as in breach per inspection



Source: National Disability Authority’s sample of 192 HIQA reports

There was a difference between the numbers of sub-clauses quoted as non compliant on the average adult designated centre and children’s designated centre inspection. Adult designated centre reports on average quoted 13 sub clauses, children’s designated centre reports on average quoted 20 sub-clauses and reports on mixed services quoted on average 9 sub-clauses as non compliant.

Two designated centres, had 58 sub-clauses noted as in breach, however, the areas of non-compliance differed in the two designated centres.

One of those designated centres, had three follow up reports, over the course of the first year of inspections. On the second inspection 40 sub-clauses were breached, on the third inspection 23 were breached and by the fourth inspection five sub-clauses remained in breach. (This aspect of improving compliance levels on subsequent HIQA inspections was notable and is explored below.)

When judging which regulations are more likely to be found to be non-compliant it is important to remember that some regulations get inspected against more often than others (because some outcomes are inspected against more often than others).

The following are the top ten Regulations, in the National Disability Authority's sample, which are breached most often when inspected against:

- Premises (Regulation 17)
- Admissions and contracts for the provision of services (Regulation 24)
- Risk management procedures (Regulation 26)
- Individual assessments and personal plan (Regulation 5)
- Written policies and procedures (Regulation 4)
- Complaints procedures (Regulation 34)
- Statement of purpose (Regulation 3)
- Fire precautions (Regulation 28)
- Residents' rights (Regulation 9)
- Medicines and pharmaceutical services (Regulation 29)

Later in this chapter, the frequency that service providers were found to be non-compliant with each sub-clause of the regulations is examined and how often the outcome associated with it was found to have a compliance level of major non compliance.

The top ten sub-clauses of regulations for non-compliance in adult and children centres are:

1. Regulation 29(4)(b) The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident (quoted 84 times in 192 reports)
2. Regulation 03 (1) The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1 (quoted 77 times in 192 reports)
3. Regulation 26(2) The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies (quoted 77 times in 192 reports).
4. Regulation 16(1)(a) The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme (quoted 71 times in 192 reports).
5. Regulation 15 (5) The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2 (quoted 61 times in 192 reports).

6. Regulation 26 (1)(a) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre (quoted 59 times in 192 reports).
7. Regulation 28 (4) (a) the registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents (quoted 54 times in 192 reports).
8. Regulation 24 (4)(a) The agreement referred to in paragraph (3)²⁷ shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged (quoted 52 times in 192 reports).
9. Regulation 15(1) The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre (quoted 50 times in 192 reports).
10. Regulation 08 (7) The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse (quoted 49 times in 192 reports).

There were important differences between the reports on adult and children's services in relation to which sub clauses of the Regulations were found to be breached (which in part may be a result of the different core outcomes inspected against in the two inspection regimes – see appendix I for a full breakdown).

Relatively more important for children's services (compared to adult services) were the following regulations:

- All aspects of regulation 26 which deals with risk management procedures, in particular the risk of self-harm, accidental injury and aggression and violence
- Regulation 16(1)(b), the appropriate supervision of staff
- Regulations 3(3) and 3(2) making a copy of the statement of purpose available to residents and their representatives and reviewing it regularly
- Regulations 8(8) and 8(5) making sure that staff have the appropriate training for the protection and welfare of children and that national guidelines for child protection were adhered to

²⁷Paragraph (3) of regulation 24 states: The registered provider shall on admission, agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

- Regulations 23(1)(c) and 23(1)(d) systems to ensure that services were safe and appropriate and that these systems should be reviewed annually.
- Regulations 5(4)(a), 5(5) and 5(4)(b) refer to the need to ensure that supports maximise a persons' development and their personal plan is conducted with the maximum participation of each resident and available to the resident in an accessible format
- Regulation 29(4)(c) which refers to practices relating to the storage and disposal of out of date medicines

5.3.8 Compliance levels by designated centre

The previous two sections examined outcomes and regulation and how often they were deemed to be compliant. However, compliance levels were not randomly distributed and some designated centres had higher levels of non-compliance than other centres. This section examines these issues more closely.

Table 5.15 looks at designated centres by proportionally how many outcomes were deemed non compliant (major or moderate non-compliance).

Table 5.15 Reports by the percentage of outcomes non-compliant (non-compliance major or non-compliance major and moderate)

% of outcomes inspected against	Number of reports with major or moderate non compliance	%
None	8	4
0.1-10%	11	6
10.1-20%	30	16
20.1-30%	21	11
30.1-40%	24	13
40.1-50%	23	12
50.1-60%	15	8
60.1-70%	16	8
70.1-80%	24	13
80.1-90%	8	4
90-100%	12	6
Total	192	100

Source: National Disability Authority's sample of 192 HIQA reports. Note in this and following tables the percentage may not add up to 100% due to rounding

Half of the designated centres had more than 40% of the outcomes they were inspected against found to be at either a moderate or major non-compliance level. Only 4% of reports in our sample found no areas of either moderate or major non-compliance, these centres represented 88 individuals or just 4 percent of the total number of residents covered by the 192 reports. Twelve reports on designated centres had every outcome they were inspected against found to be non-compliant either to a major or a moderate non compliance level.

5.4 Patterns of non-compliance

The previous section highlighted that compliance varied among designated centres. This raises the question of whether different types of designated centres or different types of service provider are more or less likely to achieve compliance or not. The following section looks at patterns within the data to answer this question.

The variables explored within this section were informed by other elements of the research, which included interviews conducted with CEOs and Persons in Charge of designated centres, key informants, and other information received. Table 5.12 shows the variables which were explored.

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The statistical analysis explored what factors impacted on the percentage of outcomes that failed at moderate or major non compliance level. Other dependent variables were explored but broadly similar outcomes were found.²⁸

Table 5.16 variables used in statistical analysis

10+ residents	If a designated centre had 10 or more residents, as some sources suggested that residential institutions were finding it easier than small designated centres to achieve compliance during HIQA inspections. ²⁹
Small	If a designated centre had 4 or fewer residents. To explore if designated centres which were following national policy guidelines in relation to the number of residents were finding compliance difficult.
Up to June	Whether the inspection took place before June 2014
Visit	Was the inspection the first or subsequent inspection of the designated centre
Region	Variables were added to reflect the area of the country that a designated centre was based as it was suggested that HIQA was not consistently applying standards and regulations across the country
Inspector	Variables were created to account for any inspector who had inspected more than 4 designated centres to explore variation between inspectors
Ownership	A series of variables was created to reflect different ownership types. These included 'for profit' or 'not for profit' or 'HSE run'
Provider	A series of variables to test if different providers were more or less likely to be found compliant
Umbrella	This variable was used to see if membership of either the National Federation of Voluntary bodies or The Not for Profit Business Association made a difference to compliance level
Announced	Was the inspection an announced inspection
Inspection type	This variable were created to see if the different inspection types made a difference to compliance levels
4 or fewer designated centres	From the population of designated centres supplied by HIQA the total number of centres run by a provider was calculated. This was then divided into those who had 4 or fewer designated centres to capture small providers
S38	If the designated centre was funded through a 'Section 38' arrangement
Big5	Did the designated centre belong to one of the 5 largest organisations for disability provision in the country
Respite	Did the designated centre offer respite facilities (either exclusively or in conjunction with long-term residential care). *this only counts designated centres where respite was explicitly mentioned so therefore may miss some centres.
Disability type	A series of variables to capture the different types of disability the designated centre catered for: ID, Autism, sensory, physical or ABI (Acquired Brain Injury) ³⁰
Number of residents on the day of inspection	How many residents were living in the designated centre on the day of inspection – this variable was explored as a continuous and dummy variable to test whether empty centres had a higher compliance rate.
Children	Did the designated centre cater just for children
Mixed	Did the designated centre cater for adults and children

Source: National Disability Authority's sample of 192 HIQA reports. Each variable was coded 1 – yes or 0 – no unless otherwise noted

²⁸ The other dependent variables explored were any level of non-compliance, major non-compliance only and over half of outcomes failing at major or moderate level.

²⁹ Unfortunately reports do not often distinguish between congregated settings and other housing types .

³⁰ Disability type was established either through reading the report or where not outlined from other channels.

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Table 5.17 breaks down designated centres into different types and looks at the percentage of outcomes that service providers were found to be non-compliant against to a level of major or moderate non compliance.

Table 5.17: non-compliance (moderate or major) by variable

Type	% of outcomes non compliant moderate or major	Number of cases
10+ residents	50	85
0-9 residents	40	107
Small (4 or fewer residents)	40	32
up to June	52	104
First visit	47	167
Subsequent visit	31	25
HSE run	52	11
Umbrella	42	150
For profit	38	12
not 'for profit' and outside an umbrella organisation	63	19
4 or fewer designated centres	55	44
S38	44	103
S39	45	89
Big 5	46	59
Announced	42	155
To monitor ongoing regulatory compliance	55	117
To inform a registration decision	24	63
To monitor compliance against national standards	45	10
Respite	44	32
Intellectual Disability (designated centre has at least one resident with ID)	43	169
Autism(designated centre has at least one resident with ASD)	45	19
Children	65	15
Mixed	34	9
Adult	43	168
Average	45	192

Source: National Disability Authority's sample of 192 HIQA reports. Note in this and following tables the percentage may not add up to 100% due to rounding.

When it comes to the number of residents in a designated centre, designated centres with ten or more residents had a much higher non-compliance rate than small designated

centres. Whether a designated centre has respite facilities appears to make little difference to the non-compliance rate.

Visits before June 2014 and first visits had higher non-compliance levels.

The data in Table 5.18 shows that outcome compliance rates were lower in the first six months of inspection, which confirms reports of initial lack of readiness by many providers for the requirements of the inspection process. The compliance rate improved significantly over the second six months of the inspection regime, and has stabilised thereafter.

Table 5.18 compliance rate by date – all reports % of outcomes

	Compliant	Minor non-compliance or substantially compliant	Moderate non-compliance	Major non-compliance	Residents
Start of inspection to June 2014	31	17	39	13	3,784
July 2014 to Jan 2015*	56	12	23	8	3,295
Jan 2015* onwards	55	13	23	10	3,207

Source: HIQA. Note number of residents exceeds 6,884 because some residents would have had multiple inspections. * Second period – up to 8th January 2015, 3rd period, 9 January 2015 onward Note in this and following tables the percentage may not add up to 100% due to rounding.

Ownership type and membership of one of the umbrella organisations seemed to make a positive difference. The HSE and small non-profit organisations outside of The Federation of Voluntary Bodies or Not for Profit Business Association (mostly small charities) seemed to have higher levels of non-compliance.

Being one of the Big 5 (largest voluntary disability providers) or whether the service was funded under a section 38 or section 39 arrangement did not give rise to variation in the rate of compliance.

An announced inspection had lower levels of non-compliance than an unannounced inspection. So, the type of inspection seems to affect the rate of compliance found.

The non-compliance level for designated centres for children was much higher than for adult or mixed designated centres (65% versus 43% and 34% respectively). Designated centres which provide respite did not have average compliance rates different from designated centres which did not provide respite.

5.5 Statistical analysis

Several of the variables that explain higher rates of non-compliance are correlated. For instance, certain service providers are geographically clustered and so on. To control for

this, a statistical analysis, in the form of a linear regression, was conducted to look at what was driving major and moderate non-compliance levels. Overall, the regression explained 50% of the variation between designated centres.³¹

Several important themes emerged from this statistical analysis.

5.5.1 10+ residents

Designated centres with 10 or more residents were more likely to have had higher rates of moderate and major non-compliance than designated centres with fewer than 10 residents. However, there was no discernible difference in compliance between those with 4 or fewer residents and those with 5 to 9 residents. (From the information provided in the reports it is not possible to distinguish congregated settings from other housing types).

5.5.2 Regional and inspector variation

Both specific regions and specific inspectors were statistically significant predictors of compliance levels. Therefore there was variation both between inspectors and between regions in the sample.

5.5.3 Children

Children's designated centres were more likely in our sample to have had higher levels of major and moderate non-compliance than either mixed services or adult designated centres. However, it cannot be excluded that this was a regional variation rather than something specific to those services per se.

5.5.4 Type of inspection was important

Designated centres in our sample were more likely to have had higher levels of non-compliance if it was an inspection to monitor ongoing regulatory compliance. If the inspection was to inform a registration decision or to monitor ongoing compliance with national standards the designated centre was likely to have lower levels of non compliance.

5.5.5 It matters if a provider was isolated

Small providers (with 4 or fewer designated centres) were more likely to have had higher levels of non-compliance. This negative effect was mitigated if the providers were members of an umbrella body.

5.5.6 Learning

It is clear from the statistical analysis that learning about the inspection process was ongoing throughout the year. This is seen through several variables: if the inspection was late in the first year of inspection,³² if it was the second inspection for a designated centre, if the provider had more than four designated centres or if a small provider was a member

³¹ R bar squared is 0.501 – all variables are significant at the 95% level unless otherwise stated.

³² This was significant at the 90% level

of an umbrella body the compliance level improved. However, it was also clear that a few providers in our sample did not show evidence of learning from the process as their compliance levels did not improve over the course of the year.

5.5.7 What variables were less influential?

Several variables that looked at first glance above to be important for compliance on closer examination of the sample proved to be less influential. The following variables did not prove to be a predictor of compliance levels:

- The type of disability
- Source of funding (section 38 versus section 39)
- Whether the service provided respite or not
- Announced or unannounced visit
- Whether or not the designated centre was HSE run
- Being a designated centre belonging to one of the biggest five providers of disability services in the country
 - Whether a designated centres had residents living there or not or if there were vacancies.

5.6 Analysis of non-compliance issues and impact on services

5.6.1 Detailed analysis of individual outcomes

Outcome 1: Residents' Rights, Dignity and Consultation

This Outcome was inspected against in 107 reports reviewed:

- 8% detailed major non-compliances. Two reports related to a single designated centre
- 31% found moderate non-compliance
- 30% found minor non-compliance

The main issues of major or moderate non-compliance were:

- Residents' rights, including privacy in bedrooms, space to receive visitors, intimate care procedures and the use of recording devices
- complaints procedures

Steps taken by registered provider to address these findings included:

- revised assessments of residents' wishes and concerns
- changes to rosters and internal protocols and procedures
- reconfiguration of premises
- audits and revisions of complaints procedures to ensure compliance

Outcome 2: Communication

Outcome 2 was inspected against in 72 reports:

- 4% reported major non-compliance
- 6% found moderate non-compliance
- 14% found minor non-compliance

The main issues of major or moderate non-compliance were:

- lack of assessments, appropriate therapies, assistive technologies and of documentation in residents' personal plans
- inconsistent implementation of requirements including staff awareness of residents' needs, accessible documentation and access to media such as the internet

In response, providers undertook to:

- properly assess communications needs and document them in personal plans
- arrange appropriate therapies
- improve access to assistive technologies and desired media

Outcome 3: Family and personal relationships and links with the community

Outcome 3 was inspected against in 67 reports:

- no reports found major non-compliance
- 6% found moderate non-compliance
- 2% found minor non-compliance

The main issues of major or moderate non-compliance were:

- lack of privacy or opportunity to receive visitors as the resident wished
- poor or inconsistent access to the outside community

In response, providers undertook to:

- arrange private visiting areas
- consult with residents and improve community links
- amend statements of purpose accordingly

Outcome 4: Admissions and contract for the provision of services

Outcome 4 was inspected against in 101 reports:

- 17% found major non-compliance
- 39% found moderate non-compliance
- 19% found minor non-compliance

The main issues of major or moderate non-compliance were:

- lack of a written contract for care
- failure to ensure that contracts for care were centre-specific and included all terms required by the Regulations

In response, providers undertook to:

- revise contracts to conform with the Regulations
- provide signed contracts to all residents or their families
- amend statements of purpose accordingly

Outcome 5: Social care needs

- Outcome 5 was inspected against in 186 reports:
- 9% found major non-compliance
- 41% found moderate non-compliance
- 12% found minor non-compliance

The main issues of major or moderate non-compliance were:

- failure to conduct assessments of residents at least annually
- failure to review those assessments for effectiveness or in line with changed needs

In response, providers undertook to

- conduct full assessments where required
- review the effectiveness and appropriateness of existing assessments
- update personal plans accordingly

Outcome 6: Safe and suitable premises

Outcome 6 was inspected against in 155 reports:

- 13% found major non-compliance
- 35% found moderate non-compliance
- 16% found minor non-compliance

The main issues of major or moderate non-compliance were:

- general facilities including personal storage and accommodation
- state of repair of premises

In response, providers undertook to:

- repair, clean and maintain premises to acceptable standards

- reconfigure premises to increase space and privacy
- relocate residents to more suitable premises (in some cases)

Outcome 7: Health and safety and risk management

Outcome 7 was inspected against in 190 reports:

- 20% found major non-compliance
- 50% found moderate non-compliance
- 10% found minor non-compliance

The main issues of major or moderate non-compliance were:

- fire risks
- ongoing assessments of hazards and emergency procedures

In response, providers undertook to:

- revise and update fire and emergency systems and equipment
- conduct risk assessments in areas identified by inspectors
- change protocols for conducting assessments and emergency drills
- provide staff training

Outcome 8: Safeguarding and safety

Outcome 8 was inspected against in 188 reports:

- 10% found major non-compliance
- 36% found moderate non-compliance
- 18% found minor non-compliance

The main issues of major or moderate non-compliance were:

- restrictive procedures (4 reports referred to chemical restraints)
- staff training in safeguarding and behaviour support

In response, providers undertook to:

- review systems and procedures for use of restraints
- reviewing residents' risk assessments and changing personal plans accordingly
- provide staff training in required areas

Outcome 9: Notification of incidents

Outcome 9 was inspected against in 73 reports:

- 6% found major non-compliance

- 5% found moderate non-compliance
- 1% found minor non-compliance

The main issues of major or moderate non-compliance were:

- failure to make periodic reports, or unawareness of the requirement to do so
- failure to report notifiable incidents

In response, providers undertook to:

- complete outstanding notifications
- revise or implement procedures to ensure that required notifications are made when due.

Outcome 10: General welfare and development

Outcome 10 was inspected against in 64 reports:

- 3% found major non-compliance
- 5% found moderate non-compliance
- 8% found minor non-compliance

The main issues of major or moderate non-compliance were:

- lack of evidence that residents' wishes or aspirations concerning education and training had been assessed
- limited access to activities outside the designated centre

In response, providers undertook to:

- provide new or revised procedures for assessing residents' preferences
- find ways to increase external activities and opportunities

Outcome 11: Healthcare needs

Outcome 11 was inspected against in 169 reports:

- 29% found moderate non-compliance
- 14% found minor non-compliance

The main issues of major or moderate non-compliance were:

- regular and comprehensive assessments of residents' healthcare needs, and updating of personal plans accordingly
- giving effect to medical and other healthcare advice
- staff training and competence in healthcare-related matters

In response, providers undertook to:

- revise procedures and protocols to ensure that residents' health and related needs were regularly assessed by GPs and other relevant professionals
- update personal plans and templates for them to ensure that healthcare was and remained a central feature
- provide staff training
- put in place measures to ensure that health provisions in residents' personal plans were implemented and monitored

Outcome 12: Medication management

Outcome 12 was inspected against in 182 reports:

- 12% found major non-compliance
- 34% found moderate non-compliance
- 15% found minor non-compliance

The main issues of major or moderate non-compliance were:

- safe prescription and administration procedures, including transcriptions, verifying dosages and identification procedures
- secure storage of medication, including locks and restricting access to appropriate personnel

In response, providers undertook to:

- revise procedures to ensure best practice in medication management including administration of prescriptions
- improve measures for secure storage of prescription medication

Outcome 13: Statement of purpose

Outcome 13 was inspected against in 131 reports:

- 3% found major non-compliance
- 21% found moderate non-compliance
- 41% found minor non-compliance

The main issues of major or moderate non-compliance were:

- failure to include all information required by Schedule 1 of the Regulations
- failure to accurately describe the designated centre, including its facilities, the care and services it provided, and any limitations on them

- failure to provide copies to residents or their families, or to make them available in accessible formats

In response, providers undertook to:

- comprehensively revise the statement of purpose to include all required information
- distribute the statement to residents and families in appropriate formats, and display it in the centre

Outcome 14: Governance and management

Outcome 14 was inspected against in 178 reports:

- 10% found major non-compliance
- 25% found moderate non-compliance
- 9% found minor non-compliance

The main issues of major or moderate non-compliance were:

- lack of clear lines of management, defined roles and responsibilities, and clear guidelines for operations and reporting
- supervision and performance management of staff
- general non-compliance in other issues indicating poor management and governance

In response, providers undertook to:

- review management procedures and structures
- document lines of reporting and responsibility
- implement performance management systems
- recruit or promote staff to supervisory roles
- review relevant risk assessments and documentation

Outcome 15: Governance and management

Outcome 15 was inspected against in 69 reports:

- 1% found major non-compliance
- 6% found moderate non-compliance
- 1% found minor non-compliance

The main issues of major or moderate non-compliance were:

- failure to either make arrangements to cover absences of the person in charge
- failure to notify HIQA of any such arrangements

In response, providers undertook to

- arrange for appropriate cover for persons in charge and notify HIQA accordingly

Outcome 16: Use of resources

Outcome 13 was inspected against in 69 reports:

- 7% found major non-compliance
- 7% found moderate non-compliance
- 1% found minor non-compliance

The main issues of major or moderate non-compliance were:

- lack of sufficient staff on duty to ensure effective care
- lack of physical resources such as transport, equipment or wheelchair-accessible facilities

In response, providers undertook to:

- revise rosters and staffing levels to ensure appropriate staff resources when required
- redesign premises or relocate to smaller premises where staff will not have to deal with large numbers of residents

Outcome 17: Workforce

Outcome 17 was inspected against in 186 reports:

- 10% found major non-compliance
- 43% found moderate non-compliance
- 18% found minor non-compliance

The main issues in relation to findings of major or moderate non-compliance were:

- insufficient staffing levels or inadequate rostering, resulting in reduced care, support or activities for residents
- inadequate training programmes or lack of training in individual staff members

In response, providers undertook to:

- review roster and staffing levels
- conduct risk assessments of staff levels and mixes
- seek to recruit new staff or arrange for additional agency staff
- arrange training to deal with deficiencies identified by inspectors
- conduct training audits to identify any additional gaps

Outcome 18: Records and documentation to be kept

Outcome 18 was inspected against in 88 reports:

- 2% found major non-compliance
- 43% found moderate non-compliance
- 38% found minor non-compliance

The main issues of major or moderate non-compliance were:

- general lack of documentation including policies, emergency plans, essential information about residents and their care
- individual gaps in documentation, for example, medical records, complaints or other policies, details of residents' plans

In response, providers undertook to:

- complete all outstanding documentation
- review existing documentation that was due to be updated
- conduct audits of documentation to identify other gaps

5.7 Positive observations in the sampled reports

Inspectors also recorded positive observations in their reports, which covered topics including:

- residents' rights and dignity
- independence, autonomy and consultation
- advocacy
- health and safety and risk management
- healthcare needs
- medication management
- governance and management
- use of resources
- workforce

5.7.1 Residents' rights and dignity

Positive observation on residents' rights and dignity were recorded in 138 reports (72%).

The comments highlight caring, person-centred approaches in the manner in which designated centres operate, the conduct of staff, and the systems and practices adopted by management and persons in charge.

Aspects of rights and dignity that were the focus of numerous positive observations were:

- privacy and personal space, particularly in respect of use of restraints and management of behaviours that challenge

- protection from abuse
- residents' civic and religious rights

5.7.2 Independence, autonomy and consultation

Comments on these subjects highlighted systems and conduct that fostered residents' ability to manage their own lives to the greatest extent possible. Inspectors made many of these observations in relation to residents' involvement in their care; administration of their medication; finances; and participating in the running of the centre; activities; education; and the choice and preparation of meals.

5.7.3 Advocacy

The National Standards and Regulations stress the importance of advocacy, empowering persons to secure their wants, rights and interests. Inspectors commented favourably on the availability, use and promotion of advocacy in 75 reports (39%).

5.7.4 Health and safety and risk management

Favourable comments on this topic tended to underscore robust systems and practices. The comments generally refer to inspectors' own observations, but sometimes also describe residents' satisfaction with how these issues are managed.

5.7.5 Healthcare needs

Favourable remarks generally reflect inspectors' own observations and highlight comprehensive systems and competent practices.

5.7.6 Medication management

Inspectors' favourable remarks covered thorough and robust systems as well as the competence and training of the staff who put them into practice.

5.7.7 Governance and management

Favourable comments highlighted clear and effective management structures, as well as individuals' competence and understanding of their roles, responsibilities and reporting relationships. Inspectors remarked several times on good relationships that persons in charge had with residents.

5.7.8 Use of resources

Comments on this topic tended to simply note compliance or non-compliance, but occasionally described noteworthy practices or their results.

5.7.8 Workforce

While comments frequently focus simply on compliance or non-compliance with regulatory issues, inspectors sometimes commented favourably on the approach taken by staff and the systems that supported good care and good relationships with residents.

5.8 Conclusion

In the National Disability Authority sample, service providers were found to be compliant with 45% of the outcomes that they had been inspected against. That rises to 61%, if outcomes with compliance levels of minor-non compliant are added. The outcomes with the highest compliance levels were:

- Outcome 3, Family and personal relationships and links with the community
- Outcome 15, Absence of the person in charge
- Outcome 9, Notification of incidents
- Outcome 10, General Welfare and development
- Outcome 16, Use of resources
- Outcome 2, Communication

Levels of non-compliance were significant. Service providers were found to be major non-compliant with 9% of the outcomes that they were inspected against and moderate non-compliant with 30% of the outcomes that they were inspected against.

The statistical analysis of over 936 inspection reports published to mid-July 2015 showed that 7% of residents lived in a designated centre that was compliant or substantially compliant³³ on all outcomes.

In the National Disability Authority Sample, Outcome 7 (Health and Safety and Risk Management) was found to have the highest levels of major and moderate non-compliance. Specific breaches of the regulations specified were in relation to fire risks, ongoing assessments of hazards and emergency procedures.

Designated centres with 10 or more residents were more likely to have had findings of moderate or major non-compliance than designated centres with fewer residents. The statistical analysis of 936 reports to mid-July 2015 found that 70% of people who live in a designated centre, live in a designated centre with 10 or more residents.

There is evidence of improvements in compliance levels as learning took place, with designated centres inspected in the second 6 months of the first year of inspections being found to be non-compliant with fewer outcomes. The statistics also highlight that there were some service providers whose compliance levels did not improve as the year progressed.

The statistical analysis of the reports confirmed that when conducting inspections to monitor ongoing regulatory compliance, HIQA inspects against a set of seven specific

³³ In January 2015, HIQA changed the classification of 'minor non-compliant' to 'substantially compliant.'

outcomes, sometimes with an additional 2 or 3 outcomes. These 7 outcomes are referred to as the HIQA 'core outcomes'.

Fifteen of the reports in the National Disability Authority's sample were on designated centres catering for children with disabilities. These had higher rates of non-compliance.

In the National Disability Authority's sample, both specific regions and specific inspectors were statistically significant predictors of compliance levels. Therefore, there was variation both between inspectors and between regions in the sample.

Small providers, particularly if they did not belong to one of the umbrella bodies, had higher levels of non-compliance.

Chapter 6 Findings

This chapter sets out the key findings of this review. The findings draw on the experience, impact and learning from the implementation of regulations and inspections in residential disability services set out in detail in the previous chapters and appendices. The findings have been grouped under the following headings to assist the reading in understanding the key issues which have emerged:

6.1 Welcome for regulation and inspection in residential services for people with disabilities

6.2 Feedback from individuals living in designated centres and their families

6.3 Compliance Levels

6.4 Readiness of the Disability Sector for regulation and inspection

6.5 Commentary on Legislation and Regulations

6.6 Experience of the process of inspection and regulation

6.7 Good practice and continuous quality improvement

6.1 Welcome for regulation and inspection in residential services for people with disabilities

This review reports on a range of opinions on matters related to the introduction of regulation and inspection in residential services for adults and children with disabilities in Ireland.

It is important to note at the outset that every person interviewed during the review, welcomed and recognised the need for regulation and inspection in the disability residential sector. Despite raising a number of concerns about aspects of the regulations, many service providers believe that the inspection process will lead to better outcomes for the people they support.

6.2 Feedback from individuals living in residential services and their Families

6.2.1 Background to engagement with residents and their families

The National Disability Authority engaged a contractor who had experience in interviewing people with augmented communication needs to carry out interviews and focus groups with people with disabilities living in residential services. The main objective of this engagement was to elicit the views of those individuals and advocates on the HIQA inspection process. Forty seven people with disabilities were consulted, participating in individual interviews, group interviews and focus groups. People with physical, sensory and intellectual disabilities were included. Thirty four of the individuals lived in group homes or congregated settings. The consultation also sought the views of a group of experts by

experience³⁴ and an advocacy council. The National Disability Authority separately engaged with a small number of family members who had experience of the HIQA inspection process.

Individuals participating in the review gave their point of view on a range of issues and also made recommendations in this regard. These recommendations are set out in detail in Chapter 3 and are summarised below under each heading. The views of HIQA interviewees³⁵ are also reported on in this section, where they are relevant to the topic being discussed.

6.2.2 Residents want information and education about the HIQA inspection process and want to be consulted about it

The majority of participants in the interviews and focus groups had a basic knowledge of the role of HIQA. Residents understood that an inspection had taken place in their home. Participants identified that HIQA looked at the quality of services provided in residential houses but many were unclear on how they went about doing this. Most of their knowledge of HIQA came from the media and/or from information provided by staff. A significant number of people explained that they knew very little about HIQA before the inspection in their home.

Participants recommended that they would like information and education on HIQA and their role, the standards and what happens during an inspection. This should be developed and delivered in conjunction with people with disabilities to make sure it is accessible.

People with disabilities also felt that they should be consulted with on a regular basis by HIQA to help them improve on the inspection process and to allow HIQA to hear people's ideas. They voiced the opinion that they should be involved in setting and reviewing the standards as experts by experience.

The HIQA interviewees explained that it is the responsibility of service providers to give the residents information on upcoming inspections. Overall, they reported mixed experiences of the service providers' approaches to this, some giving information very effectively with residents 'well prepared' and other designated centres with residents 'who knew little or nothing about HIQA'.

³⁴ The 'experts by experience' group who participated in Focus Group 1 are a group of service users/self advocates who have delivered training and information workshops on the HIQA National Standards for Residential Settings for Children and Adults with Disabilities to service users and care staff.

³⁵ The National Disability Authority conducted interviews with five staff members from HIQA. The positions held by the HIQA interviewees were: National Head of Programme: Disability, Inspector Manager (two individuals), Head of Children's Programme, Head of Programme for Registration

6.2.3 Residents want to communicate with inspectors

The dominant theme throughout the interviews with residents was their desire to meet and talk with the HIQA inspectors. Participants identified this as the most important aspect of inspections for them. The participants were unanimous in expressing the view that everyone in the house should have a chance to talk to the inspector and to have their say. Fourteen out of nineteen of the participants interviewed had had the opportunity to talk with the inspector during one of the inspections in their home. All fourteen felt that their meeting with the inspector was a positive experience. They gave strong indications that they felt listened to and were given adequate time to talk. In some cases, the timing and length of inspections affected the opportunities that residents had to talk with inspectors. The participants were unanimous in expressing the view that everyone in the house should have a chance to talk to the inspector and to have their say.

Residents recommended that inspectors should talk with people with disabilities first before meeting managers.

All of the HIQA interviewees also highlighted the importance of meeting and talking with residents (both adults and children) during inspections. Some HIQA interviewees noted the willingness of residents in disability services to engage with inspectors and to share information on their home and their lives.

6.2.4 Inspectors communicating with people who are non-verbal or communicate in different ways is important

In almost all the residents' interviews and focus groups, participants identified the challenges faced by people who communicate non-verbally and the importance of ensuring these individuals have their say. They recognised that these people needed more time and support to express their opinions.

Residents recommended that inspectors should have training and experience in working with people with intellectual disabilities. They should get information about how people communicate and how to support people who communicate in different ways. Inspectors should allow plenty of time to make sure they talk to everyone. It's important to give extra time to people who communicate in different ways.

All of the HIQA interviewees noted the significant challenges associated with engaging with people who are non-verbal or communicate in different ways. They identified that inspectors may not have the skills or tools to engage fully with this group. They emphasised the value of spending time getting to know these individuals better and observing how staff interact with them.

6.2.5 Fear was an issue for residents in relation to inspections

The group of experts by experience³⁶ reported that some people they met were afraid of HIQA because they didn't know what to expect. In both focus groups, the participants raised the issue of staff using HIQA inspections to make residents comply with house rules – the most common example was keeping the house clean. The view that HIQA 'checked' on the cleanliness of houses and bedrooms was prevalent throughout all of the interviews and focus groups.

During the focus groups, advocates voiced their concerns about staff "frightening" residents about the outcome of inspections if they communicated complaints or concerns to the inspector. This view was reiterated in a small number of interviews. Two residents were told "no complaints please" by a staff member prior to the inspection, which they ignored.

'Staff have threatened people and said don't say anything or they'll close us down' (Advocate during focus group).

It is important to note that this was not a feature of all centres or inspections, however, the issue arose on a number of occasions and participants felt it important to recommend that staff and service providers should not use the HIQA inspection process as a way to encourage, persuade or bully residents into doing things they might not want to do, for example, keeping your bedroom clean; getting out of bed on time; eating certain foods; or keeping quiet about problems and issues.

6.2.6 'Áras Attracta' causes concern for residents

A number of individuals and groups raised the subject of the December 2014 RTÉ Primetime documentary on the events which took place in Áras Attracta. It was clear that this caused huge concern to participants. They linked the Áras Attracta situation to HIQA inspections in a number of different ways.

In one focus group, participants were very concerned that HIQA had been to Áras Attracta and had not highlighted the issues. Some members of the group suggested that residents at Áras Attracta were not supported to voice their concerns.

During the interviews a number of residents expressed the view that HIQA had a role to play in protecting their rights in similar situations. They found this reassuring. One participant explained that she was "glad someone was watching".

³⁶ The 'experts by experience' group who participated in Focus Group I are a group of service users/self advocates who have delivered training and information workshops on the HIQA National Standards for Residential Settings for Children and Adults with Disabilities to service users and care staff.

6.2.7 Getting consent from residents during inspections is important

The issue of consent raised by participants in this review related to a number of aspects of the inspection:

- accessing bedrooms
- accessing personal files and information
- contacting family members

Some individuals asked if they were allowed to refuse HIQA access to their personal spaces, property and / or files. Some participants were unhappy that HIQA inspectors could enter their bedrooms. The majority of residents recalled being asked for their consent and expressed the view that this was very important to them.

People in the focus groups talked about HIQA accessing personal files and information. The participants expressed a strong desire for confidentiality and for their privacy to be maintained during inspections. Some residents were aware that HIQA accessed personal files and others were not. The majority of people interviewed could not say if the inspector had looked at their personal files and if they did what kind of information they accessed. Most residents did not recall being asked for their consent when it came to accessing personal files. There was a sense that individuals felt they had little control over this aspect of the inspection.

Participants had mixed views on the involvement of families in the inspection process. Most agreed that this was a good idea, but requested that they would be informed before any family members were approached. One gentleman explained that he would like to choose which of his family members were asked to get involved. A number of participants expressed the view that family involvement could be helpful.

Residents recommended that consent should be sought from the person about accessing files; entering bedrooms; involving families and talking with an inspector.

The issues of privacy and consent were also commented on by HIQA. One of the issues raised in the HIQA staff interviews was the need for inspectors to balance the rights of residents with the legal obligation on HIQA to inspect and monitor designated centres. The HIQA interviewees explained that, in most cases, residents are happy to allow inspectors to enter their homes. All of the HIQA interviewees outlined the importance of respecting the rights of residents to give their consent for inspectors to enter their personal spaces and/or view their personal information. They explained that inspectors would not enter a person's bedroom without their permission unless they had serious concerns. The HIQA interviewees report that they are willing to listen to the views of residents and work with them to find ways to carry out inspections in a satisfactory manner for all concerned.

6.2.8 Lack of information on inspection reports and action plans

One of the most notable findings from consultation with residents was the lack of information provided to residents following an inspection of their home. With the exception of one centre (centre for people with physical disabilities), no-one else had seen the HIQA report on their house or knew how to access the report. Some people did not realise that the inspector wrote a report. Almost all the residents interviewed were unaware that the report was in the public arena.

The group of experts by experience and some members of the advocacy council group were aware that HIQA wrote reports following inspections, but they explained that these were difficult for people to access and to understand. Residents had little or no involvement in the development of action plans to address issues of non-compliance in their house. In some centres, the residents indicated that the findings of HIQA reports were a private matter for managers and staff. However, the majority of participants expressed a strong desire to see the report or to have the contents explained to them. They want to know what HIQA have found and what is going to happen next.

Residents recommended that everyone should get a copy of the report and know what will happen next. People may need support to read and understand the information. People should have an opportunity to talk to the inspector about the changes they suggest and to put their ideas into the action plan that service providers develop. The actions taken affect people's home and lives, and they should have a chance to put their suggestions forward.

6.2.9 Impact of inspections for residents

Six of the nineteen people interviewed expressed the opinion that there were no changes since the inspection with the exception of the cleanliness of the house. Residents continually brought up the subject of cleaning the house and their bedrooms before inspections and in anticipation of inspections. In 13 of the 19 interviews, and in the focus groups, there were detailed discussions on the impact of inspections, which generated a list of positive and negative outcomes.

6.2.10 Positive outcomes

The positive outcomes were identified as:

- Changes to the décor of the house including new furniture
- Safety adaptations; one house had been adapted to cater for the evacuation needs of people using wheelchairs in the event of a fire
- Improved safety and security practices; fire drills, burglar alarms, security lights
- Changes to the size and design of bedroom spaces
- Changes in staffing levels; increase in nursing staff mentioned
- Residents felt they had an increased awareness of their rights

- Residents said they had more access to advocacy services and supports
- More house meetings and service user meetings
- Residents reported improved communication and relationships both with staff and with other residents
- Greater focus on independence skills; one female resident described how she now accesses and controls her own money through a local post office as a result of a recommendation made during the inspection
- Changes to care practices; in one centre participants reported that they used to be checked on by staff every hour during the night but this was reduced and participants now had a choice if they wanted to be checked during the night and how often this happened
- People reported using their local communities more
- New activities; culture evening, new clubs

6.2.11 Negative Outcomes

One issue was dominant throughout the conversations on this topic; the demand HIQA inspections place on staff time and resources. Participants felt that HIQA inspections cause staff to spend a lot more time on documentation and paperwork. This has a negative impact on their interactions and restricts their daily activities.

Residents and advocates were concerned that residential disability services were being turned into “nursing homes”. They were keen to emphasise the point that these centres were their homes and should be “like any other home”. Some individuals strongly resented the changes which they felt were imposed on them.

Other negative outcomes raised include:

- more house rules
- the need for the house to be clean at all times
- lack of confidentiality; too much shared information
- safety restrictions; one female resident described how she can no longer access the full garden in her centre
- unwanted changes; to bedrooms – the layout, cleanliness, numbers on doors, bins – the type of bin used, gardens – access, layout, furniture
- unwanted changes to the management of medication – in one house a resident described how some medications can now only be given by a nurse. If a nurse is not available to go on an outing then the person may need to stay at home to receive their medication from a nurse

6.2.12 Involving People with Disabilities in Inspections

Residents recommended that people with disabilities should be part of inspection teams.

“We have very valuable knowledge. We also have a unique view on the day to day running of a residential house, and the issues that are important to people living there” (Expert by experience)

6.2.13 Feedback from Residents’ Families

The National Disability Authority had difficulty finding family members to take part in this review. The National Disability Authority spoke with 5 family members of residents who lived in residential disability services or who access respite services and who had engagement with HIQA. Four of the family members had engaged with a HIQA inspector on the day of an inspection. The other interviewee sought to engage with HIQA about the content of a published inspection report.

HIQA informed the National Disability Authority that they don’t keep a record of their engagement with family members. HIQA indicated that that they do seek contact details of family members for children’s residential disability settings and that they would routinely make contact with some family members in children’s services, but that that wouldn’t be standard practice in relation to adult residential disability services.

For all four people, who had engaged with a HIQA inspector, the engagement that they had with HIQA was unplanned. Family members who had engaged with a HIQA inspector found them to be professional and skilled. None of the interviewees were aware if the consent of their family member living in the residential setting was given or sought prior to them speaking to the HIQA inspector. Providers’ engagement with family members subsequent to an inspection ranged from writing to family members telling them that the inspection report had been published to consulting with families on the implication of any changes arising from inspection findings. Family members interviewed had very differing views on the impact of HIQA inspections. Some family members believed that the impact of the HIQA inspections had been discernible, in terms of practical improvements in the service. One interviewee believed that as inspection findings had not been addressed a year after the Action Plan timelines had elapsed, during which time HIQA had not re-inspected, and that therefore the process was not working adequately.

While the number of family members interviewed was small, it appears from the interviews that the current practices for engaging family members in inspections in adult residential services are ad hoc and a more structured approach which meets residents’ and family members’ needs should be considered.

6.3 Compliance Levels

6.3.1 Background on data analysis

The National Disability Authority conducted the following reviews of the published HIQA inspection reports:

- An in-depth qualitative and quantitative analysis of a sample of 192 reports, relating to 163 centres, covering the first year of inspection of disability services³⁷
- An overall statistical analysis of all 936 reports published to mid July 2015³⁸, focusing on the level of compliance with the 18 different outcomes that HIQA inspects against

6.3.2 Classifications of Non-compliance

In the first year of inspections, HIQA had 4 classifications to describe compliance levels:

- Compliant
- Minor non-compliance
- Moderate non-compliance
- Major non-compliance

These categories were revised in 2015 to the following:

- Compliant
- Substantially Compliant
- Non-compliant moderate
- Non-compliant major

The National Disability Authority's statistical analysis concentrates on levels of major and moderate non-compliance, as matters deemed minor non-compliant or substantially compliant require the registered provider or person in charge to take relatively small steps to remedy.

6.3.3 Outcomes inspected against during HIQA inspections

HIQA inspections are based on a set of outcomes which are set out in an assessment framework and which relate to the standards and regulations applicable to residential services for adults and children with disabilities. There are 18 outcomes in total.

³⁷ A random sample of 165 centres was selected from those which had been inspected at least once in the first year of operation of the HIQA inspection regime. As two of the centres selected were the subject of official investigations, these were excluded, and the final sample was 163 centres, for which there were 192 reports. (More detailed discussion of the methodology and in-depth findings can be found in Appendix 1.)

³⁸ Reports from the start of inspections in November 2013 up to mid- July 2015 covering 666 designated centres

Inspections to inform a registration or registration renewal decision almost always evaluate compliance with all 18 outcomes. Inspections to monitor ongoing regulatory compliance almost always evaluate compliance with 7 outcomes which HIQA has identified as potential areas of risk, plus an additional 2 or 3 outcomes. The seven HIQA core outcomes are:

- Outcome 05: Social Care Needs
- Outcome 07: Health and Safety and Risk Management
- Outcome 08: Safeguarding and Safety
- Outcome 11: Healthcare Needs
- Outcome 12: Medication Management
- Outcome 14: Governance and Management
- Outcome 17: Workforce

The HIQA Head of Programme Disability said that of the 18 outcome areas, HIQA identified 7 outcomes which related particularly to areas of risk, and which if managed effectively by providers, would indicate that the service available in the designated centre is a safe service for residents, and meets the assessed care and support needs of residents. The HIQA Head of Programme Disability went on to clarify that failure to meet the requirements in these areas would indicate that the centre may not be safe or may not be meeting the assessed needs of residents, and may require further attention from inspectors. When inspecting older person's services, HIQA had found that designated centres that were presenting the most concerns could be indicated by their non-compliance with certain outcomes. Based on their experience in older person's services, HIQA identified the 7 core outcomes for disability services.

6.3.4 Levels of non-compliance were significant

6.3.4.1 Levels of non-compliance against outcomes

The National Disability Authority's statistical analysis found that there was a significant degree of non-compliance with assessed outcomes. In the National Disability Authority's sample of 192 reports, 45% of outcomes had a compliance level of compliant, 16% had a compliance level of non-compliant minor, 30% had a compliance level of non-compliant moderate and 9% had a compliance level of non-compliant major. In this sample of reports there were 2,075 residents.

Analysis of the 936 inspection reports to mid-July 2015 showed that 7% of residents lived in a designated centre that was compliant or substantially compliant on all outcomes. In this sample of 936 reports there was a total of 6,884 residents in these designated centres.

6.3.4.2 Levels of non-compliance across designated centres

Half the designated centres, in the National Disability Authority's sample, had more than 40% of the outcomes they were inspected against found to be at either a moderate or major non-compliance level. Only 4% of reports in our sample found no areas of either moderate or major non-compliance, these centres represented 88 individuals or just 4 percent of the total number of residents covered by the 192 reports. Twelve reports on designated centres had every outcome they were inspected against found to be non-compliant either to a major or a moderate non compliance level.

6.3.5 Outcomes with the highest and lowest compliance levels

The National Disability Authority's sample was analysed to see which of the 18 outcomes that HIQA inspect against had the highest and lowest compliance levels.

The outcomes with the highest compliance levels were:

- Outcome 3: Family and personal relationships and links with the community (93%)
- Outcome 15: Absence of the person in charge (91%)
- Outcome 9: Notification of Incidents (89%)
- Outcome 10: General Welfare and Development (84%)
- Outcome 16: Use of Resources (84%)
- Outcome 2: Communication (76%)

It is important to remember that some of the outcomes with high compliance rates were not inspected against very often because they were not one of the HIQA 7 'core outcomes'.

The outcomes with the lowest compliance levels were:

- Outcome 18: Records and documentation (17%)
- Outcome 7: Health and Safety and Risk Management (21%)
- Outcome 4: Admissions and Contract for the Provision of Services (26%)
- Outcome 17: Workforce (29%)
- Outcome 8 Safeguarding and Safety (36%)
- Outcome 5 Social Care Needs (37%)
- Outcome 6 Safe and suitable premises (37%)

When major non-compliance was analysed, the following outcomes were found to have a compliance level of non compliant major in at least one in ten inspections when the outcome was inspected against:

- Outcome 7: Health and Safety and Risk Management (20%)
- Outcome 6: Safe and suitable premises (13%)
- Outcome 4: Admissions and Contract for the Provision of Services (13%)
- Outcome 12: Medication Management (12%)
- Outcome 17: Workforce (10%)
- Outcome 14: Governance and Management (10%)
- Outcome 8: Safeguarding and Safety (10%)

In the National Disability Authority's sample, Outcome 7 (Health and Safety and Risk Management) was found to have the highest levels of major and moderate non-compliance. The detailed analysis of the sample of reports highlighted specific breaches of regulations in this area in relation to fire risks, ongoing assessments of hazards and emergency procedures.

6.3.6 Regulations breached most often, when inspected against

As well as looking at compliance levels by outcomes, the National Disability Authority's sample was analysed for occurrences of regulations being breached. These are the top ten Regulations cited in the sample of reports which were breached most often when inspected against:

1. Premises (Regulation 17)
2. Admissions and contracts for the provision of services (Regulation 24)
3. Risk management procedures (Regulation 26)
4. Individual assessments and personal plan (Regulation 5)
5. Written policies and procedures (Regulation 4)
6. Complaints procedures (Regulation 34)
7. Statement of purpose (Regulation 3)
8. Fire precautions (Regulation 28)
9. Residents' rights (Regulation 9)
10. Medicines and pharmaceutical services (Regulation 29)

6.3.7 Larger designated centres are less likely to comply

The analysis of 936 reports to mid July 2015 found that 70% of people who live in a designated centre for people with a disability live in a designated centre with 10 or more residents.

As with the full set of reports, data from the National Disability Authority's sample showed that designated centres with 10 or more residents were more likely to have had findings of moderate or major non-compliance than designated centres with fewer residents. This finding is significant when considered in tandem with the '**Time to Move on from Congregated Settings**³⁹' report (HSE 2011) which describes 'a group of people who live isolated lives apart from any community and from families; many experience institutional living conditions where they lack basic privacy and dignity... and without access to the options choices, dignity and independence that most people take for granted in their lives'.

Another issue raised in the review, was around the channelling of resources into institutional services which, in line with national policy should be closed down. This is discussed in more detail below under the heading 'Concern that implementation of the regulations is not congruent with the implementation of national policy to move people from congregated to dispersed housing in ordinary communities'.

6.3.8 Levels of non-compliance in designated centres with less than 10 people were similar

In the National Disability Authority's sample, there was no discernible difference in compliance levels between those designated centres with 4 or fewer residents and those with 5 to 9 residents. Evidence from a UK study is that better outcomes are achieved for residents in smaller group homes compared to larger ones. A review of supported living and group homes in the UK showed that better outcomes are observed for those residing in smaller group homes (1-3 co-residents) than those in larger dwellings (4-6 co-residents).⁴⁰ Residents in smaller group homes report less 'depersonalisation', larger social networks, and were considered at less risk of abuse from co-residents than their counterparts in larger group homes.⁴¹ However, the HIQA inspection reports do not appear to pick up differences in outcomes for people living in designated centres with 4 or fewer residents.

6.3.9 Regional and inspector variation in compliance levels

In the National Disability Authority's sample, both specific regions and specific inspectors were statistically significant predictors of compliance levels. Therefore, there was variation both between inspectors and between regions in the sample.

³⁹ This report defines a congregated setting as a setting where ten or more people with disabilities were living.

⁴⁰ Emerson, E., Robertson, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Jarbrink, K., Knapp, M., Netten, A., & Walsh, P.N., (2001). Quality and costs of supported living residences and group homes in the United Kingdom. *American Journal on Mental Retardation*, 106, 5, 401-415

⁴¹ Emerson et al (2001) op. cit

6.3.10 Type of inspection was important

Inspections for ongoing compliance with the Regulations yielded higher levels of non-compliance than those conducted to inform a registration decision or to monitor ongoing compliance with the national standards.

6.3.11 Providers operating in isolation less likely to be compliant

Small providers (with 4 or fewer designated centres) were more likely to have had higher levels of non-compliance. This negative effect was mitigated if the providers were members of an umbrella body.

6.3.12 Improvement in compliance as learning took place

Compliance rates were lower in the first six months of inspection, which confirms reports of initial lack of readiness by many providers for the requirements of the inspection process. The compliance rate improved over the second six months of the inspection regime, and has stabilised thereafter. Statistical analysis of the sample showed higher rates of compliance if:

- the inspection was later on in the first year
- it was the second inspection
- the provider had more than four designated centres or
- a small provider was a member of an umbrella body.

However, it was also clear that a small number of providers, in our sample, did not show evidence of learning from the process, as their compliance levels did not improve over the course of the year.

6.3.13 Factors with no impact on compliance levels

The following issues were tested for in the National Disability Authority sample but showed no impact on compliance levels:

- the type of disability catered for by the service
- whether funded under section 38 versus section 39
- whether the service provided respite or not
- announced or unannounced visit
- whether or not the designated centre was HSE run
- being run by one of the largest five disability providers in Ireland
- whether the centre already had residents or not, or if there were vacancies

6.3.14 Regulatory sub-clauses breached in residential services for children

The National Disability Authority compared breaches of regulations in services for adults and children.

The following regulatory sub-clauses were relatively more important for children's services (compared to adult services):

- All aspects of regulation 26 which deals with risk management procedures, in particular the risk of self-harm, accidental injury and aggression and violence
- Regulation 16(1)(b), the appropriate supervision of staff
- Regulations 3(3) and 3(2) making a copy of the statement of purpose available to residents and their representatives and reviewing it regularly
- Regulations 8(8) and 8(5) making sure that staff have the appropriate training for the protection and welfare of children and that national guidelines for child protection were adhered to
- Regulations 23(1)(c) and 23(1)(d) systems to ensure that services were safe and appropriate and that these systems should be reviewed annually
- Regulations 5(4)(a), 5(5) and 5(4)(b) refer to the need to ensure that supports maximise a person's development and their personal plan is conducted with the maximum participation of each resident and available to the resident in an accessible format
- Regulation 29(4)(c) which refers to practices relating to the storage and disposal of out of date medicines

6.4 Readiness of the disability sector for regulation and inspection

6.4.1 Disability sector ill-prepared for a regulatory inspection regime

When asked about their approach to quality improvement after the publication of standards and regulations, most providers interviewed explained that their preparation began up to 5 years ago when the standards were published. A range of preparatory actions were taken, including:

- Strategic planning at senior management level
- Staff training and recruitment
- Engaging external consultants and trainers
- Engaging in mock inspections / monitoring inspections / regular internal observations and 'walk arounds'
- Attending briefing days
- Becoming familiar with the regulations and standards
- Reviewing policies and procedures
- Establishing quality teams
- Carrying out internal audits
- Gathering paperwork, documenting and establishing data recording systems

- Developing person centred plans
- Informing families and residents about HIQA
- Gathering feedback from families and residents on their service
- Analysing HIQA reports as they were published

However, the general sense from both providers and HIQA was that the disability sector still seemed ill-prepared when the regulations were introduced and inspections began. The Disability Federation of Ireland noted:

“A lot of organisations did masses of preparation work in advance without necessarily knowing what preparation work they should be doing, a lot of it was done based on the standards not the regulations as they came later and there are things that the organisation did based on the standards which aren’t necessarily relevant in terms of the regulations.”

HIQA conducted a number of seminars for service providers in relation to the introduction of registration and inspections. Some HIQA interviewees suggested that it may have been useful to have these earlier in the process.

Regulation was brand new in the disability sector. Its introduction meant that all service providers were faced with the fact that accountability for the services provided was now on a legal basis and that service providers and Persons in Charge were legally held to account.

6.4.2 Administration and documentation raised as a challenge

Under the regulations related to registration of designated centres, service providers are required to submit a range of detailed information to HIQA when applying to be registered. This application information needs to be complete before inspections can be carried out in a designated centre. Compliance with the regulations related to ‘care and support for persons with disabilities’ also requires a level of ongoing administration, including for example a range of requirements for record keeping, notifications, risk assessments, personal planning.

HIQA interviewees said that service providers struggled to provide the required information and evidence and were ‘shocked’ by the amount of effort and work involved.

‘The big challenge has been for providers to demonstrate that they do have good governance, oversight and quality assurances in place to ensure that residents received appropriate and good quality care and support’. (HIQA interviewee)

Many of the Persons in Charge and managers interviewed spoke about the inspection ‘workload’, with the amount of documentation and paperwork required by HIQA described by one individual as ‘humongous’. Persons in Charge and their staff teams felt very conflicted between completing the documentation required for registration and

spending quality time with residents. Some service providers noted that they have had to change rosters to allow the Person in Charge more time to prepare for inspections and to carry out governance duties. This has sometimes meant removing them from the frontline for a period of time leading up to inspections.

Residents interviewed also raised this issue. They felt that HIQA causes staff to spend a lot more time on documentation and paperwork. This has a negative impact on their interactions and restricts their daily activities. During one focus group, the members described how staff members are working on paperwork until very late in the evenings. Participants were very clear in articulating that their views were not a criticism of staff, whom they believed were “doing their best”, but struggling to balance engaging with residents and meeting the demands of inspections.

It is clear from the review, that regulation and inspection of disability services requires a level of administration that was not in place in organisations previously and that this element of regulation and monitoring has had a significant impact on staffing and resources.

6.4.3 Commentary on impact assessment

A number of service providers commented on the huge impact of the commencement of regulations and inspections on the disability sector, particularly in terms of resources and additional costs that are being incurred for registration and to achieve compliance. The National Federation of Voluntary Bodies commented on the lack of a comprehensive regulatory impact assessment, which would have addressed, amongst other areas, the resource implications and the impact on the implementation of national policies which support the development of ‘ordinary lives in ordinary places’.

The issue of cost implications associated with achieving compliance are also discussed under the heading ‘Process and Cost Implications of Agreeing Actions Plans’ below.

6.5 Commentary on legislation and regulations

This section considers the key points raised in the review, in relation to the different pieces of relevant legislation, namely:

The Health Act 2007

- Definition of Designated Centre
- Arrangements for care of residents if registration is cancelled

Regulations for registration of designated centres for persons with disabilities⁴²

- Financial disadvantage for small designated centres in the registration regulations
- Costs incurred for making changes to registration throughout the year
- Registration regulations which service providers found it difficult to comply with
- A lack of allowance in the registration regulations for emergency placements

Regulation for care and support of residents in designated centres⁴³

- Lack of consistency between standards and regulations and lack of consultation on the regulations criticised
- Regulations criticised for being more appropriate to institutional settings than ordinary housing
- Issues around the same regulations being applied to residential and respite services
- Appropriateness of fire regulations being applied to some small scale dwellings
- Concern that implementation of the regulations is not congruent with the implementation of national policy to move people from congregated settings to dispersed housing in ordinary communities
- Interpretation of regulation referring to medicines and pharmaceutical services
- Further clarity requested on certain regulations
- Guidance and regulations related to residents' finances
- Role of the person in charge

There was a significant amount of commentary on the legislation and regulations related to residential services for people with disabilities during this review. The National Disability Authority endeavoured to establish detailed information on specific regulations that caused difficulty, however most commentary was of a generic nature. More detailed commentary was provided mostly by the National Federation of Voluntary Bodies and the HSE and this is reflected in the detailed comments that are attributed below.

⁴² Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 and Registration of Designated Centres for Persons (Children and Adults) with Disabilities (Amendment) Regulations 2015

⁴³ Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013

6.5.1 Health Act 2007

6.5.1.1 Definition of Designated Centre

The Health Act 2007 requires designated centres to be registered. The definition of a designated centre in the Health Act was continually raised by participants in the review as an issue. The National Federation of Voluntary Bodies, the Department of Health, and the HSE highlighted that the lack of clarity on what constitutes a designated centre has caused ongoing difficulties for service providers. HIQA guidance on 'what constitutes a designated centre' notes that the legislation does not provide an explicit definition of the term 'residential services'.

A key issue raised by the Housing Agency, in a submission to the National Disability Authority, was that this lack of clarity on what constitutes a designated centre has 'been detrimental to the movement of people with disabilities to mainstream housing options' and 'is causing significant delays to the movement of people from congregated settings.' Particular issues raised in relation to this lack of clarity include:

- designated centres being seen as 'health facilities' and as a result not being eligible for the Department of the Environment's capital grant for buying a property under guidelines for the Capital Assistance Scheme (CAS)⁴⁴
- the need for designated centres to be registered well in advance of an individual moving in, resulting in potentially wasted resources and properties being left vacant while awaiting registration
- the need to register temporary accommodation which a person might use while their home is being renovated as a registered centre
- lack of clarification in relation to the deregistration of properties where a property may have been registered inappropriately
- the appropriateness of inspections where a person with a disability lives independently and has a tenancy agreement

6.5.1.2 Arrangements for care of residents if registration is cancelled

Section 64 of the Health Act refers to arrangements for the care of residents on cancellation of registration. It states that if the chief inspector of HIQA cancels a registration under the Act and the cancellation takes effect, the HSE shall as soon as practicable after notification of cancellation make alternative arrangements for the residents of the designated centre. However, where the HSE was the registered provider of the designated centre which had its registration cancelled by HIQA, the HSE may

⁴⁴ The Department of Health recently stated that it is working with the Department of the Environment Community and Local Government in developing guidelines for CAS that are consistent with the policy thrust of the Disability Strategy, Housing Strategy for People with a Disability 2011-2016, the Value for Money and Policy Review of Disability Services and 'Time to Move on From Congregated Settings'

continue to carry on the business of the designated centre as if it were registered under the Act, with the HSE as registered provider.

The HSE noted there is a problem in the case of HSE-run designated centres which are found to have ongoing serious breaches of regulations and which may lack the capacity and resources to achieve compliance.

6.5.2 Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013

For readability purpose, these regulations are referred to in the text as the ‘registration regulations’.

6.5.2.1 Financial disadvantage for smaller designated centres in the registration regulations

Regulation 5(4) of the registration regulations requires a fee of €500 to accompany an application for the registration or the renewal of registration of a designated centre. This fee is per designated centre notwithstanding the number of residents.⁴⁵

Under this regulation, smaller community based designated centres would incur higher costs than those running larger designated centres. For example, a large setting with say 21 residents would have a registration fee of €500, while 7 smaller residential services with 3 residents in each would cost €3,500.

An unintended consequence of the regulations is that service providers running small designated centres which are in line with national policy are at a financial disadvantage as opposed to larger service providers who are running congregated settings, which national policy dictates should be closed down.

6.5.2.2 Costs incurred for making changes to registration throughout the year

The cost of making changes to registration details was raised by service providers during the review. These are laid out in Regulation 8 of the registration regulations.

6.5.2.3 Registration regulations which service providers found it difficult to comply with

The disability registration regulations include a range of information that service providers are required to provide to HIQA as part of the application of registration or renewal of registration. Some service providers noted that the requirement for Garda clearance and references for people in their post for up to 20 years and for board members caused difficulty.

⁴⁵ Separate annual fees payable under Regulation 9 are based on a cost per resident

Difficulties complying with building, planning and fire regulations were also noted. The disability registration regulations were amended in 2015 to remove the requirement for written confirmation from a suitably qualified person that all statutory requirements relating to fire safety and building control have been complied with. However, service providers are still required to be compliant in these areas, the regulatory change means that they do not have to provide evidence to HIQA of that compliance as part of the registration process.

Other issues raised in relation to fire safety compliance are discussed in this section under the heading 'Appropriateness of fire regulations being applied to some small scale dwellings'.

6.5.2.4 A lack of allowance in the regulations for emergency placements

A specific difficulty arising for service providers is how to comply with regulations in the case of emergency admissions. This is because of the requirement that a new designated centre must be registered before a residential service can be provided. There is a perception that the regulations are 'too strict' and 'very rigid' in this regard. Provider nominees describe the extreme consequences of breaching regulations, including large fines, court cases and jail sentences, when often they have to act immediately to deal with crisis situations. The lack of spare capacity in residential services exacerbates this problem.

Managers and CEOs explained that they have had to open houses; admit individuals without adequate assessment; move residents from one house to another at short notice; move residents to new buildings, which are not registered – all in response to emergencies, but all against the regulations. They stressed the need for a plan to deal with these situations without breaking the law, and would like the option of a two to three week interim agreement or temporary registration to allow them to support an individual or family in crisis. One Person in Charge explained that they have stopped offering emergency respite/placements as it raises too many potential issues of non-compliance.

'HIQA is saying that there shouldn't be any emergency moves out – unplanned moves – but that is not realistic; emergencies come up all the time' (Manager, service provider)

6.5.3 Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013

For readability purposes, these regulations are referred to in the text as the 'disability care and support regulations'.

6.5.3.1 Lack of consistency between standards and regulations and lack of consultation on the regulations criticised

A significant number of interviewees noted a discrepancy between the standards and the regulations. Overall participants seemed very satisfied with the standards. However, many

stakeholders and service providers were of the view that the standards were very person-centred while the regulations were not.

Some stakeholders said, that a broad consultation process took place when the standards were developed and reported that they had an issue with the lack of consultation and the fast pace at which the regulations were developed:

“The standards had gone through a broad consultation process. The regulations were drafted over a summer with very little consultation. The regulations should have been drafted to fit with the policy direction. The process of developing the regulations was flawed because it wasn’t about embedding the policy direction, which is about person-centred supports. That is the new direction and philosophy in disability services and regulations don’t take account of that.” (Manager, service provider)

6.5.3.2 Regulations criticised for being more appropriate to institutional settings than ordinary housing

The Standards for Residential Services for Adults and Children with disabilities, state that a residential service should be ‘homely’.

In the review, people commented that certain regulations include requirements that reflect an institutional model of living rather than an ordinary home. Many people commented in the interviews that this was because the regulations were based on the regulations for older persons residential settings or a ‘nursing home model’, this model is typically a setting with a relatively large number of people living there. They also commented that the regulations are covering a wide range of residential settings which range from 2-3 people living together to larger settings with 50 or more people. The regulations were criticised for having a ‘one size fits all’ approach, resulting in inappropriate requirements for some homes, particularly for homes in the community with small numbers of people living together and which are in line with national policy and good practice.

Examples of specific regulations criticised include:

- Regulation 34(1)(d) which requires a copy of the complaints procedure to be displayed in a prominent position in the designated centre.

It was commented that if a person is aware of a complaints procedure, and has a copy in a format accessible to them, the prescriptive requirement to display it prominently in their home is not necessary. It was also noted that in some cases, a person may not be able to read the complaints procedure on display in their home, so the regulation is not appropriate for some people who use residential services.

- Regulation 28, which deals with a range of fire safety requirements. It was commented that ordinary houses in the community do not need emergency lighting and fire procedures to be displayed in a prominent place, which are requirements under this regulation. Because of the wide ranging implications in relation to fire safety issues, fire safety regulations are commented on in more detail in a dedicated section below

- Regulation 11(3)(b) in relation to visits, which requires that a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required. The National Federation of Voluntary Bodies commented that this is impractical in many domestic / community houses and is reflective of a nursing home model. This regulation is a good example of a one size fits all approach. It is easy to imagine that an ordinary home with kitchen, dining and living spaces might provide adequate visiting arrangements, where they are shared by a small group of say 3 people who have chosen to live together and who would be in a position to agree arrangements for visitors. In residential settings with larger numbers of residents, the requirement in this regulation for additional private areas for people to meet with visitors could be considered a reasonable requirement
- Schedule 6(4) which deals with matters to be provided in premises of designated centres requires 'communal space for residents suitable for social, cultural and activities appropriate to the circumstances of residents'. The requirement for communal space of this nature suggests that a model where residents will be participating in segregated cultural and religious activities in the place that they live, rather than engaging in these activities in the community as would be in line with the national standards for disability services⁴⁶
- Additional examples of 'institutional' requirements being applied in community houses provided by the HSE, which appear to be an interpretation of some regulations:
 - HACCP⁴⁷ / institutional standards of food hygiene in a domestic scale kitchen in a community dwelling
 - Pharmacy fridges for storage of medication
 - Segregated cleaning equipment and duties in keeping with institutional / clinical care standards

6.5.3.3 Issues around the same regulations being applied to residential and respite services

Stakeholders and providers talked about the problems of meeting the regulations and standards in respite settings, which would typically serve large numbers of residents as they take a short break from their permanent living arrangements. Service providers reported that it is impossible to gather and manage the required records and

⁴⁶ Feature 1.4.2 of the National Standards for Residential Services for Adults with Disabilities states: People are facilitated and encouraged to integrate into their communities. The service is proactive in identifying and facilitating initiatives for participation in the wider community, developing friendships and involvement in local social, educational and professional networks.

⁴⁷ HACCP stands for Hazard Analysis and Critical Control Point. A food safety management system based on the principles of HACCP is a systematic approach to identifying and controlling hazards, whether microbiological, chemical or physical, that could pose a threat to the production of safe food – in simple terms, it involves identifying what could go wrong in a food system and planning how to prevent it. (Food Safety Authority of Ireland, www.fsai.ie/faq/haccp.html)

documentation in respite services, and note that some aspects are entirely irrelevant in these settings, for example work and education plans. The issue of person-centred plans having to be done in respite services for children and adults was also highlighted as not being appropriate by a number of service providers. They suggested that the role of respite services needs to be clarified.

6.5.3.4 Appropriateness of fire regulations being applied to some small scale dwellings

Regulation 28, Fire Precautions was one of the top ten regulations breached by service providers when inspected against. However, service providers raised concerns that the implementation of fire regulations applicable to designated centres is turning homes into 'public buildings' or 'institutions'.

Regulation 28 in the disability care and support regulations deals with a range of fire safety requirements. It was commented that ordinary houses in the community do not need emergency lighting, nor fire procedures to be displayed in a prominent place, which are requirements under this regulation. While these may be appropriate in larger settings, it was commented that fire safety standards for institutions are being applied to ordinary houses in the community. This concern is broader than the disability care and support regulations. The National Disability Authority understands that the application of institutional fire safety standards to domestic scale housing also arises from the purpose group definitions⁴⁸ in Part B of the Building Regulations with houses for people with disabilities, notwithstanding their scale or level of occupancy, being considered to come under the purpose group Residential (Institutional)2(a):

“Hospital, nursing home, home for old people or for children, school or other similar establishment used as living accommodation or for the treatment, care or maintenance of people suffering from illness or mental or physical disability or handicap, where such people sleep on the premises”.

This has a range of implications, including the cost of upgrading to meet institutional fire safety standards in domestic dwellings and consequent implications for the suitability of rented dwellings for use by people with disabilities. It also adds complexity to the use of temporary accommodation which a person might use while their home is being renovated and therefore needs to have fire safety upgrades in order to be registered as a designated centre.

⁴⁸ In the Building Regulations, for the purposes of Fire Safety, the use of a building is one of the key factors in deciding which fire safety provisions are applicable. These classifications of buildings according to their use are termed 'Purpose Groups'.

6.5.3.5 Concern that implementation of the regulations is not congruent with the implementation of national policy to move people from congregated to dispersed housing in ordinary communities

Stakeholders and service providers noted the tension which exists between achieving compliance with the regulations, and bringing services in line with national disability policy, particularly the '**Time to Move on from Congregated Settings**' report and the '**Value for Money and Policy Review**⁴⁹'. For example, when completing action plans in response to HIQA findings of non-compliance, service providers reported being under pressure to invest in congregated settings which are due for closure.

Representatives from the Disability Federation of Ireland pointed out that:

'... particularly, in relation to congregated settings, it is very frustrating for providers who are trying to close a centre to be told they have to invest in it. There should be a memorandum of understanding between the provider, HIQA and the HSE that centre x will be closed in two years and therefore it is not required to bring it up to full compliance where this would add significant costs.'

6.5.3.6 Interpretation of regulation referring to medicines and pharmaceutical services

Regulation 29(4) requires that the Person in Charge ensures that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Commentary from a resident described how a resulting (unwanted) change to the management of medication had a negative outcome – the resident described how some medications can now only be given by a nurse. If a nurse is not available to go on an outing then the person may need to stay at home to receive their medication from a nurse

A service provider also highlighted difficulties in following the regulations around the safe administration of medication:

“We are not a nurse led model, if a person lives in the country and he lives on his own and the home support worker comes in every morning to him and gives him his breakfast and lays out his tablets, are we suggesting that we are going to have nurses to do that. It wouldn't make sense because then you are treating everybody as if they are sick. They are not sick, if I take blood pressure tablets does that mean I'm sick, no, it means I am being treated to stay well, but I'm not sick. I think we need to get over the emphasis of getting a nurse...It's down to the confidence and training, sharing of training and common sense approach and support.”

⁴⁹ Value for Money and Policy Review of Disability Services in Ireland (2012), Department of Health

6.5.3.7 Further clarity requested on certain regulations

The National Federation of Voluntary Bodies commented on a range of regulations where they noted that further clarity is required:

- Regulation 9 (2)(a) Residents' Rights, they submitted that clarity is needed around consent if no next-of-kin exists
- Regulation 16 (1) Training and staff development, they submitted that clarity is required in relation to the frequency of refresher training, for example, fire safety, manual handling and client protection. The National Federation of Voluntary Bodies proposed that a period of every 3 years would be the standard period for undertaking refresher training (unless there is a legal requirement specified)

Other areas in the regulations that were commented on in the review in this regard included:

- a lack of clarification on the development of policies and the use of a single national policy versus a site specific policy
- a lack of clarification on how often policies should be reviewed

6.5.3.8 Requirements for certain aspects of personal plans queried

Regulation 5 refers to personal plans and requires the Person in Charge to prepare a personal plan for each resident. The National Federation of Voluntary Bodies noted that not all people who use residential services wish to have a Person Centred Plan.

People with physical or sensory disabilities, in particular, often do not wish to have a person-centred plan.

There is also a requirement for multi-disciplinary reviews of personal plans under this regulation. The National Federation of Voluntary Bodies submitted that some personal plans do not need a full multi-disciplinary team assessment.

6.5.3.9 Guidance and regulations related to residents' finances

The HSE indicated that there is a discrepancy between HSE and HIQA guidance (based on the regulations) on how residents' finances should be managed. The HSE's private property and accounts guidance would say that the HSE can set up an account and manage it on a person's behalf. HIQA's guidance document on resident's finance recommends that each individual should have their own personal account and manage their own finances.

6.5.3.10 Role of the Person in Charge

The Health Act requires that each designated centre has a Person in Charge and the regulations specify a range of responsibilities of the Person in Charge. A range of issues in relation to the role of the Person in Charge as set out in the Health Act and the regulations were raised in the review.

During the interviews, CEOs, managers and stakeholders talked about a lack of clarity from HIQA on the role of the Person in Charge. They expressed the need for guidance from HIQA on the seniority of this individual and the selection of staff for these positions. The National Federation of Voluntary Bodies pointed out, that the Person in Charge model does not necessarily fit with many of their member organisation's existing management structures and as a consequence this is causing difficulties for organisations at both management and industrial relations levels.

The level of responsibility and legal implications of the role was raised by Persons in Charge. Persons in Charge interviewed highlighted the 'sense of responsibility' they now feel both for the residents and for getting a 'good' HIQA report. They also highlighted the fact that although they are ultimately responsible for many aspects of the regulations and standards, they are often not in a position to make the necessary changes to ensure compliance, for example to agree funding for building adaptations, to change staff rosters or bring in new staff, to develop organisational policies.

Specific regulations in relation to the role of the person in charge were also noted:

- Regulation 8 (3) – Protection, it was submitted by the National Federation of Voluntary Bodies that this regulation indicates that the Person in Charge shall initiate and put in place an investigation, but it should be the registered provider who undertakes this
- Regulation 14 (2) Person in Charge, the National Federation of Voluntary Bodies noted that the requirement under this regulation that a Person in Charge should work full time is challenging, restricts organisations in terms of who they can appoint, and in instances is at odds with employment law entitlements e.g. the entitlement for staff to avail of parental leave. They also submitted that this regulation is also indicative of an over focus on process rather than the result; if a manager demonstrates capacity to run a good service, then the exact number of hours or arrangements is not really relevant
- Regulation 14 (3)(b) Person in Charge, the National Federation of Voluntary Bodies pointed out that this regulation requires a Person in Charge to have an appropriate qualification in health or social care management at an 'appropriate' level and there is a lack of clarity on constitutes an 'appropriate' qualification. The HSE noted that some providers interpret the regulation to mean that the Person in Charge must be a nurse, but that the regulations do not state this. Regulation 14 states that the Person in Charge is to have 3 years management or supervisory experience and an appropriate qualification in health or social management at an appropriate level

6.5.3.11 Regulation supportive of good management

One of the positive impacts noted from the regulatory process was more direct involvement from managers in the delivery of frontline services. This appears to be partly driven by Regulation 23(2) which requires providers to carry out an unannounced visit of designated centres at least twice yearly, write a report on the quality of services being provided and put a plan in place to address any concerns.

“As managers, we now have autonomy to go into the services, they always had that autonomy but now with HIQA, they have that as an extra tool to work with.” (Manager, service provider)

6.6 Experience of the process of inspection and regulation

6.6.1 Views on HIQA Guidance and Forums

The publication of the HIQA judgement and assessment frameworks was welcomed by most participants; however it was commented that it would have been useful for service providers to have access to the judgement and assessment frameworks at an earlier point in the process.

During the interviews, participants noted the value of specific initiatives to promote the exchange of information. Most participants valued attending the HIQA training days and felt they gained much useful information.

6.6.2 Views on interactions with HIQA Inspectors

6.6.2.1 Residents’ feedback

There was positive feedback from residents and family members on how they found the HIQA inspectors. Fourteen of the residents interviewed had the opportunity to talk with the inspector during one of the inspections. Each of them reported that overall they felt their meeting with the inspector was a positive experience. All of the residents interviewed stated that they had no objections to HIQA inspectors visiting their homes.

6.6.2.2 Service providers’ feedback

The National Federation of Voluntary Bodies reported on a lack of consistency in how inspectors interacted with providers and reported that this ranged from being ‘very professional and courteous to being abrasive and uncompromising’. This variation was also noted as a significant issue in service provider interviews. Descriptions of interactions ranged from being complimentary of the inspectors, using terms such as ‘very helpful’, ‘respectful’, ‘accommodating’ and ‘approachable’ to being an extremely negative experience in other settings with words such as ‘intimidating’, ‘threatening’ and ‘challenging’ used.

The service providers interviewed came from designated centres which had a range of findings made by HIQA on their levels of compliance. This may have influenced their experience of interacting with the HIQA inspectors.

6.6.3 Commentary on the inspectors’ backgrounds

Many of the service providers (CEOs, Persons in Charge and managers) and the other stakeholders highlighted the importance of inspectors having a background, training, a good working knowledge, and understanding of disability services. The need to understand the differences between a physical and sensory disability service versus an intellectual disability service, and services in different settings (for example, large scale units on a campus versus a small community home) was noted to be of great importance. Interviewees reported dissatisfaction when inspectors did not have the required knowledge and expertise. Where

an inspector did have relevant background and experience of the service they were inspecting, this was noted and highlighted as a positive in interviews.

The background of the individual inspectors was perceived by service providers to affect their focus and approach to inspections. There were many examples given, such as, an inspector, with a nursing background, spending a large amount of time on best possible health and medication management versus an inspector, with a health and safety background, largely focussed on that aspect of services.

The HIQA interviewees described the training process for HIQA inspectors. All inspectors undertake an induction training programme. The majority of the HIQA interviewees identified that for recent recruits, this consisted of a mandatory three week regulatory training programme followed by a week-long disability specific programme. In addition, regular training has been provided by HIQA to upskill and update inspectors. Examples provided by the HIQA interviewees include refresher sessions; workshops accessed in person or via webcam or conference call; weekly information sessions.

All of the HIQA interviewees recognised the value of ongoing training and identified potential areas for this, such as :

- Engaging and consulting with people who communicate in different ways
- Understanding behaviour; assessing the management of behaviour and the identification of positive behaviour supports
- Restrictive practices
- Capacity and consent
- Financial management
- Advocacy

6.6.4 Concerns expressed about inspectors operating a caseload covering services for both older persons and persons with disabilities

Many stakeholders and service providers recognised that some of the inspectors had come from 'eldercare' inspections. They expressed concern that the approach taken to inspections in nursing home settings was being replicated inappropriately in disability settings. Two services reported cases of inspectors using the wrong set of regulations (regulations for older persons setting in a disability service) during inspections.

HIQA told the National Disability Authority that the inspector team structure is being reconfigured to have one group inspecting older person's services and a different team of inspectors for disability services

6.6.5 Concerns expressed about certain aspects of inspections

6.6.5.1 Lack of consistency with interpretation of regulations reported

The lack of consistency and variation in practices around the regulations and their interpretation was a recurring theme in the interviews with service providers. Some providers who have a number of different residential services stated that they were applying the same level of service in designated, but are found to be non-compliant in one service and compliant in another.

6.6.5.2 Lack of a designated liaison person for large service providers

Large service providers reported the challenge of having multiple inspectors/lead inspectors to work with one organisation, with no specific individual from HIQA, identified as the liaison person to engage directly with the provider.

6.6.5.3 Language in inspection reports

Use of inaccessible language in documents and inspection reports was also reported to be an issue for service providers. Staff commented on the use of 'daunting', 'clinical' and 'technical' language.

6.6.5.4 Focus on documentation and paperwork questioned

Some service providers expressed frustration at the amount of time spent by inspectors looking at paperwork and documentation. They expressed the view that in some cases, inspectors were over-reliant on the documentation and paperwork, rather than, taking a broader view of services during inspections.

6.6.5.5 Differences between verbal and written feedback reported

Some service providers commented that they received verbal feedback at the end of an inspection and issues were raised in relation to differences between what they were told verbally and what appeared in the report. In some cases, service providers reported that they were told the information would not appear in a report, which it then did. In other cases, service providers reported that the level of compliance was worse in the report than had been initially discussed at the point of verbal feedback.

6.6.5.6 Concern about over-emphasis on risk assessment and risk management

Concern was expressed during the review that the current inspection process could result in staff and service providers becoming more risk averse, out of fear that their actions may breach the regulations and standards. The importance placed by HIQA on risk assessments and risk management was highlighted. Participants emphasised the need for positive risk taking to ensure that people with disabilities are encouraged to lead ordinary lives in ordinary places and to engage fully with their local communities. They suggested that a service which is fully compliant with the regulations may not necessarily be the best place for a person with a disability to live and receive supports.

The Disability Federation of Ireland commented that:

‘organisations said that inspectors are very risk averse. So where people are trying to push the boundaries and get people back into the community but inspectors are saying no you can’t be doing that with them’

6.6.6 Significance of attitudes and culture in services

The issue of institutionalised practices emerged in almost all of the interviews with HIQA staff. A number of HIQA interviewees commented on the challenges facing large, campus-based services where these practices can persist. Sometimes, in higher support or medically orientated services, it was noted that health care needs are well managed, but residents may have limited social opportunities; access to their communities and a poorer quality of life.

“It is not a golden rule but some of the larger campus type settings have poorer outcomes...more institutionalised...and when one considers where, for instance, intellectual disability services historically have come from...smaller type services have often been spearheaded by parents, friends, local community, whereas the larger institutions have been provided by the state and in some cases religious orders...and would have a history of a more “institutional” approach...” (HIQA Interviewee)

It was clear in the data analysis that a small number of providers in our sample did not show evidence of learning from the process, as their compliance levels did not improve over the course of the year. However, one HIQA interviewee explained that significant progress can be seen in some congregated settings following inspections – “some of the providers have made great strides”. When inspectors enter into a dialogue with service providers around improving the quality of lives of residents, and clear action plans are produced, positive changes have been noted with regards to restrictive practices; behaviour supports; activation; and decision making.

6.6.7 Information provided in HIQA reports

When conducting the data analysis, the National Disability Authority found that some information which would be useful to readers of the published reports was missing from them. For example, it would be useful for the inspection reports to have a description of the type of accommodation in the designated centre (such as, a home within a community; clustered housing; congregated setting) and the type of disability that the service caters for.

6.6.8 Process and cost implications of agreeing actions plans

When HIQA complete an inspection, and areas of non-compliance are found, a draft report is sent to the service provider. The service provider is required to submit an action plan detailing the measures that they propose to take achieve compliance and this must be agreed with HIQA within a defined timescale.

Issues around the process and resource implications for the implementation of action plans were noted in the interviews. CEOs and managers highlighted the practical dilemma faced by service providers, who are told by HIQA to act swiftly to resolve issues of non-compliance, but told by the HSE 'not to spend money we don't have'.

In a number of interviews, participants raised the question of the involvement of the HSE (as the funder) at the action plan stage of the inspection process. The HSE noted that they do not get involved in the development of action plans with non-HSE providers. In some cases service providers will contact the HSE if they have received a 'bad' report, but the HSE does not engage with HIQA, on behalf of service providers, as they are "private companies in their own right". The HSE acknowledged that it can be in an awkward position as the HSE engages with HIQA as both funder and provider of services.

Participants emphasised the need for the Minister responsible to understand the cost implications of introducing the standards and regulations, and the stance of the HSE as funder.

"I don't know how anyone can suggest that you comply with all of these things from a statutory regulatory point of view and your statutory funder says tough, good luck, that's your business. I thought that we were doing this as a sort of a partner with the state." (Manager, service provider)

6.6.9 Costs of implementation in 2014

Large service providers reported spending up to €1 million on foot of HIQA inspections in 2014. Other service providers gave figures of between €12,000 and €17,000 per designated centre to bring them in line with the regulations and standards. A recent study by the National Federation of Voluntary Bodies on the costs associated with the registration and inspection process, and the implementation of the actions arising from HIQA inspection reports, has indicated that the costs amount to approximately €25 million (2014/5). The HSE has made some funding available but this was reported by providers to be inconsistent and unpredictable. One provider explained that the financial pressures resulting from HIQA inspections added tension to an already strained relationship with the HSE. The HSE confirmed that they have 'received numerous financial requests on foot of HIQA inspections'. Calculations to date for 2014 show their spending in the region of €11.4 million in capital costs; an additional €4 million in staff costs; once off costs; and agency staff, which has an immediate extra costs such as 21% VAT. The HSE reported that it has not received any additional funding in its budget allocation to address the issues relating to HIQA inspections. The HSE has estimated that the cost in 2015 of funding actions in Action Plans will be €57 million

The costs quoted in this section are estimates and reflect the views of the representatives of the National Federation of Voluntary Bodies and the HSE at the time the interviews took place. The National Disability Authority has not independently assessed these cost estimates.

6.7 Good practice and continuous quality improvement

6.7.1 Capturing good practice

When carrying out this review, the National Disability Authority was asked to highlight the range of good practices which are in place in residential disability services. In understanding good practice, there should be a focus on outcomes for an individual person related to their well-being and quality of life. The process of HIQA inspections in disability services is still in its second year. Given this short timeframe there were challenges in identifying good practice.

The qualitative analysis of published HIQA reports collected ‘positive remarks’. These were comments and observations where an inspector singled out a matter as exemplifying or illustrating observance of standards or optimum care in relation to Outcomes 1 to 18. These favourable comments covered a wide range of matters and observations did not necessarily indicate that inspectors determined a registered provider or person in charge to be fully compliant under an Outcome. They are detailed in Chapter 5 and Appendix I.

6.7.2 Capacity – the difference between large and small providers

The HIQA interviewees noted the difference between the capacity of large and small service providers to meet the requirements of the regulations and standards. It was noted that large service providers tend to be able to draw personnel and resources from other parts of the organisation to resolve issues of non-compliance. However, one HIQA interviewee commented that large service providers managed centrally may be unaware of local issues with implementation. The Provider Nominee may not visit the designated centre on a regular basis even though regulation 23 requires this.

6.7.3 Importance of the role of the Person in Charge

Some HIQA interviewees highlighted that a major factor in the quality of services is the competency of the individuals managing the designated centre, in particular the Person in Charge.

6.7.4 Information sharing

HIQA interviewees noted that good practice could be promoted through greater interaction and sharing of expertise and learning between service providers. The National Federation of Voluntary Bodies also emphasised the importance of sharing experiences and highlighted that service providers involved in the early registration process gave informative feedback to other stakeholders. The Federation noted that since the introduction of the regulations there has been on-going inter-agency sharing of information and experience, leading to problem resolution across services. They organised a number of shared learning and dissemination events on major quality improvement initiatives. A resource point was developed by the Federation on its website to facilitate the sharing of HIQA related policies and documentation.

6.7.5 HIQA's role in promoting good practice

During the first year of inspections, the focus of HIQA has been on ensuring compliance with the regulations and registering designated centres. This was summed up by one HIQA interviewee who commented on the role HIQA currently play in supporting service providers and inspectors to identify good practice.

“In the business that they [HIQA] are in...it is like asking a Garda have they seen the good drivers on the road. They don't notice the good ones because they are so caught up in the not so good”

Because of the focus on registration, in this first phase of the inspection regime, thematic inspections by HIQA have not yet commenced in disability services. A number of participants suggested that the introduction of thematic inspections in the future would have a positive effect on the lives of people with disabilities, and it was noted that these inspections should encourage service providers to focus on issues which are important to people with disabilities. HIQA confirmed that it is its intention to conduct thematic inspections in disability services. While acknowledging quality improvements and good practice in some designated centres, HIQA noted that there are significant levels of non-compliance in other designated centres. Consequently HIQA's resources have been concentrated on addressing these non-compliance issues.

Appendix I Analysis of HIQA data

I. Background

I.1 Health Act 2007

The Health Act 2007 provides the statutory basis for the regulation, registration and inspection of residential services provided to people with disabilities, to children under the Child Care Acts, and to other dependent persons. This encompasses residential services (including respite services) where the care is provided by the Health Service Executive (HSE), as well as by private or voluntary providers having arrangements governed by sections 38 or 39 of the Health Act 2004 or section 10 of the Child Care Act 1991. Section 2(1) of the 2007 Act defines these residential services as "designated centres".

The 2007 Act establishes the Health Information and Quality Authority (HIQA). Section 7 defines its object:

"to promote safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public."

Section 8 defines HIQA's functions. Under subsection (1)(b) these include setting standards on safety and quality in relation to services provided under the Health Acts 1947-2007 and the Child Care Acts, including residential services provided to people with disabilities.

Sections 98 to 101 authorise the Minister for Health to make regulations to give effect to the Act. These sections expressly provide for regulations to set criteria for registration of designated centres and for the functional standards to which designated centres must operate.

Part 7

Part 7 of the 2007 Act establishes the office of the Chief Inspector of Social Services. Section 40 provides for HIQA to appoint a person to that office. Under section 41, the functions of the office include:

- maintaining a register of designated centres
- registering and inspecting designated centres to assess whether the registered provider complies with standards set by HIQA or applicable regulations

Section 43 authorises HIQA to appoint persons to assist the Chief Inspector in the performance of his or her functions. These persons are formally known as 'Inspectors of Social Services' but are referred to generally in the 2007 Act and this report as 'inspectors'.

Part 8

Part 8 of the 2007 Act governs the registration of designated centres. It requires persons who operate designated centres (or who intend to do so) to register under the Act. Under section 69, persons who operated residential centres at the time of the commencement of Part 8 in November 2013 were to continue the services for a period

not exceeding 3 years or such shorter period as the chief inspector may determine. To be registered, the registered provider and persons involved in its management must satisfy the Chief Inspector of their fitness and their compliance with applicable standards and regulations. Under section 48, applications for registration and renewals of registration must include prescribed information about each designated centre, including:

- the number of residents
- the identity of the registered provider
- the identity of the person in charge of the designated centre
- other information as required by the Act or regulations under it

These details are kept on the register maintained under section 49. A prescribed fee must be paid for registrations, renewals and applications by registered providers to vary or remove their registrations. Under section 49(2), a registration is for a period of 3 years unless otherwise terminated for reasons provided for in the Act.

Part 9

Part 9 of the 2007 Act gives the Chief Inspector powers to fulfil his or her functions under section 41. These include authority to:

- enter and inspect premises
- view and take copies of documents,
- interview workers
- (subject to their consent) interview people who live in designated centres

1.2 Commencement

The Health Act 2007 became law on 21 April 2007. However, Part 7 (as it relates to designated centres for persons with disabilities), Part 8 and Part 9 were not commenced until the Minister for Health made the requisite order on 1 November 2013.⁵⁰

Section 69 of the 2007 Act is a transitional provision that deals with designated centres already in operation at the time of commencement of Part 8. It provides that the Chief Inspector can permit such centres to remain in operation for up to three years after that commencement, pending registration under Part 8.

⁵⁰Health Act 2007 (Commencement) Order 2013, S.I. 365/2013

I.2 National Standards

Before the commencement of Parts 7, 8 and 9 in November 2013, HIQA consulted extensively with service providers on standards for services to persons with disabilities. This process led to the publication in January 2013 of HIQA's "National Standards for Residential Services for Children and Adults with Disabilities".⁵¹ (For convenience, these are referred to in this report as "the National Standards"). The National Standards have eight broad themes. The first four themes relate to the quality and safety of services provided. The remaining four themes relate to the capability and capacity of service providers to provide services of appropriate quality and safety. Table AI.1 gives a brief summary of the eight themes.

Table AI.1: HIQA Themes for National Standards

Theme	Description
9. Individualised Supports and Care	How residential services place children and adults at the centre of what they do.
10. Effective Services	How residential services deliver best outcomes and a good quality of life for children and adults, using best available evidence and information.
11. Safe Services	How residential services protect children and adults and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
12. Health and Development	How residential services identify and promote optimum health and development for children and adults.
13. Leadership, Governance and Management	The arrangements put in place by a residential service for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
14. Use of Resources	Using resources effectively and efficiently to deliver best achievable outcomes for adults and children for the money and resources used.
15. Responsive Workforce	Planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of adults and children with disabilities in residential services.
16. Use of Information	Actively using information as a resource for planning, delivering, monitoring, managing and improving care.

Source: National Standards, p. 7

⁵¹ HIQA, (2013) "National Standards for Residential Services for Children and Adults with Disabilities", Available at <http://www.hiqa.ie/system/files/Standards-Disabilities-Children-Adults.pdf> (19 May 2015)

The National Standards set out individual standards under the rubrics of the eight themes, together with detailed outcomes indicating what service providers must achieve to be compliant with the standards. For example, under the theme of 'Safe Services', Standard 3.1 requires that "[each] person is protected from abuse and neglect and their safety and welfare is promoted."

There are separate standards and outcomes for adults and for children, though both sets are built around the framework of the eight themes.

1.3 Regulations

On 1 November 2013 – the same day that Parts 7, 8 and 9 of the 2007 Act were commenced – the Minister for Health issued two related statutory instruments under that Act. The first⁵² deals with the registration of designated centres for persons with disabilities. It sets out detailed requirements for registration including information and documents to be supplied to the Chief Inspector, as well as the fees for registration, renewals and applications for variations of conditions of registration.

The second statutory instrument⁵³ contains detailed regulations concerning the operation of designated centres for persons with disabilities and the standard of care and support to be provided to their residents. For convenience, these are referred to in this report as "the Regulations". The Regulations include provisions relating to the protection of residents, standards of care, staffing, governance and management. They assign responsibility for compliance to either the registered provider or the person in charge of the designated centre, in accordance with the nature of the obligation in question.

1.4 Assessment outcomes

To assist inspectors in the process of assessing compliance with the Regulations and National Standards, HIQA has developed a set of 18 Outcomes that reflect the eight themes underlying the National Standards and that encompass the overall requirements of the Regulations and the National Standards. Inspectors use the 18 Outcomes to assist them in planning and conducting inspections and to categorise findings of compliance or non-compliance. Table A1.2 lists the 18 Outcomes and the themes to which they relate.

⁵²Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, S.I. 366/2013

⁵³Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, S.I. 367/2013

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Table A.2: HIQA 18 Outcomes

Theme	Outcome
Individualised Supports and Care	Outcome 1: Residents' Rights, Dignity and Consultation
	Outcome 2: Communication
	Outcome 3: Family and Personal Relationships and Links with the Community
Effective Services	Outcome 4: Admission and Contract for the Provision of Service
	Outcome 5: Social Care Needs
	Outcome 6: Safe and Suitable Premises
	Outcome 7: Health and Safety and Risk Management
Safe Services	Outcome 8: Safeguarding and Safety
	Outcome 9: Notification of Incidents
Health and Development	Outcome 10: General Welfare and Development
	Outcome 11: Healthcare Needs
	Outcome 12: Medication Management
Leadership, Governance and Management	Outcome 13: Statement of Purpose
	Outcome 14: Governance and Management
	Outcome 15: Absence of the Person in Charge
Use of Resources	Outcome 16: Use of Resources
Responsive Workforce	Outcome 17: Workforce
Use of Information	Outcome 18: Records and Documentation to be Kept.

Source: "Judgement Framework for Designated Centres for Persons (Children and Adults) with Disabilities", HIQA, January 2015.

For the purposes of assessment and inspections, the Outcomes are in turn associated with individual Regulations.

I.5 Assessing compliance

Inspectors assess and report on the overall operations of designated centres by reference to the 18 Outcomes. This enables them to find whether a centre is compliant with the Standards and Regulations. Based on these findings, HIQA then determines degrees of compliance or non-compliance and which Standards and/or Regulations have been breached. The registered provider and/or the person in charge identify actions to remedy non-compliances and agree the actions and time-frame for their completion with HIQA.

To assist registered providers, persons in charge and inspectors in assessing compliance or degrees of non-compliance, HIQA published two documents – the Assessment Framework⁵⁴ and a Judgement Framework.⁵⁵ HIQA made these available on their website with a view to promote transparency, so that providers could see the frameworks being used by inspectors and, also, so that they could use the frameworks themselves to assess their own compliance with the legal requirements.

The Assessment Framework provides guidelines to inspectors on the areas to be considered when deciding whether a provider or person in charge are compliant with the requirements.

Up to the publication of the Judgement Framework in January 2015, HIQA assessed non-compliance with the 18 Outcomes in three degrees:

- Matters deemed '**non compliant - minor**' require the registered provider or person in charge to take relatively small steps to remedy
- Those found to be '**non compliant - moderate**' require priority action to remedy or mitigate the non-compliance and ensure the health, safety and welfare of service users
- Matters found to be '**non compliant - major**' involve serious breaches that require immediate steps to be taken

With the introduction of the Judgement Framework, HIQA changed the treatment of minor non-compliance. Matters found to require small measures that will bring them into compliance quickly are now classified as 'substantially compliant'. As all reports reviewed in this study pre-date the introduction of the Judgement Framework, that change is not relevant to them.

⁵⁴ "Assessment Framework for Designated Centres for Person(Children and Adults) with Disabilities", HIQA, January 2015

⁵⁵ "Judgment Framework for Designated Centres for Persons (Children and Adults) with Disabilities", HIQA, January 2015.

I.6 Types of inspection

HIQA conducts five types of inspections⁵⁶:

6. “Full 18 outcome” inspections, usually to inform registration decisions or renewal decisions.
7. Monitoring inspections to monitor ongoing compliance with regulations and standards.
8. Follow-up inspections to assess whether the provider has implemented the required actions.
9. Single/specific inspections are based on a notification or on information received.
10. Thematic inspections which focus on food and nutrition, for example.

Inspections to inform a registration or registration renewal decision almost always evaluate compliance with all 18 Outcomes.

Inspections to monitor ongoing Regulatory compliance, almost always, evaluate compliance with 7 Outcomes which HIQA has identified as potential areas of risk:

- Outcome 05: Social Care Needs
- Outcome 07: Health and Safety and Risk Management
- Outcome 08: Safeguarding and Safety
- Outcome 11: Healthcare Needs
- Outcome 12: Medication Management
- Outcome 14: Governance and Management
- Outcome 17: Workforce

(For convenience, these are referred to as 'the core Outcomes'.)

Thematic inspections focus on specific themes and their associated Outcomes. HIQA sometimes conducts these in response to significant events or on receipt of relevant information.

Inspections can be both announced and unannounced. In general, inspections to inform a registration or registration renewal decision are announced and other inspections are unannounced.

⁵⁶ HIQA Annual Report 2014, page 23

2. Conduct of inspections

The summary sections of inspection reports outline the manner in which inspections were conducted. They typically indicate that the inspectors visited the designated centre and met the residents, staff, person in charge and – in many cases – a representative of the registered provider's management team. They frequently say that inspectors observed staff interaction with residents. In some cases where records are held in a registered provider's administrative offices rather than the designated centre, they also refer to visits to those offices to inspect the records. Nearly all reports reviewed (178 or 93%) indicated some interaction by inspectors with residents during the course of inspections.

Inspectors referred to pre-inspection questionnaires in 43 reports (22%). These were completed by or on behalf of residents (5 reports, or 3%), by their relatives (20 reports, 10%) or both (18 reports, 9%) and submitted to HIQA as part of the inspection process.

Apart, from general references in summaries to meeting residents, inspectors' comments illustrate the nature and scope of their interactions with management, staff and – particularly in relation to Outcomes 1 to 12 – residents. Inspectors often refer to staff describing how they follow procedures or demonstrate their awareness of the requirements of the Regulations. Similarly, they frequently discuss exchanges with the person in charge or representatives of the registered provider concerning compliance issues and how they have or should be addressed. In relation to residents, the following extracts give some indication of the range of interactions described in the reports:

"Residents confirmed that they felt safe and described the staff as being very kind and were able to tell the inspector about a number of staff whom they could talk to if they had a concern." (Report 8)

"Residents proudly showed inspectors their personal plans which included important information about the residents' backgrounds and the goals they planned to accomplish and had already fulfilled." (Report 11)

"Residents invited the inspector to join them for supper on the first evening of inspection and the inspector found that residents enjoyed a variety of meals which they had assisted in preparing. The mealtime experience was an unhurried and social occasion which provided good opportunity for social engagement." (Report 101)

"A number of residents showed the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. Residents showed the inspector blinds and furniture which they had chosen." (Report 150)

3. Methodology

3.1 Selection of reports

As part of the Review the National Disability Authority analysed a set of 192 HIQA inspection reports that relate to 163 designated centres. A random sample of 165 centres was selected from those on whom HIQA had published at least one report between November 2013 (when HIQA was given responsibility for inspections of designated centres) and 8 January 2015.

This produced a preliminary set of 196 reports relating to the 165 centres. Due to official investigations that were ongoing during the conduct of this study, two centres, each the subject of two reports, were excluded. This left a final study sample of 192 reports relating to 163 designated centres which covered 2284 residents. The National Disability Authority developed its own unique identifier for each of the reports and it is this identifier that is used in this Appendix when quoting sections from any of the published HIQA reports.

3.2 Sources of data

The study used two sources of data on published inspection reports. The first was the PDF version of the reports published by HIQA. The second was spreadsheet data supplied by HIQA which replicated the contents of the PDF versions of the reports, but which separated the contents of the various sections of reports into columns, allowing for easier desktop manipulation and analysis.

3.3 Qualitative analysis

The reports comprising the study sample were analysed using the NVivo qualitative analysis software tool⁵⁷ as well as spreadsheets for cross-checking and further analysis.

Each designated centre was assigned a unique identifying number (NDAID) which was used to identify the report that related to it. Where a centre was the subject of multiple reports, a letter ('a', 'b', 'c' etc.) was appended to the NDAID for each relevant report.

Personal information in the reports, such as the names of persons in charge and inspectors, was anonymised. Where reports identified persons in charge, the name was excluded and the report characterised as simply as having specified a person in charge. Where it did not, it was noted as being unassigned. Lead and support inspectors' names were replaced by assigned numbers: "Inspector 1", "Inspector 2" and so on.

⁵⁷ NVivo for Mac, Version 10.2.0 (1374), QSR International Pty. Ltd.

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Each report was assigned a set of attributes based on standard fields in the supplied data. These comprised:

- NDAID
- Date (1st day of inspection if more than one day)
- Duration of inspection
- Registered Provider
- Unit (i.e. name of designated centre)
- Person in Charge ('Specified' or 'Unassigned')
- Affiliation ('Big5', 'FedVol', 'NFPBA' or HSE or 'other'). In the analysis that follows FedVol and NFPBA were combined to avoid the identification of specific service providers
- Arrangement (S. 38 or 39, s. 10 Child Care Act 1991, or 'Unassigned')
- Caters For ('Adults', 'Children' or 'Both')
- Number of Residents (on date of inspection)
- Vacancies (on date of inspection) (34 centres were empty prior to residents moving in on the day of inspection)
- Lead inspector
- Support inspector
- Purpose of inspection: ('Registration', 'Ongoing', 'National Standards'⁵⁸ and 'Thematic')
- Type of inspection ('Announced' or 'Unannounced')
- Disability – (this was taken from the report where it was outlined but often reports did not outline the nature of residents disability – for these report the disability was established through other channels)

Actions specified by inspectors for non-compliance and the response of the registered provider were assigned the following attributes:

- Outcome (that is which of the 18 Outcomes to which the proposed action relates)
- the degree of non-compliance found ('Non compliant - Minor', 'Non compliant - Moderate' or 'Non compliant - Major')

NVivo uses 'nodes' as a means of designating material in a source that refers to a matter of interest. The nodes used to analyse the observations of inspectors are described below.

⁵⁸ The data supplied by HIQA to the National Disability Authority included an inspection type, “to monitor compliance with National Standards”. HIQA indicated to the National Disability Authority that this inspection type is the same as “to monitor ongoing regulatory compliance”.

3.4 Criticism: comments and observations noting a failure to comply with applicable standards or Regulations. Materials selected for this node were assigned as appropriate to sub-nodes corresponding to each of the 18 Outcomes, in line with the section of the report in which the criticism appeared.

3.5 Actions: HIQA's statement of how a matter was determined to constitute a breach of Regulations and/or National Standards. This also included the response of the Registered Provider to the finding, indicating the action plan being undertaken to remedy the breach. All data under this node was assigned as appropriate to sub-nodes corresponding to each of the 18 Outcomes and related Regulations, according to the Outcome and Regulation under which it was categorised in the report.

3.6 Positive Remarks: comments and observations where the inspector singled out a matter as exemplifying or illustrating observance of standards or optimum care in relation to Outcomes 1 to 18. Materials selected for this node were assigned as appropriate to sub-nodes to note observations on matters such as practices that support residents' independence and autonomy, access to advocacy services, support by family and friends and other matters falling under Outcomes 1- 18 that were discussed positively by the inspector.

4. Data analysis

This section analyses the 192 HIQA reports on 163 designated centres and looks at:

- which outcomes were inspected against
- how the outcomes inspected varied between children and adult services
- what was the pattern of outcomes inspected
- which outcomes service providers were more likely to be found non-compliant with during inspections
- which regulations were found most often to be breached and
- patterns to predict levels of compliance with HIQA inspections

The analysis of the reports found that when monitoring ongoing regulatory compliance HIQA inspected against a set of seven specific outcomes, sometimes, with an additional 2 or 3 outcomes, but these seven outcomes varied between adult and children's services. These seven outcomes are referred to as the HIQA core outcomes.

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Levels of non compliance were significant. Half of all designated centres were found to be non compliant major and moderate in at least 40% of all Outcomes inspected against.

Fifteen of the reports were on children's services and these had higher rates of non-compliance. Similarly 89 designated centres had more than ten residents and they had higher rates of non-compliance.

Both specific regions and specific inspectors were statistically significant predictors of compliance levels. Therefore there was variation both between inspectors and between regions in the sample.

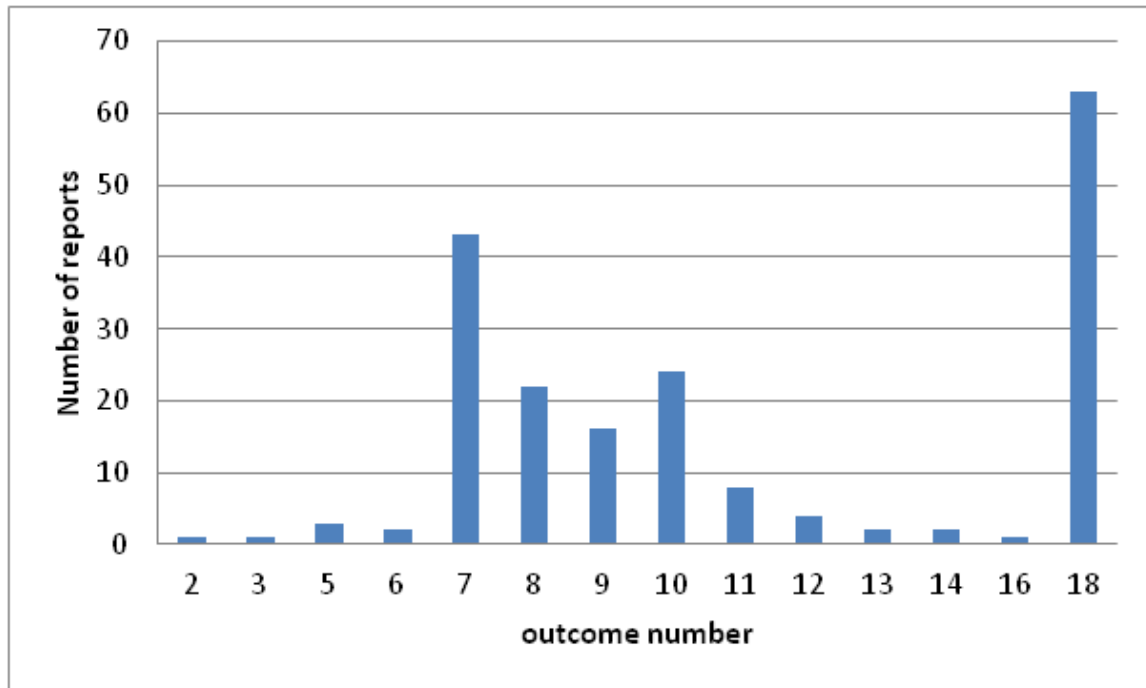
Small providers, particularly if they did not belong to one of the umbrella bodies, had higher levels of non-compliance.

Some service providers appear to have been learning as the first year progressed and moved to remedy defects identified by HIQA. Designated centres inspected later in the first year of inspection were less likely to be found non-compliant with as many outcomes, or to as significant a degree. The statistics also highlight that there were other service providers whose compliance levels did not improve as the year progressed.

4.1 Number of outcomes inspected against

In the National Disability Authority's sample of HIQA reports, on average HIQA inspected against 12 outcomes but this varied from 2 outcomes inspected against to all 18 inspected against. Graph 4.1 shows there were a handful of reports that looked at 6 or fewer outcomes. A cluster of reports looked at 7 to 10 outcomes. There were a few reports which looked at 11 to 16 outcomes and then a large number of reports where all 18 outcomes were inspected against.

Graph AI.1 Number of outcomes inspected



Source: HIQA data supplied to the National Disability Authority, sample of 192 reports

Table AI.3 shows the number of outcomes inspected broken down further and it can be seen that nearly a third of reports had all 18 outcomes inspected while 55% had 7 to 10 outcomes inspected against. These two types of inspection accounted for nearly 90% of all reports in the National Disability Authority's sample.

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Table AI.3 The number of outcomes inspected against in each report

Number of outcomes inspected	frequency	%
2	1	.5
3	1	.5
5	3	2
6	2	1
7	43	22
8	22	12
9	16	8
10	24	13
11	8	4
12	4	2
13	2	1
14	2	1
16	1	.5
18	63	33
Total	192	100

Source: HIQA data supplied to the National Disability Authority, sample of 192 reports

The number of outcomes inspected against is related to the type of inspection being carried out by HIQA.

4.2 Inspection type

The five types of inspections found in the data supplied by HIQA on the reports in the National Disability Authority’s sample are:

- to monitor ongoing regulatory compliance (117 of the 192 reports)
- to inform a registration decision (63 of the 192 reports)
- to monitor compliance with National Standards (10 of the 192 reports)
- to monitor compliance with specific outcomes as part of a thematic inspection (1 of the 192 reports)
- to inform a registration renewal decision (1 inspection)

The National Disability Authority sought clarification from HIQA on compliance with National Standards. HIQA indicated that “to monitor compliance with National Standards is another way of saying to monitor ongoing regulatory

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compliance”. The statistical analysis of the National Disability Authority sample does not reclassify the type of inspection as outlined above.

When HIQA conducts a registration inspection they usually examine all 18 outcomes. HIQA explained to the National Disability Authority that they had changed their practice in the first year so that if a registration inspection followed within three months of a an inspection to monitor ongoing regulatory compliance, outcomes that service providers had been found to be compliant with would not be re-examined. However, there were no examples of this in the data sample. Rather there were 3 examples of registration reports with fewer than 18 outcomes inspected which were the first reports of those designated centres⁵⁹. HIQA informed the National Disability Authority that when it is monitoring ongoing regulatory compliance, inspection is against a HIQA core set of seven outcomes and approximately 3 of the 11 other outcomes. The seven HIQA core outcomes were:

- Outcome 05: Social Care Needs
- Outcome 07: Health and Safety and Risk Management
- Outcome 08: Safeguarding and Safety
- Outcome 11: Healthcare Needs
- Outcome 12: Medication Management
- Outcome 14: Governance and Management
- Outcome 17: Workforce

The HIQA Head of Programme Disability said that of the 18 outcome areas, HIQA identified 7 outcomes which related particularly to areas of risk, and which if managed effectively by providers, would indicate that the service available in the designated centre is a safe service for residents, and meets the assessed care and support needs of residents. The HIQA Head of Programme Disability went on to clarify that failure to meet the requirements in these areas would indicate that the centre may not be safe or may not be meeting the assessed needs of residents, and may require further attention from inspectors. When inspecting older person’s services, HIQA had found that designated centres that were presenting the most concerns could be indicated by their non-compliance with

⁵⁹ Further information received from HIQA indicated that these 3 reports had been misclassified and should have been classified as “to monitor ongoing regulatory compliance” – this report treats them as they were originally classified.

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certain outcomes. Based on their experience in older person's services, HIQA identified the 7 core outcomes for disability services.

For convenience these 7 outcomes will be referred to as the 'HIQA core outcomes'. There appears to be a slight difference in the HIQA core outcomes for adult and children's reports, which is discussed below.

HIQA informed the National Disability Authority that the additional three outcomes that were selected were based on:

- previous inspection reports
- information the service providers provide to HIQA
- information received by HIQA

Table A1.4 looks at the sample of 192 inspection reports. Of these, 163 were the first inspection of a designated centre and 29 were subsequent inspections. Over the course of the year only 63 inspections were to inform a registration decision.

Overwhelmingly, the first inspection in the National Disability Authority's sample was to monitor ongoing regulatory compliance, and just 44 of 168 first reports (26%) were to inform a registration decision. However, on subsequent inspections this had reversed and 19 out of 24 (79%) of follow-up reports were to inform a registration decision (table 4.2).

Table A1.4 breakdown of reports by inspection to inform a registration decision

To inform a registration decision	First inspection	Subsequent inspection
Yes	40 (25%)	23 (79%)
No	123 (76%)	6 (21%)
Total	163 (100%)	29 (100%)

Source: HIQA data supplied to the National Disability Authority, sample of 192 reports. As only two types of inspection (informing registration decisions and monitoring ongoing regulatory compliance) had sufficient numbers to draw firm conclusions, what follows concentrates on those types of inspection reports. Note in this and following tables the percentage may not add up to 100% due to rounding.

When questioned about the rationale behind this approach, the HIQA Head of Programme Disability said that HIQA has found that the disability sector is struggling with regulation, which is brand new to the sector. By having a monitoring inspection before the registration inspection, HIQA was trying to assist the sector and support service providers to get ready for registration. When inspections commenced, HIQA tried to ensure that each service provider

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had at least one monitoring inspection before moving to a registration inspection, to facilitate movement towards the registration process.

4.3 Which outcomes were inspected against

In table A1.5 you can see how often outcomes were inspected against in the National Disability Authority's sample of inspection reports. It shows clearly that there were a group of outcomes that were nearly always examined and a group which were less often examined.

Table A1.5 frequency of outcome inspection

	Number	%
Outcome 01: Residents' Rights Dignity and Consultation	107	56
Outcome 02: Communication	72	38
Outcome 03: Family and personal relationships and links with the community	67	35
Outcome 04: Admissions and Contract for the Provision of services	101	53
Outcome 05: Social Care Needs	186	97
Outcome 06: Safe and suitable premises	115	60
Outcome 07: Health and Safety and Risk Management	190	99
Outcome 08: Safeguarding and Safety	188	98
Outcome 09: Notification of Incidents	73	38
Outcome 10: General Welfare and Development	64	33
Outcome 11: Healthcare Needs	169	88
Outcome 12: Medication Management	182	95
Outcome 13: Statement of Purpose	131	68
Outcome 14: Governance and Management	178	93
Outcome 15: Absence of the person in charge	69	36
Outcome 16: Use of Resources	69	36
Outcome 17: Workforce	186	97
Outcome 18: Records and documentation	88	46
Average number of outcomes per inspection	12	

Source: HIQA data supplied to the National Disability Authority, sample of 192 reports. Note in this and following tables the percentage may not add up to 100% due to rounding

Table A1.5 reflects the approach by HIQA described above to use the set of seven core outcomes in almost all inspections. Clearly, the seven HIQA core outcomes were a group of outcomes that service providers were nearly always

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inspected against. There is also a group of outcomes which were less often inspected against.

Service providers were inspected against the core set of seven outcomes in approximately nine reports out of ten:

- Outcome 7: Health and Safety and Risk Management (99%)
- Outcome 8: Safeguarding and Safety (98%)
- Outcome 5: Social Care Needs (97%)
- Outcome 17: Workforce (97%)
- Outcome 12: Medication Management (95%)
- Outcome 14: Governance and Management (93%)
- Outcome 11: Healthcare Needs (88%)

Looking at outcomes which were less frequently inspected against, service providers were inspected against the following outcomes in less than four reports out of ten:

- Outcome 2: Communication (38%)
- Outcome 9: Notification of Incidents (38%)
- Outcome 15: Absence of the person in charge (36%)
- Outcome 16: Use of Resources (36%)
- Outcome 3: Family and personal relationships and links with the community (35%)
- Outcome 10: General Welfare and Development (33%)

However, Table A1.6 highlights there was a slightly different pattern of outcomes inspected against in reports between children and adults residential services.

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Table A1.6 outcomes inspected by adult/children or mixed services

	adult	child	mixed	total
Outcome 01: Residents Rights Dignity and Consultation	99	4	4	107
Outcome 02: Communication	65	4	3	72
Outcome 03: Family and personal relationships and links with the community	60	4	3	67
Outcome 04: Admissions and Contract for the Provision of services	94	4	3	101
Outcome 05: Social Care Needs	163	15	8	186
Outcome 06: Safe and suitable premises	108	4	3	115
Outcome 07: Health and Safety and Risk Management	167	15	8	190
Outcome 08: Safeguarding and Safety	165	15	8	188
Outcome 09: Notification of Incidents	66	4	3	73
Outcome 10: General Welfare and Development	57	4	3	64
Outcome 11: Healthcare Needs	158	4	7	169
Outcome 12: Medication Management	159	15	8	182
Outcome 13: Statement of Purpose	111	15	5	131
Outcome 14: Governance and Management	155	15	8	178
Outcome 15: Absence of the person in charge	62	4	3	69
Outcome 16: Use of Resources	62	4	3	69
Outcome 17: Workforce	162	15	8	185
Outcome 18: Records and documentation	80	4	3	87
Number of reports	168	15	9	192

Source: HIQA data supplied to the National Disability Authority, sample of 192 reports

Children's services reports were likely to inspect against outcome 13 (statement of purpose) but not against outcome 11 (healthcare needs). Therefore, there seems to be a difference (in relation to one outcome) in the core set of outcomes for children and adult's services. Mixed designated centres (which include adults and children) were likely to be inspected against similar outcomes to the adult services. When asked about this difference, the HIQA Head of Programme Disability stated that HIQA now use the same set of seven core

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outcomes for adults and children’s services. The difference in core outcomes being inspected noted in the data was an error in relation to arrangements for the early inspections that has now been resolved.

Table AI.7 looks at the outcomes inspected against by type of inspection. As outlined above, with 3 exceptions, inspections to inform a registration decision examine all 18 outcomes. Inspections to monitor ongoing regulatory compliance concentrate on the seven HIQA core outcomes.

Table AI.7: frequencies of inspection against outcome by type of inspection %

Outcome	to inform a registration decision %	to monitor ongoing regulatory compliance%
01: Residents’ Rights Dignity and Consultation	97	38
02: Communication	97	9
03: Family and personal relationships and links with the community	95	5
04: Admissions and Contract for the Provision of Services	95	34
05: Social Care Needs	100	96
06: Safe and suitable premises	98	44
07: Health and Safety and Risk Management	100	99
08: Safeguarding and Safety	100	97
09: Notification of Incidents	95	10
10: General Welfare and Development	95	3
11: Healthcare Needs	100	84
12: Medication Management	100	93
13: Statement of Purpose	97	54
14: Governance and Management	100	89
15: Absence of the person in charge	95	8
16: Use of Resources	97	7
17: Workforce	100	96
18: Records and documentation	97	22
Total number of reports	63	117

Source: HIQA data supplied to the National Disability Authority , sample of 192 reports. Note in this and following tables the percentage may not add up to 100% due to rounding.

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When HIQA inspectors were inspecting to monitor ongoing regulatory compliance they were less likely to monitor:

- Outcome 09: Notification of Incidents (10%)
- Outcome 02: Communication (9%)
- Outcome 15: Absence of the person in charge (8%)
- Outcome 16: Use of Resources (7%)
- Outcome 03: Family and personal relationships and links with the community (5%)
- Outcome 10: General Welfare and Development (3%)

Therefore, Tables A1.5, A1.6 and A1.7 illustrate that, in the sample, outcomes that are HIQA core outcomes were prioritised.

4.4 Compliance level by outcome

In 2014, HIQA had four levels of compliance:

- Compliant
- Non Compliant - Minor
- Non Compliant - Moderate
- Non Compliant - Major⁶⁰

The following table (A1.8) shows the compliance level by outcome – for instance when Outcome 1 was inspected against 31% of the time service providers were found to be compliant, 30% of the time non compliant minor, 31% of the time non compliant moderate and 8% of the time non compliant major.

⁶⁰ The four inspection levels were changed in 2015 to compliant, substantially compliant, moderate non compliance, major non compliance.

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Table A1.8: compliance level by outcome

Outcome	Compliant %	Non Compliant – Minor %	Non Compliant – Moderate %	Non Compliant – Major %	Number
01: Residents' Rights Dignity and Consultation	31%	30%	31%	8%	107
02: Communication	76%	14%	6%	4%	72
03: Family and personal relationships and links with the community	93%	2%	6%	0%	67
04: Admissions and Contract for the Provision of Services	26%	19%	39%	17%	101
05: Social Care Needs	37%	12%	41%	9%	186
06: Safe and suitable premises	37%	16%	35%	13%	115
07: Health and Safety and Risk Management	21%	10%	50%	20%	190
08: Safeguarding and Safety	36%	18%	36%	10%	188
09: Notification of Incidents	89%	1%	4%	6%	73
10: General Welfare and Development	84%	8%	5%	3%	64
11: Healthcare Needs	53%	14%	29%	5%	169
12: Medication Management	40%	15%	34%	12%	182
13: Statement of Purpose	34%	41%	21%	3%	131
14: Governance and Management	56%	9%	25%	10%	178
15: Absence of the person in charge	91%	1%	6%	1%	69
16: Use of Resources	84%	1%	7%	7%	69
17: Workforce	29%	18%	43%	10%	185
18: Records and documentation	17%	38%	43%	2%	87
Average	45%	16%	30%	9%	

Source: HIQA data supplied to the National Disability Authority. Note in this and following tables the percentage may not add up to 100% due to rounding

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Overall, 45% of outcomes had a compliance level of compliant, 16% had a compliance level of non compliant minor, 30% had a compliance level of non compliant moderate and 9% had a compliance level of non-compliant major (table 4.6). That is in four out of ten outcomes the compliance level was moderate non-compliant or major non-compliant. However, there was great variation between the outcomes on compliance level.

The outcomes with the highest compliance levels were:

- Outcome 03: Family and personal relationships and links with the community (93%)
- Outcome 15: Absence of the person in charge (91%)
- Outcome 09: Notification of Incidents (89%)
- Outcome 10: General Welfare and Development (84%)
- Outcome 16: Use of Resources (84%)
- Outcome 2: Communication (76%)

It is important to remember that some of the outcomes with high compliance rates were not inspected against very often.

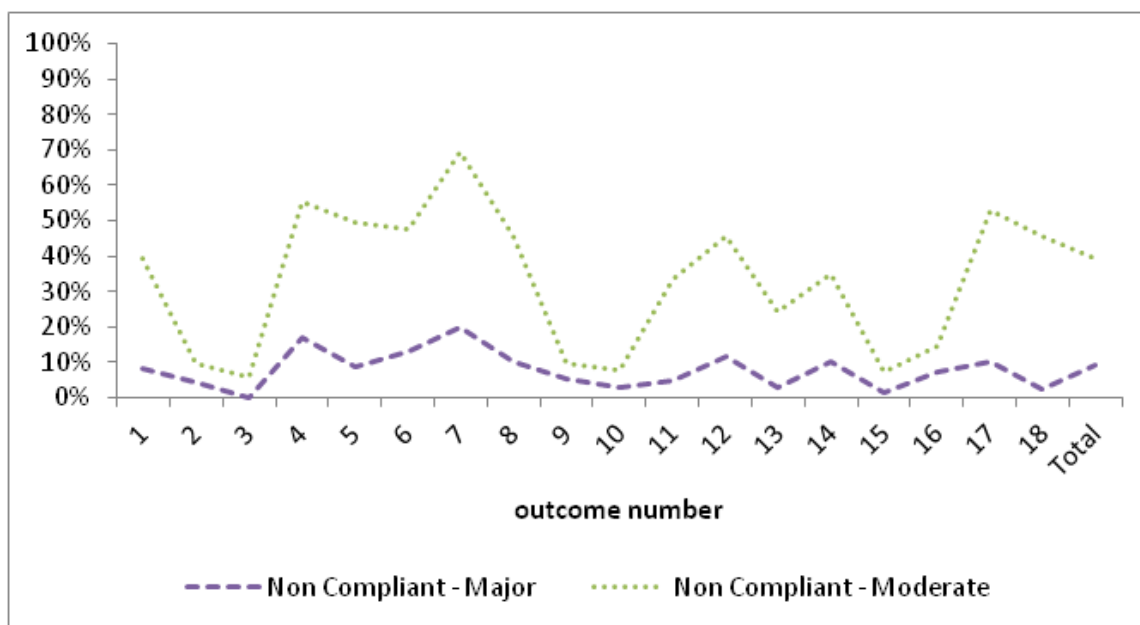
The outcomes with the lowest compliance levels were:

- Outcome 18: Records and documentation (17%)
- Outcome 07: Health and Safety and Risk Management (21%)
- Outcome 04: Admissions and Contract for the Provision of Services (26%)
- Outcome 17: Workforce (29%)
- Outcome 08 Safeguarding and Safety (36%)
- Outcome 05 Social Care Needs (37%)
- Outcome 06 Safe and suitable premises (37%)

Graph A1.2 plots non-compliance major and non-compliance moderate for each outcome.

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Graph AI.2: major and moderate non compliance by outcome %



Source: HIQA data supplied to the National Disability Authority. In approximately one in ten outcomes, in the National Disability Authority's sample, an outcome was found to have a compliance level of non-compliant-major. However, several outcomes had much higher rates of major non-compliance. The following outcomes were found to have a compliance level of non-compliant major in at least one in ten inspections when the outcome was inspected:

- Outcome 07: Health and Safety and Risk Management (20%)
- Outcome 06: Safe and suitable premises (13%)
- Outcome 04: Admissions and Contract for the Provision of Services (13%)
- Outcome 12: Medication Management (12%)
- Outcome 17: Workforce (10%)
- Outcome 14: Governance and Management (10%)
- Outcome 08: Safeguarding and Safety (10%)

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In other words, one in five reports in the National Disability Authority's sample which inspected against Outcome 7 (Health and Safety and Risk Management) found major non-compliance in that area.⁶¹

4.5 Compliance level by regulation

There are 32 regulations numbered 3 to 34 in the 'Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013'. In the HIQA 'Assessment Framework for Designated Centres for Persons (Children and Adults) with Disabilities', these regulations are associated with the different outcomes used in HIQA inspections.

Each outcome has between 1 and 5 regulations associated with it. Two regulations are associated with more than one outcome – Regulation 13 (general welfare and development) is associated with outcomes 1, 2, and 10 and Regulation 23 (governance and management) is associated with outcomes 14 and 16. Table A1.9 looks at regulations associated with each outcome.

⁶¹ A slightly different finding is found if non compliant major and moderate were combined. The outcomes that were found to be major or moderate non-compliant most often were outcomes 7 (health and safety and risk management), 4 (admissions and contract for the provision of services, 17 (workforce), and 5 (social care needs) – these were found to be non-compliant (major or moderate) in one in every two inspections.

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Table A1.9 breakdown of regulations by outcome

Outcome	Regulation
Outcome 1: Residents' Rights, Dignity and Consultation	Regulation 13. General Welfare and Development Regulation 9. Residents' Rights Regulation 12. Personal Possessions Regulation 34. Complaints Procedures
Outcome 2: Communication	Regulation 10. Communication
Outcome 3: Family and personal relationships and links with the community	Regulation 13. General Welfare and Development Regulation 11. Inspections
Outcome 4: Admissions and Contract for the Provision of Services	Regulation 24. Admissions and Contract for the Provision of Services
Outcome 5: Social Care Needs	Regulation 5. Individualised assessment and personal plan Regulation 25. Temporary Absence, Transition and Discharge of Residents
Outcome 6: Safe and suitable premises	Regulation 17. Premises
Outcome 7: Health and Safety and Risk Management	Regulation 26. Risk Management Procedures Regulation 27. Protection against infection Regulation 28. Fire Precautions
Outcome 8: Safeguarding and Safety	Regulation 8. Protection Regulation 7. Positive behavioural support
Outcome 9: Notification of Incidents	Regulation 31. Notification of Incidents
Outcome 10. General Welfare and Development	Regulation 13. General Welfare and Development
Outcome 11. Healthcare Needs	Regulation 6. Health Care Regulation 18. Food and Nutrition
Outcome 12. Medication Management	Regulation 29. Medicines and pharmaceutical services
Outcome 13: Statement of Purpose	Regulation 3. Statement of Purpose
Outcome 14: Governance and Management	Regulation 14. Person in Charge Regulation 23. Governance and Management

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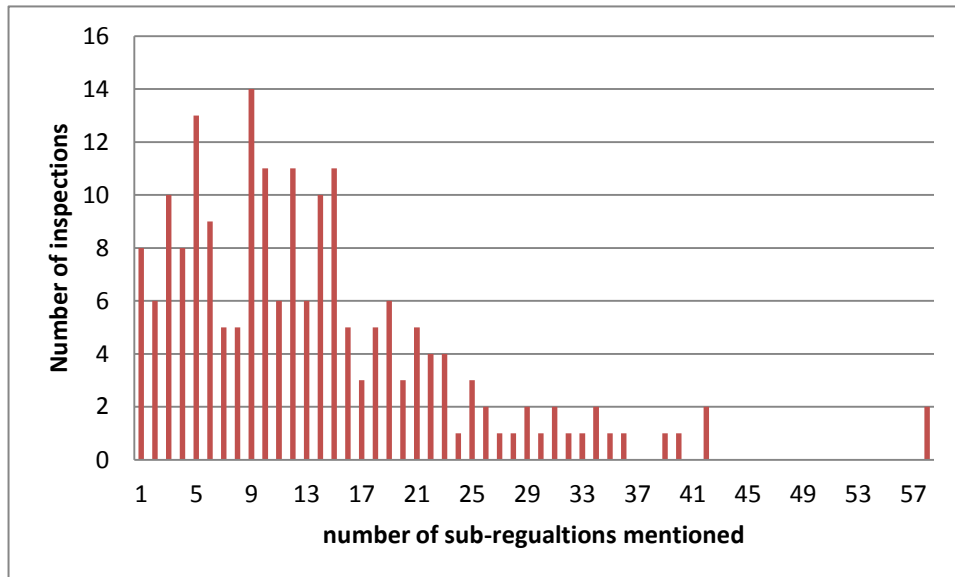
Outcome	Regulation
Outcome 15: Absence of the person in charge	Regulation 32. Notification of periods when the person in charge is absent Regulation 33. Notification of the procedures and arrangements for periods when the person in charge is absent
Outcome 16: Use of Resources	Regulation 23. Governance and Management
Outcome 17: Workforce	Regulation 15. Staffing Regulation 16. Training and Staff Development Regulation 30. Volunteers
Outcome 18: Records and documentation	Regulation 20. Information for residents Regulation 4. Written policies and procedures Regulation 19. Directory of Residents Regulation 22. Insurance Regulation 21. Records

Source: <http://hiqa.ie/system/files/Assessment-Framework-for-Disability-Services.pdf#page=6&zoom=auto,0,429>

The regulations have sub-clauses so that overall there are approximately 180 sub-clauses that can be inspected against. Later in this Appendix, in looking at major areas of non-compliance, regulations are broken down by sub-clause.

Graph A1.3 details the number of sub-clauses cited as non-compliant in the reports in our sample. For instance, 8 reports mention only one sub-clause that was breached and 6 reports mention 2 regulations which were breached.

Graph AI.3 Number of sub-clauses mentioned as in breach per inspection



Source: HIQA data supplied to the National Disability Authority

There was a difference between the numbers of sub-clauses quoted as non compliant on the average adult designated centre and children’s designated centre inspection. Adult designated centre reports on average quoted 13 sub clauses, children’s designated centre reports on average quoted 20 sub-clauses and reports on mixed services quoted on average 9 sub-clauses as non compliant.

Two designated centres had 58 sub-clauses noted as in breach, however, the areas of non-compliance differed in the two designated centres.

One of those designated centres, had three follow up reports over the course of the first year of inspections. On the second inspection 40 sub-clauses were breached, on the third inspection 23 were breached and by the fourth inspection five sub-clauses remained in breach. (This aspect of improving compliance levels on subsequent HIQA inspections was notable and is explored below.)

When judging which regulations are more likely to be found to be non-compliant it is important to remember that some regulations get inspected against more often than others (because some outcomes are inspected against more often than others).

The following are the top ten Regulations, in the National Disability Authority’s sample, which are breached most often when inspected against:

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- Premises (Regulation 17)
- Admissions and contracts for the provision of services (Regulation 24)
- Risk management procedures (Regulation 26)
- Individual assessments and personal plan (Regulation 5)
- Written policies and procedures (Regulation 4)
- Complaints procedures (Regulation 34)
- Statement of purpose (Regulation 3)
- Fire precautions (Regulation 28)
- Residents' rights (Regulation 9)
- Medicines and pharmaceutical services (Regulation 29)

Later in this Appendix, the frequency that service providers were found to be non-compliant with each sub-clause of the regulations is examined and how often the outcome associated with it was found to have a compliance level of major non compliance.

The top ten sub-clauses of regulations for non-compliance in adult and children centres are:

1. Regulation 29(4)(b) The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident (quoted 84 times in 192 reports)
2. Regulation 03 (1) The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1 (quoted 77 times in 192 reports)
3. Regulation 26(2) The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies (quoted 77 times in 192 reports).
4. Regulation 16(1)(a) The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme (quoted 71 times in 192 reports).
5. Regulation 15 (5) The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2 (quoted 61 times in 192 reports).

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6. Regulation 26 (1)(a) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre (quoted 59 times in 192 reports).
7. Regulation 28 (4) (a) the registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents (quoted 54 times in 192 reports).
8. Regulation 24 (4)(a) The agreement referred to in paragraph (3)⁶² shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged (quoted 52 times in 192 reports).
9. Regulation 15(1) The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre (quoted 50 times in 192 reports).
10. Regulation 08 (7) The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse (quoted 49 times in 192 reports).

There were important differences between the reports on adult and children's services in relation to which sub clauses of the Regulations were found to be breached (which in part may be a result of the different core outcomes inspected against in the two inspection regimes). This is illustrated in Tables A1.10 and A1.11 below.⁶³ These tables are of necessity long to illustrate the differences in regulations quoted between adults and children's services.

⁶²Paragraph (3) of regulation 24 states: The registered provider shall on admission, agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

⁶³ These tables don't examine designated centres where adults and children are residing together (mixed case)

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**Table AI.10: regulation sub-clauses more frequently breached for
adult services**

Regulation	Number of times cited
29(4)(b) The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident	73
26(2) The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	68
16(1)(a) The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme	62
3(1) The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	61
15(5) The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	48
24(4)(a) The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged; and	48
8(7) The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	47
28(4)(a) The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents; and	47
26(1)(a) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre;	46
4(1) The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule	45

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Regulation	Number of times cited
5.	
15(1) The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	45
17(7) The registered provider shall make provision for the matters set out in Schedule 6.	44
06(1) The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	43
27 The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	39
5(1)(b) The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out—subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	37
17(1)(b) The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally	37
29(4)(a) The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely;	36
5(6)(c) and (d) The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall — (c) assess the effectiveness of the plan; and (d) take into account changes in circumstances and new developments.	34

Source: HIQA data supplied to the National Disability Authority

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Table A1.11 top regulation sub-clauses breached for children’s services

Regulation	Number of times cited
3(1) The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	12
16(1)(b) The person in charge shall ensure that staff are appropriately supervised;	11
15(5) The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	10
26(1)(a) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre;	10
29(4)(b) The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident;	8
3(3) The registered provider shall make a copy of the statement of purpose available to residents and their representatives.	7
8(8) The person in charge shall ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.	7
26(1)(b) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified;	7
16(1)(a) The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme;	6
23(1)(c) The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored;	6
26 (1) (c) (ii) the measures and actions in place to control the following specified risks: (ii) accidental injury to residents, visitors or staff	6

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Regulation	Number of times cited
26(1)(c)(iii) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: (iii) aggression and violence	6
26(1)(c)(iv) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: (iv) self-harm	6
26(1)(d) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents; and	6
26(2) The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	6
27 The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	6
28(4)(a) The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents; and	6
28(4)(b) The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	6
29(4)(a) The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure any medicine that is kept in the designated centre is stored securely;	6
5(4)(a) The person in charge shall, no later than 28 days after	5

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Regulation	Number of times cited
the resident is admitted to the designated centre, prepare a personal plan for the resident which—(a) reflects the resident’s needs, as assessed in accordance with paragraph (1)	
05(6)(b) The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall—(b) be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident’s wishes, age and the nature of his or her disability	5
23(1)(d) The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards;	5
26(1)(e) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident’s quality of life have been considered.	5
26(1)(c)(i) The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks:(i) the unexpected absence of any resident	5
3(2) The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	4
5 (5) The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative	4
8(5) The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	4
15(1) The registered provider shall ensure that the number,	4

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Regulation	Number of times cited
qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	
23 (1)(e) The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives;	4
28(2)(b)(i) The registered provider shall make adequate arrangements for—(i) maintaining of all fire equipment, means of escape, building fabric and building services	4
28(3)(d) The registered provider shall make adequate arrangements for— (d) evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	4
29(4)(c) The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicine to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance	4

Source: HIQA data supplied to the National Disability Authority

Relatively more important for children’s services (compared to adult services) were the following regulations:

- All aspects of regulation 26 which deals with risk management procedures, in particular the risk of self-harm, accidental injury and aggression and violence
- Regulation 16(1)(b), the appropriate supervision of staff
- Regulations 3(3) and 3(2) making a copy of the statement of purpose available to residents and their representatives and reviewing it regularly
- Regulations 8(8) and 8(5) making sure that staff have the appropriate training for the protection and welfare of children and that national guidelines for child protection were adhered to
- Regulations 23(1)(c) and 23(1)(d) systems to ensure that services were safe and appropriate and that these systems should be reviewed annually.

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- Regulations 5(4)(a), 5(5) and 5(4)(b) refer to the need to ensure that supports maximise a person's development and their personal plan is conducted with the maximum participation of each resident and available to the resident in an accessible format
- Regulation 29(4)(c) which refers to practices relating to the storage and disposal of out of date medicines

4.6 Compliance levels by designated centre

The previous two sections examined outcomes and regulation and how often they were deemed to be compliant. However, compliance levels were not randomly distributed and some designated centres had higher levels of non-compliance than other centres. This section examines these issues more closely.

The following sections define non-compliance in three ways:

- (1) any level of non compliance
- (2) major non compliance
- (3) major or moderate non compliance

Table AI.12 looks at designated centres by proportionally how many outcomes were deemed non compliant (all levels of non compliance). Of the 192 reports, one designated centre passed all the outcomes inspected against, four others had less than 10% of outcomes failed and so on. A large number of designated centres were found to be non compliant against at least some of the outcomes they were inspected against and the majority of designated centres in the sample were found to be noncompliant in at least 50% of the outcomes they were inspected against.

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**Table AI.12 Reports by the percentage of outcomes non-compliant
(any non-compliance level)**

% of outcomes inspected against	Number of reports	%
None (All compliant)	1	0.5
0.1-10%	4	2
10.1-20%	14	7
20.1-30%	19	10
30.1-40%	10	5
40.1-50%	27	14
50.1-60%	12	6
60.1-70%	20	10
70.1-80%	27	14
80.1-90%	32	17
90-100%	26	14
Total	192	100.0

Source: HIQA data supplied to the National Disability Authority. Note in this and following tables the percentage may not add up to 100% due to rounding

Non-compliance may be for very minor breaches. Therefore, Table AI.13 looks at major and moderate non-compliance.

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Table AI.13 Reports by the percentage of outcomes non-compliant (non-compliance major or non-compliance major and moderate)

% of outcomes inspected against	Number of reports with major non compliance	%	Number of reports with major or moderate non compliance	%
None	107	56	8	4
0.1-10%	24	13	11	6
10.1-20%	33	17	30	16
20.1-30%	8	4	21	11
30.1-40%	6	3	24	13
40.1-50%	2	1	23	12
50.1-60%	5	3	15	8
60.1-70%	2	1	16	8
70.1-80%	2	1	24	13
80.1-90%	2	1	8	4
90-100%	1	0.5	12	6
Total	192	100	192	100

Source: HIQA data supplied to the National Disability Authority. Note in this and following tables the percentage may not add up to 100% due to rounding.

Out of the 192 reports, 107 or 56% had no major non-compliance. However moderate non-compliance was more widespread. Half the designated centres had more than 40% of the outcomes they were inspected against found to be at either a moderate or major non compliance level. On average across all reports 45% of outcomes were non-compliant moderate or major. Only 4% of reports in our sample found no areas of either moderate or major non-compliance, these centres represented 88 individuals or just 3.8 percent of the total number of residents covered by the 192 reports Twelve reports on designated centres had every outcome they were inspected against found to be non-compliant either to a major or a moderate non compliance level.

4.7 Patterns of non-compliance

The previous section highlighted that compliance varied among designated centres. This raises the question of whether different types of designated centres or different types of service provider are more or less likely to achieve compliance or not. The following section looks at patterns within the data to answer this question.

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The variables explored within this section were informed by other elements of the research, which included interviews conducted with CEOs and Persons in Charge of designated centres, key informants, and other information received. Table AI.14 shows the variables which were explored.

The analysis is conducted at the level of the report – not at the level of the outcome.

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Table A1.14: variables used in the statistical analysis

Variable	
10+ residents	If a designated centre had 10 or more residents, as some sources suggested that residential institutions were finding it easier than small designated centres to achieve compliance during HIQA inspections. ⁶⁴
Small	If a designated centre had 4 or fewer residents. To explore if designated centres which were following national policy guidelines in relation to the number of residents were finding compliance difficult.
Up to June	Whether the inspection took place before June 2014
Visit	Was the inspection the first or subsequent inspection of the designated centre
Region	Variables were added to reflect the area of the country that a designated centre was based as it was suggested that HIQA was not consistently applying standards and regulations across the country
Inspector	Variables were created to account for any inspector who had inspected more than 4 designated centres to explore variation between inspectors
Ownership	A series of variables was created to reflect different ownership types. These included 'for profit' or 'not for profit' or 'HSE run'
Provider	A series of variables to test if different providers were more or less likely to be found compliant
Umbrella	This variable was used to see if membership of either the National Federation of Voluntary bodies or The Not for Profit Business Association made a difference to compliance level
Announced	Was the inspection an announced inspection
Inspection type	This variable were created to see if the different inspection types made a difference to compliance levels
4 or fewer designated centres	From the population of designated centres supplied by HIQA the total number of centres run by a provider was calculated. This was then divided into those who had 4 or fewer designated centres to capture small providers
S38	If the designated centre was funded through a 'Section 38' arrangement
Big5	Did the designated centre belong to one of the 5 largest organisations for disability provision in the country
Respite	Did the designated centre offer respite facilities (either exclusively or in conjunction with long-term residential care). *this only counts designated centres where respite was explicitly mentioned so therefore may miss some centres.
Disability type	A series of variables to capture the different types of disability the designated centre catered for: ID, Autism, sensory, physical or ABI (Acquired Brain Injury) ⁶⁵

⁶⁴ Unfortunately reports do not often distinguish between congregated settings and other types of housing.

⁶⁵ Disability type was established either through reading the report or where not outlined from other channels.

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Variable	
Number of residents on the day of inspection	How many residents were living in the designated centre on the day of inspection – this variable was explored as a continuous and dummy variable to test whether empty centres had a higher compliance rate.
Children	Did the designated centre cater just for children
Mixed	Did the designated centre cater for adults and children

Source: National Disability Authority. Each variable was coded 1 – yes or 0 – no unless otherwise noted

The statistical analysis explored what factors impacted on the percentage of outcomes that failed at moderate or major non compliance level. Other dependent variables were explored but broadly similar outcomes were found.⁶⁶

Table AI.15 breaks down designated centres into different types and looks at the percentage of outcomes that service providers were found to be non-compliant against to a level of major or moderate non compliance.

⁶⁶ The other dependent variables explored were any level of non-compliance, major non-compliance only and over half of outcomes failing at major or moderate level.

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Table A1.15: non-compliance (moderate or major) by variable

Type	% of outcomes non compliant moderate or major	Number of cases
10+ residents	50	85
Small (4 or fewer residents)	40	32
up to June	52	104
First visit	47	167
Subsequent visit	31	25
HSE run	52	11
Umbrella	42	150
For profit	38	12
not 'for profit' and outside an umbrella organisation	63	19
4 or fewer designated centres	55	44
S38	44	103
S39	45	89
Big 5	46	59
Announced	42	155
To monitor ongoing regulatory compliance	55	117
To inform a registration decision	24	63
To monitor compliance against national standards	45	10
Respite	44	32
Intellectual Disability (designated centre has at least one resident with ID)	43	169
Autism (designated centre has at least one resident with ASD)	45	19
Children	65	15
Mixed	34	9
Adult	43	168
Average	45	192

Source: HIQA data supplied to the National Disability Authority. Note in this and following tables the percentage may not add up to 100% due to rounding.

When it comes to the number of residents in a designated centre, designated centres with ten or more residents had a much higher non-compliance rate than small designated centres. Whether a designated centre has respite facilities appears to make little difference to the non-compliance rate.

Visits before June 2014 and first visits had higher non-compliance levels.

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Ownership type and membership of one of the umbrella organisations seemed to make a positive difference. The HSE and small non-profit organisations outside of The Federation of Voluntary Bodies or Not for Profit Business Association (mostly small charities) seemed to have higher levels of non-compliance.

Being one of the Big 5 (largest voluntary disability providers) or whether the service was funded under a section 38 or section 39 arrangement did not give rise to variation in the rate of compliance.

An announced inspection had lower levels of non-compliance than an unannounced inspection. So, the type of inspection seems to affect the rate of compliance found.

The non-compliance level for designated centres for children was much higher than for adult or mixed designated centres (65% versus 43% and 34% respectively). Designated centres which provide respite did not have average compliance rates different from designated centres which did not provide respite.

In table A1.15 whether the designated centres caters for people with intellectual disability or are on the autistic spectrum did not seem to make a difference to the average compliance level. A more fine-grained statistical analysis conducted, as reported below, shows the reason 'type of disability' differ in compliance is likely to be related to other factors such as being a small-scale provider rather than the type of disability per se.

4.8 Statistical analysis

Several of the variables that explain higher rates of non-compliance are correlated. For instance, certain service providers are geographically clustered and so on. To control for this, a statistical analysis, in the form of a linear regression, was conducted to look at what was driving major and moderate non-compliance levels. Overall the regression explained 50% of the variation between designated centres.⁶⁷

Several important themes emerged from this analysis.

4.8.1 10+ residents

Designated centres with 10 or more residents were more likely to have had higher rates of moderate and major non-compliance than designated centres with

⁶⁷ R bar squared is 0.501 – all variables are significant at the 95% level unless otherwise stated. See Chapter 5 – Data Analysis, section on sampling in methodology used.

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fewer than 10 residents. However, there was no discernible difference in compliance between those with 4 or fewer residents and those with 5 to 9 residents. (It is not possible to distinguish congregated settings from other types of housing from the reports).

4.8.2 Regional and inspector variation

Both specific regions and specific inspectors were statistically significant predictors of compliance levels. Therefore there was variation both between inspectors and between regions in the sample.

4.8.3 Children

Children's designated centres were more likely in our sample to have had higher levels of major and moderate non-compliance than either mixed services or adult designated centres. However, it cannot be excluded that this was a regional variation rather than something specific to those services per se.

4.8.4 Type of inspection was important

Designated centres in our sample were more likely to have had higher levels of non-compliance if it was an inspection to monitor ongoing regulatory compliance. If the inspection was to inform a registration decision or to monitor ongoing compliance with national standards the designated centre was likely to have lower levels of non compliance.

4.8.5 It matters if a provider was isolated

Small providers (with 4 or fewer designated centres) were more likely to have had higher levels of non-compliance. This negative effect was mitigated if the providers were members of an umbrella body.

4.8.6 Learning

It is clear from the statistical analysis that learning about the inspection process was ongoing throughout the year. This is seen through several variables: if the inspection was late in the first year of inspection,⁶⁸ if it was the second inspection for a designated centre, if the provider had more than four designated centres or if a small provider was a member of an umbrella body the compliance level improved. However, it was also clear that a few providers in our sample did not show evidence of learning from the process as their compliance levels did not improve over the course of the year.

⁶⁸ This was significant at the 90% level

4.9 What variables were less influential?

Several variables that looked at first glance above to be important for compliance on closer examination of the sample proved to be less influential. The following variables did not prove to be a predictor of compliance levels:

- The type of disability
- Source of funding (section 38 versus section 39)
- Whether the service provided respite or not
- Announced or unannounced visit
- Whether or not the designated centre was HSE run
- Being a designated centre belonging to one of the biggest five providers of disability services in the country
- Whether a designated centres had residents living there or not or if there were vacancies

5. Analysis of non-compliance issues and impact on services

5.1 Compliance levels

As outlined in Section I - Background, in the 192 reports reviewed, HIQA graded compliance to four levels:

- Compliant
- Non compliant – major
- Non compliant – moderate
- Non compliant – minor

Details of compliance level by Outcomes are outlined in Table 4.6 on page 20 in this Appendix.

Only 1 (0.5%) of the 192 reports reviewed judged a designated centre to be fully compliant across all Outcomes inspected.

This section analyses the types of non-compliance found by inspectors in relation to each of the 18 Outcomes and the resulting action plans to remedy the identified deficiencies.

5.2 Outcome 1: Residents' Rights, Dignity and Consultation

This Outcome relates to residents' autonomy, rights, dignity and welfare. It is not one of HIQA's core Outcomes and was inspected against in 107 of the 192 reports reviewed (56%).

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5.2.1 Non-compliant - major

Of the 107 reports in which it was inspected against, 8.4% found major non-compliances with Outcome 1. Two of these reports related to a single designated centre. HIQA identified a total of 35 non-compliances with the Regulations in these reports.

Table AI.16: Outcome 1: Non-compliant - major

Subject	Number of findings
Reg. 9: Residents' rights	16
Reg. 13: General welfare and development	11
Reg. 34: Complaints procedures	4
Reg. 12: Personal possessions	4

5.2.2 Non-compliant - moderate

Of the 107 reports in which it was inspected against, 32 (30.8%) reported moderate non-compliance with Outcome 1. HIQA found a total of 93 breaches in this category as summarised in Table AI.17

Table AI.17: Outcome 1: Non-compliant - moderate

Subject	Number of findings
Reg. 34: Complaints procedures	39
Reg. 9: Residents' rights	32
Reg. 12: Personal possessions	17
Reg. 13: General welfare and development	6

5.2.3 Non-compliant - minor

Minor non-compliances relating to Outcome 1 were found in 28 reports (29.9% of reports in which it was inspected against). HIQA found 49 breaches of Regulations in these. Table A1.18 outlines the relevant subject matters.

Table A1.18: Outcome 1: Non-compliant - minor

Subject	Number of findings
Reg. 34: Complaints procedures	35
Reg. 9: Residents' rights	11
Reg. 13: General welfare and development	2
Reg. 12: Personal possessions	1

Overall, the greatest numbers of major and moderate non-compliances with Outcome 1 related to:

- breaches of residents' rights in relation to consent, privacy, and consultation regarding residents' daily lives and care and the operation of designated centres
- complaints procedures being incomplete or, if complete, not fully implemented

5.2.4 Outcome 1: Residents' rights Dignity and Consultation - Findings:

Among findings of major and moderate non-compliance, the predominant issues related to the following:

Reg. 9 (2) (b) - residents' choice and control over their daily lives:

- routines being set without due consultation with residents or their families
- lack of or inadequate planning for external activities
- lack of staff or facilities preventing residents from taking part in external activities
- restrictions on access to facilities in the centre

Reg. 9 (3) - privacy and dignity

- lack of privacy in bedrooms or to receive visitors
- lack of privacy in intimate care
- staff using inappropriate language to or about residents
- poor management of seizure in public area
- use of CCTV or monitoring equipment

5.2.5 Outcome 1: Residents' rights, Dignity and Consultation: Action plans:

Providers' responses to these included:

- revised procedures for assessing residents' wishes concerning activities, including questionnaires to ascertain residents' wishes
- changes to rosters to better accommodate residents' needs and interests
- revised assessments of monitoring needs and protocols
- reconfiguration of premises including bathrooms, bedrooms and communal areas
- revised procedures and training for staff in residents' rights, appropriate management of seizures, and protection of personal information

5.2.6 Outcome 1: Residents' Rights Dignity and Consultation: Extracts from reports

The following extracts from reports illustrate inspectors' findings concerning residents' rights and the responses of registered providers.

Inspectors' observations

"Residents were not consulted with in relation to the running of the centre and their daily routine. The person in charge and staff members informed the inspector that a daily meeting was held by staff each morning to decide what happens that day and the residents were not consulted in relation to this. Residents had not been consulted on structural changes to the bathroom and the change of use of poly tunnels on the grounds of the centre."
(Report 9)

Action plans

"Weekly house meetings will commence for all residents, to involve them in the participation and running of the service. Clients will be supported in making choices about their daily living routine, menu planning, shopping, house work, activities, social, community and recreational items will be discussed. Individual preferences will be recorded and maintained in order to inform choices made. A record of actions, outcomes and responsibilities will be maintained.
[date] House roster will support individual choices and preferences of activities and routines of individual clients [date] Key workers to facilitate choices by utilising an individualised communication

system, once Communication Assessment completed [date]" (Report 9)

Inspectors' observations

"Inappropriate practices also occurred such as the use of language which was not age appropriate both in documentation and in conversation with staff. Inspectors also observed staff stepping over a resident who had chosen to lie on the floor as opposed to step around the resident." (Report 106)

Action plans

"[Provider] is fully committed to achieving full compliance with the Health Act 2007 (Care & Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Dignity and Respect are two core values within [provider] and all new staff members receive an induction which includes our expectations in this regard. There are continuous reminders to staff on an on-going basis using monthly info share newsletters, team meeting, performance management and review process, education and training events including specific training for all staff in the area of personal outcome measures and the [provider's] Hospitality programme which focuses on the organisations core values. In Quarter 4 of 2014 all services within [provider] will be audited using the [provider's] Values Audit tool. All staff have again been communicated with in relation to the use of Age appropriate language and our expectations regarding our commitment to upholding the privacy and dignity of each resident." (Report 106)

Inspectors' observations

"Some twin bedrooms required review to ensure residents were afforded privacy which may be negatively impacted upon due to floor space restrictions including use of an appropriate screen to place between them which was not readily available on the days of inspection if needed. Not all residents had access to a room where they could receive visitors in private other than their bedrooms some of which were not adequate for this purpose due to size and layout restrictions." (Report 108)

Action plans

1. In bedrooms where residents, in the medium term, continue to share a bedroom, rails and curtains shall be installed to ensure privacy for each resident.
2. Room for receiving visitors in private other than their bedrooms has been agreed with residents as a second communal area within each residence as required.
3. Adhesive vision occlusive material has been removed and replaced with privacy blinds.
4. All listening devices including those that were no longer in use have been removed from the designated centre.
5. An office desk and equipment for staff administrative use will be moved to a more suitable area." (Report 108)

Inspectors' observations

"As required by the previous inspection the policy on intimate care had been revised and directions in relation to this was evident on personal plans were provided. The policy was not fully implemented in practice. In cases where the residents could articulate a preference for the gender of staff to support them with intimate care this was respected. However, there was no evidence that a mechanism had explored to find out the wishes of residents who could not themselves indicate their preference. There was insufficient evidence from documentation and from information received from relatives that they were involved in conjunction with the resident in the development of personal plans." (Report 140)

Action plans

"Where a service user cannot indicate his/her wishes in relation to the provision of intimate care, consultation will take place with his/her representative to determine the wishes and preferences of the service user. This consultation process will be completed by 31st October 2014." (Report 140)

5.2.7 Findings: Complaints procedures (Regulation 34)

Issues identified by inspectors concerning complaints procedures (Reg. 34) included failures

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- to provide access to advocacy services
- to identify a designated person to receive complaints
- to display information about the policy or provide it to residents and their families in suitable formats
- to record, follow up and inform residents of the outcome of complaints

5.2.8 Action plans: Complaints procedures (Regulation 34)

The responses of providers to these findings generally included:

- complete reviews of complaints procedures to bring them into line with Regulations
- displaying procedures prominently in the designated centre
- producing easy-to-read versions for use by residents
- distributing copies to families
- appointing designated persons
- engaging advocacy services and training in them for residents

5.2.9 Extracts from reports: Complaints procedures (Regulation 34)

The following are representative examples of inspectors' comments and providers' responses concerning complaints procedures:

Inspectors' observations

"The complaints policy required updating and there was no date identifying when the policy was published or review date provided on the policy. The person in charge and staff spoken to were not aware of who the designated complaints officer was, and the designated complaints officers was not identified on the residents easy to read version of the complaints policy. The inspector found that none of the residents had ever made a complaint or used any of the methods outlined and available for making a complaint. Nobody had been appointed to ensure complaints were recorded and appropriately responded to." (Report 43a)

Action plans

"A staff member known to residents has been appointed as a complaints officer for [designated centre]. Complaints are a standing order item on the agenda at each house meeting." (Report 43a)

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Inspectors' observations

"It was noted that although each resident had good links with their family members and each had a key worker but there were no formal links with advocacy services." (Report I59b)

Action plans

"The current Complaints policy, section 8, outlines the policy on Advocacy and complaints. However this will be revised in light of information we have received from the National Advocacy Services for People with Disabilities." (Report I59b)

Inspectors' observations

"The inspector noted that a complaints procedure had been developed and a copy was available in an information folder for relatives and residents. However, the procedure had not been displayed in a prominent position as required by the Regulations. The inspector found that the procedure did contain most of the necessary information, but was incomplete and not in a user friendly format suitable for the individual needs of all the residents. The inspector reviewed the complaints log and noted that a complaint had been received and was appropriately investigated by the person in charge, however, the satisfaction level of the complainant with the outcome of the complaint had not been recorded." (Report I65)

Action plans

"The person in charge has updated the complaints procedure, it is personalised and user friendly. It is displayed in a prominent position in all services. [...] 1. The person in charge to follow up with the family to establish the satisfaction level of their complaint. [Date] 2. The complaints form will be updated and circulated with a prompt to ensure that the complainant is satisfied with the outcome. [Date] [...] The Complaints Procedure is being revised to clarify who the nominated person is and their role in relation to complaints. Once completed this will be circulated to all services." (Report I65).

5.3 Outcome 2: Communication

Outcome 2 is concerned with residents' communication needs, including staff's awareness of appropriate means to communicate with residents, assistive technologies, and communications links to the wider community. Outcome 2 is not a core Outcome and was inspected against in 72 reports (38% of all 192 reports reviewed).

5.3.1 Non-compliant - major

Three reports (4.2% of those in which it was inspected against) reported major non-compliance with Outcome 2, constituting 6 breaches of Regulation 10.

Table AI.19: Outcome 2: Non-compliant - major

Subject	Number of findings
Reg. 10 (1): Communications in accordance with resident's wishes and needs	2
Reg. 10 (3) (a): Access to phone and media	2
Reg. 10 (3) (b): Access to assistive technology	2

5.3.2 Non-compliant - moderate

There was moderate non-compliance with Outcome 2 in 4 reports (5.6% of those in which it was inspected against), amounting to 5 breaches of Regulations.

Table AI.20: Outcome 2: Non-compliant - moderate

Subject	Number of findings
Reg. 10 (2): Staff aware of communications needs in personal plan	3
Reg. 10 (1): Communications in accordance with resident's wishes and needs	1
Reg. 10 (3) (b): Access to assistive technology	1

5.3.3 Non-compliant - minor

There were 10 reports (13.9% of those in which it was inspected against) in which inspectors found minor non-compliance with Outcome 2, constituting 10 breaches of the Regulations.

Table AI.21: Outcome 2: Non-compliant - minor

Subject	Number of findings
Reg. 10 (1): Communications in accordance with resident's wishes and needs	3
Reg. 10 (2): Staff aware of communications needs in personal plan	3
Reg. 10 (3) (a): Access to phone and media	2
Reg. 10 (3) (b): Access to assistive technology	2

5.3.4 Outcome 2: Communication: Findings

The principal issues that gave rise to findings of major or moderate non-compliance were:

- lack of access to speech and language therapy, assistive technology and recording of residents' individual communications needs in personal plans
- inconsistent implementation of requirements, including staff awareness of residents' communication needs, accessible documentation and access to computers, tablets or media such as the internet

5.3.5 Outcome 2: Communication: Action plans

Steps proposed by providers to resolve the issues identified included:

- conducting communications assessments, including for the use of assistive technology
- arranging speech and language therapy as required
- revising personal plans to deal full with communications and accessibility
- revising staff induction and monitoring procedures to ensure familiarity with residents' communications needs and preferences
- improving access to telephones and internet

5.3.6 Outcome 2: Communication: Extracts from reports

Inspectors' observations

"Inspectors were not satisfied that residents were being supported to communicate as their communication needs had not been assessed. Although the person in charge informed the inspectors that all residents had communication needs, residents had not been referred for speech and language therapy (SALT) since coming to live in the centre. There was no identification of any aids necessary to facilitate residents in communicating. There were no augmented communication devices in place, no visual timetables and no other assistive devices to aid residents in communicating and resident personal plans were not available in an accessible format." (Report 9)

Action plans

"Speech and Language Therapy (SALT) referrals requested from GP for all clients in service, and awaiting reply from HSE. - completed If this proves unsuccessful, the service will engage private Speech And Language services in order to comply with the Regulation. [...] Individual communication assessments will be carried out by [date]. Individualised Augmented communication systems with guidelines and strategies for staff to follow in order to support individual will be implemented by [date]. Communication assessments will be carried out in order to ascertain individual assistive technology and aids which may be required in order to promote individual capacity." (Report 9)

Inspectors' observations

"While internet access was available, residents did not have easy access to it as it was based in the staff office/overnight facility. This room also contained private and confidential information/records pertinent to all residents, locked medication storage and staff communications." (Report 18)

Action plans

"Current system: The current person centred planning system explores individual communication support requirements for individuals Action: The benefits of assistive technology, aids and appliances will be explored for the individuals as part of their forthcoming person centred planning review. Based on the outcome of the review process, the residents will be supported to

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purchase and use whatever assistive technology is considered to be of benefit to them." (Report 18)

Inspectors' observations

"Residents had access to one telephone situated in the staff office. However, the office was not accessible to wheelchair dependent residents; therefore they did not have access to a telephone. There was no access to assistive aids, appliances or technology which may have promoted the capabilities of some of the more dependent residents' living in the centre. For example, staff confirmed they did not have access to pictorial charts other than those available in the dining room which related to food only." (Report 42a)

Action plans

"A cordless phone has been provided with accessibility for all service users. Internet and Skype facilities are available to service users who wish to avail of same, located within same premises in day services. A letter has been sent to families on the [date] re: availability of Skype facilities inviting them to return their Skype address. A risk assessment for more dependent Service Users where appropriate to access assistive technology and aids and appliances to promote their full capabilities will be carried out. This assessment will be in conjunction with the Speech and Language Therapist to develop pictorial charts and communication passports. Possibility of using a laptop, iPad or tablet to promote the service users full capabilities if appropriate." (Report 42a)

Inspectors' observations

"A resident's non-verbal mode of communication had not been explained or communicated to a newly appointed staff member and therefore the staff member was unaware of the resident's non-verbal cues in respect of choices at the lunchtime meal. Another staff member was unable to locate the resident's care plan in order to determine if there was information regarding the resident's form of communication." (Report 111)

Action plans

"[A]ll new staff are familiarised with each resident's Individual Personal Plan as part of the induction process. The Induction Process includes each resident's Critical Information Form which includes their Individual Communication Supports needs. This Designated Centre has introduced a system whereby a Shift Leader

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is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group and this will ensure all new staff are appropriately inducted and familiar with residents assessed support needs [...] including their communication needs." (Report 111)

Inspectors' observations

"The inspector found that non-verbal residents had no formal communications tools to assist them with communication; this too was confirmed by staff at the time of inspection. The centre had no assistive technology aids to support communication needs." (Report 159a)

Action plans

"A new template for personal plans is being developed by senior management, the manager of services and team leaders which will incorporate areas detailed in the action plan including communication [date]. A residents' consultation form has been designed in an accessible format to assist all residents to communicate their wishes and needs. This is currently being rolled out in the designated centre [date]." (Report 159a)

5.4 Outcome 3: Family and personal relationships and links with the community

This Outcome is concerned with residents' personal relationships with their families as well as the wider community, and the involvement of families in residents' care and daily lives. It is not a core Outcome and was inspected against in 67 reports (35% of all reports inspected).

No reports found major non-compliance with this Outcome. One report (1.5% of those in which it was inspected against) described minor non-compliance with it, relating to a failure to needs-assess all residents' links to the community.

5.4.1 Non-compliant - moderate

Of the 67 reports in which it was inspected against, four (6%) reported moderate non-compliance with Outcome 3, constituting four breaches of the Regulations.

Table AI.22: Outcome 3: Non-compliant - moderate

Subject	Number of findings
Reg. 11 (3) (b): Private area to receive visitors	2
Reg. 13 (2) (c): Personal relationships and links with wider community	2
Reg. 11 (1): Visitors in accordance with resident's wishes	1

5.4.2 Outcome 3: Family and personal relationships and links with the community: Findings

The principal issues that inspectors identified related to:

- private areas to receive visitors
- family links
- community links
- ability to receive visitors when desired

5.4.3 Outcome 3: Family and personal relationships and links with the community: Action plans

Providers responded to these findings by:

- developing a private visiting area and amending the statement of purpose accordingly
- consulting with the resident and taking steps to expand circles of support

- expanding the range of residents' means of accessing and developing links to the community

5.4.4 Outcome 3: Family and personal relationships and links with the community: Extracts from reports

The following extracts illustrate inspectors' observations and the action plans that providers proposed in response to them.

Inspectors' observations:

"The centre had a policy and procedure on visits that was generic to all centres provided by the organisation. On review, inspectors found that visitors had to notify the centre in advance. This included family members. This did not promote an open environment where impromptu visits were encouraged or facilitated. The community service manager said that this was to protect the privacy of all residents in the centre. On a walk around the building, inspectors found that there was no designated area for visits to take place in private, and in an area that minimised disruption to other residents. The community service manager and team leaders interviewed said that visits could be conducted in children's bedrooms when appropriate." (Report 88)

Action plans

"[Provider] has recognised the need to change this policy and advise that visits do not have to be pre arranged, but will be facilitated in line with each child and his/her families wishes. [Provider] has amended the visitors' policy. The Statement of Purpose and the Service Guide for families has been amended to reflect this change in policy. [...] A designated visiting area has been developed in the service and details of this are included in the Statement of Purpose and Function and also in the Service Guide for families." (Report 88)

Inspectors' observations

"Not all residents had access to family or natural supports to advocate for them and to ensure their needs were being met. Improvement was required to ensure residents were supported to reconnect with supports, develop and maintain personal relationships and links with the wider community in accordance with their wishes." (Report 163)

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Action plans

"A previous personal relationship will be revisited with one individual and also links with people in their previous living locality and this will be done with the full inclusion of the service user and with consent from the person such individuals will be invited to become members of their circle of support." (Report 163)

5.5 Outcome 4: Admissions and contract for the provision of services

Outcome 4 is not a core Outcome and was examined in 101 reports (53% of 192 reports)

5.5.1 Non-compliant - major

There were 17 reports (16.8% of those in which it was inspected against) in which inspectors identified major non-compliances. HIQA adjudged these to constitute 26 breaches of Regulation 24.

Table AI.23: Outcome 4: Non-compliant - major

Subject	Number of findings
Reg. 24 (3):Written agreement of all terms of residence	11
Reg. 24 (4) (a): Contract to include support, care welfare, services and charges	9
Reg. 24 (1) (a):Transparent criteria for admissions	3
Reg. 24 (1) (b):Admission policy to cover protection against abuse	3

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5.5.2 Non-compliant - moderate

Inspectors identified moderate non-compliances with Outcome 4 in 38 reports (38.6% of those in which it was inspected against). These constituted 51 breaches of Regulation 24.

Table AI.24: Outcome 4: Non-compliant - moderate

Subject	Number of findings
Reg. 24 (4) (a): Contract to include support, care welfare, services and charges	29
Reg. 24 (3): Written agreement of all terms of residence	12
Reg. 24 (1) (b): Admission policy to cover protection against abuse	5
Reg. 24 (1) (a): Transparent criteria for admissions	3
Reg. 24 (4) (b): Agreement to consistent with resident's assessed needs	2

5.5.3 Non-compliant - minor

There were 19 reports (18.8% of those in which it was inspected against) in which inspectors found minor non-compliance with Outcome 4. Each of these was found to constitute a single breach of Regulations.

Table AI.25: Outcome 4: Non-compliant - minor

Subject	Number of findings
Reg. 24 (3): Written agreement of all terms of residence	14
Reg. 24 (4) (a): Contract to include support, care welfare, services and charges	5

5.5.4 Outcome 4: Admissions and contract for the provision of services: Findings

The principal issues identified by inspections were:

- lack of a written contract for care
- contracts failing to specify terms of support, care welfare, services and charges

5.5.5 Outcome 4: Admissions and contract for the provision of services: Action plans

In response to these findings, providers stated they would:

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- provide written agreements to residents as required by the Regulations
- ensure all agreements are centre-specific, set out all terms of care and services detail fees and charges and amend centres' statements of purpose accordingly

5.5.6 Outcome 4: Admissions and contract for the provision of services: Extracts from reports

The following extracts are representative of the findings and the resulting action plans.

Inspectors' observations

"Written agreements with residents which deal with the support, care and welfare of the resident in the designated centre and to include details of the services provided for that resident, as described in the Regulations, were not in place." (Report 19)

Action plans

"Put in place Contract of Care for each resident." (Report 19)

Inspectors' observations

"However, there was not an admission policy that set out transparent criteria for admission in accordance with the statement of purpose as is required by legislation. It stated in the statement of purpose that the admissions policy was under development. There was also no evidence that the admission policy took account of the needs to protect residents from abuse as is required by legislation and it was evident to the inspectors that a clear admission policy was required and this needed to be reflected in the statement of purpose." (Report 33)

Action plans

"Our Admissions Policy will be in place in [date] and will address all of the relevant criteria. The area of abuse will be covered in our admission policy. " (Report 33)

Inspectors' observations

"However the information within the contract of care was inadequate as it did not stipulate the services that the individual would receive as part of the agreement and any additional charges which they may have to pay. For example, there was evidence that residents paid additional charges for take away meals as opposed to meals being provided by the designated centre. There was no

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evidence of this agreement being made with the resident and/or their representative." (Report 136a)

Action plans

"Agreement prior to admission on services and any financial charges deemed necessary discussed and agreed with resident/family."
(Report 136a)

5.6 Outcome 5: Social care needs

Outcome 5 focuses on the social care needs of residents, the need for comprehensive assessments and for evidence-based personal plans that are regularly updated. As one of the core Outcomes, it is inspected against not only for registration but also in ongoing compliance inspections. Of the 192 reports reviewed, 186 (97%) cover this Outcome.

5.6.1 Non-compliant - major

Inspectors identified major non-compliances with Outcome 5 in 16 reports (8.6% of those in which it was inspected against). These were found by HIQA to constitute 76 breaches of the Regulations, all but two of which related to Regulation 5, which deals with individual assessments and personal plans. (The exceptions were two findings that constituted breaches of Regulation 25, concerning temporary absence, transition and discharge of residents).

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Table AI.26: Outcome 5: Non-compliant - major

Subject	Number of breaches
Reg. 5 (1) (b): Assessment at least annually	10
Reg. 5 (5): Personal plan provided to resident/family in accessible format	8
Reg. 5 (7): Recommendations of review of personal plan to be implemented	8
Reg. 5 (4) (a): Personal plan within 28 days of admission	7
Reg. 5 (6) (c) and (d): Review of personal plan to take account of effectiveness and changes in circumstances	7
Reg. 5 (6): Reviews of personal plans	6
Reg. 5 (6) (a): Personal plan reviews at least annually	6
Reg. 5 (6) (b): Resident to participate in reviews	5
Reg. 5 (2): Arrangements to be made to meet residents' assessed needs	4
Reg. 5 (3): Centre suitable for residents' assessed needs	4
Reg. 5 (8): Amend personal plan in light of reviews	3
Reg. 5 (1) (a): Pre-admission assessment	3
Reg. 5 (4) (c): Resident to participate in development of personal plan	2
Reg. 5 (4) (b): Personal plan to outline supports	1
Reg. 25 (3) (a): Provision of information to residents in transition	1
Reg. 25 (4) (a): Discharges to be based on transparent criteria	1

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5.6.2 Non-compliant - moderate

Inspectors described moderate non-compliance with Outcome 5 in 76 reports (40.9% of those in which it was inspected against). HIQA determined that these constituted 185 breaches of Regulation 5 and 9 of Regulation 25.

Table AI.27: Outcome 5: Non-compliant - moderate

Subject	Number of breaches
Reg. 5 (1) (b): Assessment at least annually	26
Reg. 5 (6) (c) and (d): Review of personal plan to take account of effectiveness and changes in circumstances	26
Reg. 5 (4) (a): Personal plan within 28 days of admission	25
Reg. 5 (6): Reviews of personal plans	19
Reg. 5 (2): Arrangements to be made to meet residents' assessed needs	18
Reg. 5 (5): Personal plan provided to resident/family in accessible format	17
Reg. 5 (6) (b): Resident to participate in reviews	16
Reg. 5 (7): Recommendations of review of personal plan to be implemented	9
Reg. 5 (1) (a): Pre-admission assessment	8
Reg. 5 (4) (b): Personal plan to outline supports	7
Reg. 5 (4) (c): Resident to participate in development of personal plan	6
Reg. 5 (6) (a): Personal plan reviews at least annually	3
Reg. 5 (8): Amend personal plan in light of reviews	3
Reg. 25 (3) (a): Provision of information to residents in transition	3
Reg. 5 (3): Centre suitable for residents' assessed needs	2
Reg. 25 (3) (b): Provision of life skills for transition	1
Reg. 25 (4) (b): Discharge in a planned and safe manner	1
Reg. 25 (4) (d): Discharges to be discussed, planned and agreed with resident	2
Reg. 25 (4) (c): Discharge is in accordance with assessed needs and resident's plans	1

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5.6.3 Non-compliant - minor

Twenty-one reports (12.4% of those in which it was inspected against) contained findings of minor non-compliance with Outcome 5. The total number of breaches of Regulations identified was 30, all but one of which related to Regulation 5. The exception related to Regulation 25.

Table AI.28: Outcome 5: Non-compliant - minor

Subject	Number of breaches
Reg. 5 (5): Personal plan provided to resident/family in accessible format	7
Reg. 5 (1) (b): Assessment at least annually	3
Reg. 5 (6) (b): Resident to participate in reviews	3
Reg. 5 (6) (c) and (d): Review of personal plan to take account of effectiveness and changes in circumstances	3
Reg. 5 (2): Arrangements to be made to meet residents' assessed needs	2
Reg. 5 (4) (a): Personal plan within 28 days of admission	2
Reg. 5 (4) (b): Personal plan to outline supports	2
Reg. 5 (4) (c): Resident to participate in development of personal plan	2
Reg. 5 (6) (a): Annual review of personal plan to be multidisciplinary	2
Reg. 5 (6): Annual review of personal plan	1
Reg. 5 (7): Recommendations of review of personal plan to be implemented	1
Reg. 5 (8): Amend personal plan in light of reviews	1
Reg. 25 (3) (a): Provision of information to residents in transition	1

5.6.4 Outcome 5: Social care needs: Findings

The principal issues that inspectors identified in major and moderate non-compliances with Outcome 5 were:

- failure to conduct an assessment of residents at least annually
- failure to ensure that reviews of assessments took account of their effectiveness and changes in residents' circumstances

5.6.5 Outcome 5: Social care needs: Action plans

The measure that providers took to address these findings included:

- full multi-disciplinary assessments of all residents for which these were outstanding
- multi-disciplinary reviews of the effectiveness of existing personal plans⁶⁹ where this had not been done
- updating of personal plans as required following the above

5.6.6 Outcome 5: Social care needs: Extracts from reports:

The following extracts are representative of inspectors' observations on major and moderate non-compliance with Outcome 5, and of providers' responses.

Inspectors' observations

"All of the residents had a moderate to severe disability and required a high level of support and assistance. However, the model of care provided was based on a medical approach that lacked personal interaction and consultation with the residents. Each residents had a "my care passport" that identified the residents care needs, and outlined their likes and dislikes and their personal history. However, the residents' plans had a medical focus and did not provide sufficient information on residents' specific social, emotional, participation needs, preferences and preferred routines. There was no evidence plans impacted positively on the lives of the residents. The residents did not have a personal input and their representatives were not involved in an assessment process. Furthermore, there was no evidence an annual review was carried out that included a multi-disciplinary input. Inspectors were shown a new integrated care plan that was being piloted on a small number

⁶⁹ Providers use a variety of terms to refer to these plans. The majority use the term 'personal plan' (as per the Regulations) but others use terms including 'personal care plan', 'person-centred plan', 'care plan' and 'health care plan'.

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of residents. It was anticipated this model of care planning would streamline the assessments of residents and ensure a more clear documented process would be implemented in the centre. [...] Inspectors reviewed a sample of residents' medical plans in place. However, the assessments completed were not evidence based. They were not completed at regular intervals or as required. Furthermore, the care plans in place for residents identified needs were not detailed enough to guide practice regarding issues, such as, percutaneous gastrostomy (PEG) tube feeding and the management of epilepsy." (Report I58)

Action plans

"As a first step in our drive for further improvements in our care planning, 'The Care Planning and Assessment Project Team' is actively in the process of designing and piloting a new comprehensive assessment of need. [...] Our goal is to achieve a stronger comprehensive assessment of need with an improved multidisciplinary focus in partnership with families. In order to support this goal the Service has established a new monthly multidisciplinary forum to strengthen assessment and care planning processes across health and social care disciplines to bring greater direction and co-ordination to the multiple and diverse health and social care needs of all individuals." (Report I58)

Inspectors' observations

"There was also no evidence that a comprehensive assessment of [a resident's] needs was conducted, as stipulated in Regulation 5 prior to the transition. The personal plan did contain a communication sheet for this resident who was non verbal. Although this was a good indicator for staff to translate their communication cues, it was unclear when this was last reviewed or updated. Social activities and preferences were highlighted in the personal plan but not in an integrated meaningful way, it was also not evident that this had been recently reviewed." (Report I05)

Action plans

"1. All personal plans shall be reviewed as a priority by a Clinical Nurse Manager to ensure all residents' assessed need (from members of the nursing team and from the wider multidisciplinary team) have been identified and incorporated into the resident's Personal Plan.

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2. A schedule shall be introduced for reviewing residents' Personal Plans on two further occasions in 2014 and then annually from 2015 or as needs change.
3. Supervisors shall ensure that any changes in circumstance has resulted in a review of the Personal Plan. (Ongoing)
4. A full review of the process for the management of Personal Plans shall be undertaken with staff and this shall be documented in Standard Operational Procedures, which shall be signed off by all relevant staff.
5. Education and Training has been rolled out on the management of Personal Plans. Staff who have not attended this training, will be trained by [date]." (Report 105)

Inspectors' observations

"There was no formal system of review of personal plans in place in line with regulation 5 (6) (a), (b), (c) and (d). Inspectors found that some specific elements of plans had been reviewed and updated by the staff members but the process of review was unclear and was not always signed off by the manager. Some multi-disciplinary meetings occurred around specific needs. However, there was no overall multi-disciplinary review held where residents and their representatives participated in reviewing the overall effectiveness of the personal plans." (Report 72)

Action plans

"Members of the relevant multidisciplinary team will be formally invited to input into the review process in line with the organisation's policy "Involvement of multidisciplinary practitioners " [...] At the formal review meetings the effectiveness of each plan, changes in circumstances and new developments will be taken into account and formally documented." (Report 72)

Inspectors' observations

"Plans included health plans, risk assessments and intimate care plans. However, the intimate care plans were insufficient to direct staff in the delivery of care. For example, staff were aware that one of the residents required the assistance of two staff members in intimate care, one of whom must be of the same gender as the

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resident, but this was not documented in the intimate care plan."
(Report 147b)

Action plans

"Personal plans were all reviewed. Amendments were made where needed. Care plans were put in place regarding specific medical issues (Wound Care, Chest infection) and intimate care plans were amended to direct staff in providing care [...] Care plans were put in place to reflect the changing needs of the clients. Staff were spoken to regarding the importance of this. Same, to be further discussed at Team Meeting on [date] and at the Nurses meeting on [date]." (Report 147b)

5.7 Outcome 6: Safe and suitable premises

This Outcome deals with the safety and suitability of designated centres' physical infrastructure. It is not a core Outcome and was examined in 155 reports (60% of the 192 reviewed).

5.7.1 Non-compliant - major

Inspectors found major non-compliance with Outcome 6 in 15 reports (13% of those in which it was inspected against). Of these, 3 reports relate to a single designated centre which underwent repeated inspections. HIQA determined the identified non-compliances to constitute 54 breaches of Regulation 17 (Premises).

Table AI.29: Outcome 6: Non-compliant - major

Subject	Number of breaches
Reg. 17 (7): General facilities (Personal space, storage, ventilation, kitchen, bathrooms, etc.)	20
Reg. 17 (1) (b): Good repair	11
Reg. 17 (1) (a): Suitable design and layout	9
Reg. 17 (1) (c): Clean and suitable	8
Reg. 17 (4): Equipment and facilities	3
Reg. 17 (6): Accessibility	2
Reg. 17 (5): Assistive technology	1

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5.7.2 Non-compliant - moderate

Forty reports (34.8% of those in which it was inspected against) found moderate non-compliance with Outcome 6; two designated centres were each subject to 2 of those reports, giving a total of 38 centres found non-compliant. HIQA judged these to constitute 86 breaches of Regulation 17.

Table AI.30: Outcome 6: Non-compliant - moderate

Subject	Number of breaches
Reg. 17 (1) (b): Good repair	21
Reg. 17 (7): General facilities (Personal space, storage, ventilation, kitchen, bathrooms, etc.)	19
Reg. 17 (1) (c): Clean and suitable	19
Reg. 17 (1) (a): Suitable design and layout	14
Reg. 17 (6): Accessibility	9
Reg. 17 (4): Equipment and facilities	3
Reg. 17 (3): Appropriate recreation areas for children	1

5.7.3 Non-compliant - minor

There were minor non-compliances with Outcome 6 in 18 reports (15.7% of those in which it was inspected against). These amounted to 24 breaches of Regulation 17.

Table AI.31: Outcome 6: Non-compliant - minor

Subject	Number of breaches
Reg. 17 (1) (b): Good repair	7
Reg. 17 (7): General facilities (Personal space, storage, ventilation, kitchen, bathrooms, etc.)	5
Reg. 17 (1) (c): Clean and suitable	5
Reg. 17 (4): Equipment and facilities	4
Reg. 17 (6): Accessibility	1
Reg. 17 (5): Assistive technology	1
Reg. 17 (1) (a): Suitable design and layout	1

5.7.4 Outcome 6: Safe and suitable premises: Findings

Among inspectors' findings of major and moderate non-compliance, the main issues related to:

- the general facilities provided, including personal storage and accommodation
- the state of repair

5.7.5 Outcome 6: Safe and suitable premises: Action plans

In response to these findings of non-compliance, providers' action plans included:

- repairs, cleaning and maintenance work
- reconfiguration of accommodation to increase space and privacy
- plans for relocation of residents to more suitable premises

5.7.6 Outcome 6: Extracts from reports

Inspectors comments give a portrayal of poorly designed and maintained premises that are unsafe and unsuitable for their residents. The following extracts give an impression of their findings and of the extensive work, including relocation plans, outlined in providers' responses.

Inspectors' observations

"[T]he premises showed signs of limited investment in upgrading them to modern day standards. For example, one house had communal style bathing and toilet facilities, similar to what might be seen in a swimming pool. A bath had missing tiles and showers were in a poor state of repair.[...] the upgrading work that was taking place was more remedial than part of a longer term plan. The longer term arrangements for the centre were dependent on securing funding and it was unclear how this was likely to progress.[...] Two of the houses were overcrowded and only had one sitting room. This meant residents had no place to meet visitors in private. The needs of residents in these houses were such that, living with five other people meant their individual needs were not met." (Report 13)

Action plans

"Plans for relocation to community settings for 10 residents are in progress and application for registration of these properties with HIQA will be submitted by [date]. This will provide opportunities for the renovation of an existing premise in the centre which will cater for the needs of particular residents presently residing with

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other residents. Renovation of this property will commence once relocation takes place." (Report 13)

Inspectors' observations

"In the first unit the inspector found that while the unit was clean and tidy the physical design and layout was not suitable to meet the needs of the 14 residents living there. There was a lack of personal space available to each resident. Twelve residents' occupied a large dormitory style bedroom, the layout of which was not suitable to meet their needs. For example, a number of beds were positioned under windows or up against curtains which meant they did not have access to an over bed light. Each resident in the dormitory had a minimal amount of bedroom furniture. [...] The second unit was designed and laid out in the same manner and the lack of personal space and equipment replicated the findings as outlined above. [...] There were two sluice rooms in the centre. One was out of order, staff stated it had no running hot water and was out of use for a number of months. It had been reported but had not been repaired. The inspector was informed that a number of the residents' used a bedside commode at night time, therefore sluicing facilities were required." (Report 42a)

Action plans

"Repairs have been carried out. The sluice area is now in operation. [...] Risk assessments will be carried out in conjunction with the Occupational Therapist and Physiotherapist regarding the requirements of individual service users need for bedside chair, locker if they utilise a specialised wheelchair. Referrals have been sent to Occupational Therapist and Physiotherapist. [...] Layout of beds in the dormitory setting will be reviewed. Curtain rails to be adjusted according to service users requirements. A bedside light will be provided to service users who require same." (Report 42a)

Inspectors' observations

"There was plaster missing from parts of walls, a lack of painting, door frames/skirting boards damaged from wheelchairs/hoists. - The resident's shower and toileting area was designed whereby one resident's room was located within this area which was unsuitable and did not uphold resident's privacy. This issue has been discussed in detail under Outcome 1.

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There were broken tiles, no toilet seat on the toilet and this area was in a poor state of repair from a cleanliness perspective.

The hallway was under 3ft at its narrowest point, which made it difficult to move hoists and wheelchairs.

Exterior pathway was covered in moss and needed to be cleaned as it would pose a slipping hazard when wet. Laundry facilities were located externally and were not of a clean standard." (Report 149)

Action plans

"The provider will undergo a process to carry out works to improve areas as per the inspectors report

- Garden – the pathway in the back garden will be resurfaced
- Laneway – this is a private laneway owned by a number of residents; the provider does not have sole authority to carry out works; however the provider has commenced a process of obtaining costs in consultation with the other private owners. A purposed plan will be available for Hiqa by [date].
- Kitchen Table – the current table can cater for 4 residents, however one resident chooses not to sit at the table.
- Plaster off the walls – walls/door frames will be repaired or replaced and painted as required.
- Broken tiles in bathroom – these will be replaced as this room will be part of the refurbishment plans outlined in outcome 1.
- Moss on paths – this will be removed [date]
- Laundry area – this has been cleaned and will be routinely cleaned.
- Storage space- plans have commenced to move one resident into the larger bedroom this will provide more storage space for equipment. The freezer will be moved to the shed.
- Narrow hallway – the provider is unable to carry out any structural changes to the width of the hall way without impacting negatively on the size of the bedrooms where the hallway is 3ft

wide in places does not impact on the practical day to day activities of the location." (Report 149)

5.8 Outcome 7: Health and safety and risk management

This Outcome deals with health and safety concerns and risk management. It is one of HIQA's core Outcomes and was inspected against in 190 (99%) of the 192 reports reviewed.

5.8.1 Non-compliant - major

Inspectors reported major non-compliance with Outcome 7 in 39 reports (20% of those in which it was inspected against). These related to 36 designated centres as one centre was the subject of 2 of the reports in question, and another of 3. HIQA determined these to constitute 219 breaches of the Regulations.

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Table AI.32: Outcome 7: Non-compliant - major

Subject	Number of breaches
Reg. 26 (2): Ongoing risk assessments and emergency procedures	25
Reg. 28 (4) (a): Staff fire and emergency training	19
Reg. 26 (1) (a): Identify and assess hazards in designated centre	19
Reg. 27: Infection control	17
Reg. 26 (1) (c) (ii): Accidental injury	14
Reg. 28 (1): Effective fire safety and management systems	12
Reg. 26 (1) (c) (iv): Self-harm	11
Reg. 26 (1) (c) (iii): Aggression and violence	11
Reg. 28 (2) (c): Means of escape, emergency lighting	11
Reg. 28 (3) (d): Evacuation procedures	11
Reg. 26 (1) (c) (i): Unexpected absence of resident	10
Reg. 28 (4) (b): Fire drills	9
Reg. 26 (1) (b): Control risks of hazards in designated centre	8
Reg. 28 (3) (a): Means of detecting, containing and extinguishing fires	7
Reg. 28 (5): Display fire procedures	6
Reg. 26 (1) (d): Serious incident procedures	5
Reg. 28 (2) (a): Adequate precautions against fire (equipment, services etc)	4
Reg. 28 (2) (b) (iii): Testing fire equipment	5
Reg. 28 (2) (b) (i): Maintenance of equipment	4
Reg. 28 (2) (b) (ii): Reviewing fire precautions	3
Reg. 26 (3): Vehicles	2
Reg. 26 (1) (e): Proportional risk control measures	2
Reg. 28 (3) (b): Means of warning of fires	1

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5.8.2 Non-compliant - moderate

Inspectors found moderate non-compliance in 54 reports (49.5% of those in which Outcome 7 was inspected against); these were found to give rise to 338 breaches of the Regulations.

Table AI.33: Outcome 7: Non-compliant - moderate

Subject	Number of breaches
Reg. 26 (2): Ongoing risk assessments and emergency procedures	47
Reg. 26 (1) (a): Identify and assess hazards in designated centre	36
Reg. 28 (4) (a): Staff fire and emergency training	33
Reg. 27: Infection control	28
Reg. 26 (1) (b): Control risks of hazards in designated centre	21
Reg. 26 (1) (c) (iv): Self-harm	20
Reg. 26 (1) (d): Serious incident procedures	19
Reg. 28 (3) (d): Evacuation procedures	17
Reg. 26 (1) (c) (ii): Accidental injury	16
Reg. 26 (1) (c) (iii): Aggression and violence	15
Reg. 28 (4) (b): Fire drills	13
Reg. 26 (1) (c) (i): Unexpected absence of resident	12
Reg. 28 (2) (b) (i): Maintenance of equipment	10
Reg. 26 (1) (e): Proportional risk control measures	10
Reg. 28 (2) (c): Means of escape, emergency lighting	7
Reg. 28 (3) (a): Means of detecting, containing and extinguishing fires	7
Reg. 28 (1): Effective fire safety and management systems	6
Reg. 28 (2) (a): Adequate precautions against fire (equipment, services etc)	6
Reg. 28 (5): Display fire procedures	4
Reg. 26 (3): Vehicles	2
Reg. 28 (2) (b) (ii): Reviewing fire precautions	2
Reg. 16 (1) (a): Staff training	1

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5.8.3 Non-compliant - minor

There were 11 reports (10% of those in which it was inspected against) in which inspectors found minor non-compliances with Outcome 7. These were found to constitute 23 breaches of the Regulations.

Table AI.34: Outcome 7: Non-compliant - minor

Subject	Number of breaches
Reg. 26 (1) (a): Identify and assess hazards in designated centre	4
Reg. 28 (4) (b): Fire drills	4
Reg. 26 (2): Ongoing risk assessments and emergency procedures	3
Reg. 26 (1) (c) (i): Unexpected absence of resident	2
Reg. 27: Infection control	2
Reg. 26 (1) (c) (iv): Self-harm	2
Reg. 26 (1) (d): Serious incident procedures	2
Reg. 28 (5): Display fire procedures	2
Reg. 26 (1) (c) (ii): Accidental injury	1
Reg. 26 (1) (c) (iii): Aggression and violence	1
Reg. 28 (1): Effective fire safety and management systems	1
Reg. 28 (2) (a): Adequate precautions against fire (equipment, services etc)	1
Reg. 28 (2) (c): Means of escape, emergency lighting	1

5.8.4 Outcome 7: Health and safety and risk management: Findings

The salient issues identified in findings of major and moderate non-compliance with Outcome 7 concerned:

- ongoing assessments and emergency procedures
- fire risks, particularly staff fire training

5.8.5 Outcome 7: Health and safety and risk management: Action plans

The steps taken by providers to address these findings included:

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- risk assessments of areas in which these were found deficient
- staff fire training
- changes to protocols and procedures for fire, emergency and ongoing risk assessments
- revision and updating of fire and emergency systems and equipment

5.8.6 Outcome 7: Health and safety and risk management: Extracts from reports

The following extracts illustrate inspectors' observations and providers' responses concerning major and moderate non-compliances with Outcome 7.

Inspectors' observations

"There were no effective fire safety arrangements in place. Inspectors saw a letter from a fire prevention consultancy company dated November 2013 which outlined that a fire alarm system would be installed and commissioned in the residential building by [date]. This letter also outlined that there would be a new fire detection system in place by [date]. While inspectors could see that work had commenced on the installation of the fire alarm and fire detection systems these had not been completed either in the main residential building or the coach house. Inspectors advised the provider to contact the fire officer in the area to ensure compliance with all fire safety regulations." (Report 64a)

Action plans

"With the advice and support of [the local] Chief Fire Officer we are putting in place a very effective fire safety management plan for [the designated centre].. The plan consists of 14 sections contained in a Fire Safety Register designed and created by the Chief Fire Officer himself. [...] We now have a comprehensive Service and Maintenance package for our Fire Detection and Alarm System and Fire extinguishers and also includes Training. We also have a maintenance contract with a company to maintain the woodchip boiler. All exit doors have been fitted with thumb locks and new windows will be in place end of July. We have agreed a plan of action with the Chief Fire Officer and also have contracted the services of an engineering and fire consultancy firm from [name of place]. The plan is based on a 10 page 96 question checklist also designed by the Chief Fire Officer. (Report 64a)

Inspectors' observations

"[T]he records did not have provision for the person in charge to indicate that the outcome of the drill and issues identified had been reviewed and added to the risk register. There was no documented evidence of control measures put in place in response to issues identified during drills, for example, residents not responding to the fire alarm or evacuating when asked by staff. Emergency lighting was not supplied for either the residential or respite unit. Staff training records indicated that some staff had not received fire training in a number of years; however, fire training was scheduled for [date]." (Report 1)

Action plans

"The template for Fire Drill records has been reviewed and amended to include a section on response regarding learning from fire drills, which is to be completed by the Health and Safety Manager and Unit Director; this is now in place with one drill taken place in each service and use of the template. Action completed." (Report 1)

Inspectors' observations

"Some systems were in place to promote the health and safety of residents, visitors and staff, however improvements were needed. An emergency plan needed to be developed, the risk management policy needed further development, the infection control policies and procedures needed to be approved, and a system to ensure fire escapes were not blocked needed to be introduced. All staff needed to receive fire safety training.[...] Staff reported that a lot of work was being done on developing policies and procedures to cover all areas of health and safety, for example a new risk management policy, infection control and emergency plan. However at the time of the inspection there was no emergency plan in place, the infection control policy was in draft, and the risk management policy did not include the elements required by the regulations." (Report 153)

Action plans

"1.A risk review has been undertaken and a risk register will be developed by December 15th 2.The risk management policy will be reviewed and improved to cover all areas set out in the regulation.[...] 3.Fire-safety training has been scheduled for all

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remaining staff on [date]. 4. Fire-safety training will be included in the 2015 Mandatory Staff Training Plan." (Report 153)"

5.9 Outcome 8: Safeguarding and safety

Outcome 8 is concerned with safeguarding and safety. It is a core Outcome and is therefore inspected against in both ongoing and registration inspections. Of the 192 reports reviewed, 188 (98%) cover Outcome 8.

5.9.1 Non-compliant - major

Inspectors found major non-compliance with Outcome 8 in 19 reports (10.1% of those in which it was inspected against). These related to 18 designated centres as one was the subject of two of the reports. HIQA determined these findings to constitute 63 breaches of the Regulations.

Table AI.35: Outcome 8: Non-compliant – major

Subject	Number of breaches
Reg. 7 (4): Restrictive procedures	15
Reg. 7 (5): Minimal interventions	10
Reg. 8 (7): Staff training in safeguarding	10
Reg. 7 (3): Informed consent	9
Reg. 7 (1): Positive behavioural support	8
Reg. 7 (2): Challenging behaviour	4
Reg. 8 (2): Protection from abuse	3
Reg. 8 (6): Intimate care	2
Reg. 8 (5): Reporting incidents - children	1
Reg. 8 (1): Assist and support residents' self-care and protection	1

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5.9.2 Non-compliant - moderate

There was moderate non-compliance with Outcome 8 in 66 reports (36.5% of those in which it was inspected against). Five of the centres in question were the subject of two reports each, in both of which they were found moderately non-compliant. HIQA determined the failings identified by inspectors to constitute 125 breaches of the Regulations.

Table AI.36: Outcome 8: Non-compliant - moderate

Subject	Number of breaches
Reg. 8 (7): Staff training in safeguarding	26
Reg. 7 (4): Restrictive procedures	19
Reg. 7 (5): Minimal interventions	18
Reg. 8 (2): Protection from abuse	15
Reg. 7 (2): Challenging behaviour	11
Reg. 7 (3): Informed consent	9
Reg. 8 (8): Staff training in government guidance on child welfare and protection	7
Reg. 8 (6): Intimate care	6
Reg. 7 (1): Positive behavioural support	4
Reg. 8 (5): Reporting incidents - children	4
Reg. 8 (1): Residents' self-care and protection	3
Reg. 8 (3): Investigating incidents	3

5.9.3 Non-compliant - minor

There were 33 reports (18.1% of those in which it was inspected against) in which inspectors found minor non-compliance with Outcome 8. These were found to constitute 45 breaches of the Regulations.

Table AI.37: Outcome 8: Non-compliant - minor

Subject	Number of breaches
Reg. 8 (7): Staff training in safeguarding	13
Reg. 8 (2): Protection from abuse	8
Reg. 7 (3): Informed consent	5
Reg. 7 (4): Restrictive procedures	5
Reg. 7 (5): Minimal interventions	5
Reg. 7 (1): Positive behavioural support	3
Reg. 8 (1): Residents' self-care and protection	3
Reg. 7 (2): Challenging behaviour	2
Reg. 8 (3): Investigating incidents	1

5.9.4 Outcome 8: Safeguarding and safety: Findings

The principal issues that led to findings of major or moderate non-compliance with Outcome 8 were:

- restrictive procedures, particularly the use of lap belts, bed rails and other physical restraints. (Four reports referred to chemical restraints.)
- staff training in safeguarding, particularly regarding behaviour support

5.9.5 Outcome 8: Safeguarding and safety: Action plans

In response to those findings, providers undertook the following actions:

- reviews of systems and procedures for use of restraints including appropriate risk assessments and identifying where personal plans required corresponding changes
- staff training in abuse awareness and behaviour support

5.9.6 Outcome 8: E Safeguarding and safety: Extracts from reports Inspectors' observations

These extracts illustrate the findings discussed above and the actions taken by providers in response to them.

"The inspectors observed that a physical restraint in the form of a tabletop was placed in front of a resident who was sitting in a specialised wheelchair for approximately the duration of the inspection. The only time that inspectors saw the table being used for a specific purpose was to serve the resident's lunchtime meal. Staff did not use the tabletop to engage the resident in activities nor was the restriction (table top) removed at any time." (Report I I I)

Action plans

- The Person In Charge will ensure that all staff within this Residential House is fully familiar with national policy and evidence base practice relating to positive behaviour support management and the use of restrictive practices.
- The Person In Charge will ensure that all staff working in this residential house is fully familiar with this residents Individuals Behaviour Support Plan which outlines that the table top is only used to support the resident with greater independence at mealtime and during table top activities.
- This House has introduced a Shift Leader who will take responsibility in the absence of the Manger to ensure that all staff are fully inducted into each residents Critical Information Template and their Positive Behaviour Support Plan. This revised Induction Template will be signed off by staff on commencement of each Shift.
- The Person In Charge will ensure that all staff within this Residential House completes a One day training programme in Positive Behaviour Support.
- The Person in Charge has completed the Multi Element Behaviour Support training and will support the Manager and staff team in this area. "(Report I I I)

Inspectors' observations

"A mechanical restraint was in place for one resident; the guidance in their behavioural support plan stipulated this should be removed during safe periods such as the resident seated for lunch. The

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inspectors observed the staff only removing the mechanical restraint when the resident was half way through their meal. This practice required review to ensure that the mechanical restraint was only used where necessary so the resident could be alleviated." (Report I 12)

Action plans

"1. A review of this resident's mechanical restraint will occur to ensure the least restrictive strategy is in place for the resident.

2. A staff meeting will occur to ensure any restraint is used as per any authorisation." (Report I 12)

Inspectors' observations

"However, not all staff in the designated centre had undergone protecting vulnerable adults training. [...] Staff spoke to inspectors about their recent training in protecting vulnerable adults however not all staff presented a clear understanding on their role in the reporting and recording necessary when dealing with an allegation of abuse." (Report 74)

Action plans

" (Staff) training has been provided and completed by all staff in this designated centre.

The person in charge has met with all staff in the designated centre to ensure they fully understand their role in relation to the reporting and recording allegations of abuse." (Report 74)

Inspectors' observations

"Staff who spoke with inspectors were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. None of the staff had received training in Children First, 2011 but there was documentary evidence to show that training for all staff was scheduled to occur on a phased basis over the coming months." (Report I44a)

Action plans

"Training on Children First 2011 for all staff working in the designated centre will be completed by [date]." (Report I44a)

5.10 Outcome 9: Notification of incidents.

Outcome 9 deals with keeping of records of incidents of various kinds at designated centres and the notification of HIQA as required by the statute and the Regulations. Outcome 9 is not a core Outcome and appears to be reviewed during registration inspections but not usually in other cases.

Regulation 31 requires quarterly reports to HIQA on any use of restrictive practices, six-monthly reports if none have been used, and reports within three days of any significant incident or allegation at a designated centre.

5.10.1 Non-compliant - major

Six reports (5.5% of those in which it was inspected against), relating to four designated centres, found major non-compliance with Outcome 9. These constituted six breaches of Regulation 31.

Table AI.38: Outcome 9: Non-compliant - major

Subject	Number of breaches
Reg. 31 (3) (a): Quarterly report on use of restraints	2
Reg. 31 (4): Six-monthly report if no reportable incidents	2
Reg. 31 (1) (e): Report within 3 days of unexplained absence of resident	1
Reg. 31 (1) (g): Report within 3 days of allegation of misconduct	1

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5.10.2 Non-compliant - moderate

Three reports (4.1% of those against which it was inspected) detailed moderate non-compliance with Outcome 9, each of which HIQA determined to constitute a breach of Regulation 31.

Table AI.39: Outcome 9: Non-compliant - moderate

Subject	Number of breaches
Reg. 31 (1) (d): Report within 3 days of serious injuries to resident	1
Reg. 31 (1) (f): Report within 3 days of allegation of abuse	1
Reg. 31 (1) (g): Report within 3 days of allegation of misconduct	1

5.10.3 Non-compliant - minor

Only one report noted a minor non-compliance with Outcome 9, which related to a concern that a near-miss incident may not have been properly reported. HIQA did not cite a Regulation that had been breached and did not specify an action plan.

5.10.4 Outcome 9: Notification of incidents: Findings

The principal failings related to Outcome 9 that inspectors identified related to:

- failure to make required periodic reports, or lack of awareness of the requirement to do so
- failure to record or report notifiable incidents

5.10.5 Outcome 9: Notification of incidents" Action plans

In response to inspectors' findings, providers proposed:

- immediate completion of outstanding notifications
- new or revised procedures to ensure that incidents are properly recorded, reported internally and notified to HIQA within due times

5.10.6 Outcome 9: Notification of incidents: Extracts from reports

The following extracts are representative of inspectors' findings and of the actions proposed by providers in response.

Inspectors' observations

"Practice in relation to notifications of incidents was not satisfactory. The nominated provider/ person in charge was not aware of the legal requirement to notify the Chief Inspector regarding adverse incidents. To date any relevant incidents had not been notified to the Chief Inspector by the person in charge." (Report 10)

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Action plans

"The person in charge is fully aware of her responsibilities with regard to notifying the chief inspector with regards to adverse incidents. The person in charge will notify the chief inspector of any adverse incidents using the appropriate notification form and within the timeframe specified. [...] The Person in charge has commenced this process and will submit six monthly notifications if appropriate every July and December." (Report 10)

Inspectors' observations

"The inspector saw that a record of incidents occurring in the designated centre is maintained, however, quarterly reports in relation to incidents in the designated centre had not been forwarded to the Authority." (Report 61)"

Action plans

"Person in Charge will submit retrospective quarterly reports in relation to incidents in the designated centre to the Authority and continue submissions as outlined by regulations." (Report 61)

Inspectors' observations

"Inspectors saw that a resident had sustained a notifiable injury in July 2014. Documentation had not had submitted to the Authority in relation to the injury which is a requirement of the Regulations." (Report 133)

Action plans

"1. The Person in Charge reported this incident to HIQA on the [date].

2. The Person in Charge has reviewed the HIQA requirements for reporting of incidents with line manager." (Report 133)

5.11.7 Outcome 10: General welfare and development

This Outcome relates to, among other issues, residents' opportunities for education, training and employment. It is not a core Outcome and is usually reviewed during registration inspections. It was inspected against in 64 (33%) of reports reviewed.

5.11.1 Non-compliant - major

Two reports (3.1% of reports in which it was inspected against) contain findings of major non-compliance with Outcome 10. HIQA determined each of these to be a single breach of the relevant Regulation.

Table AI.40: Outcome 10: Non-compliant - major

Subject	Number of breaches
Reg. 13 (4) (a): Opportunities for education, training and employment	2

5.11.2 Non-compliant - moderate

Three reports (4.7% of those in which it was inspected against) found moderate non-compliance with Outcome 10.

Table AI.41: Outcome 10: Non-compliant – moderate

Subject	Number of breaches
Reg. 13 (4) (a): Opportunities for education, training and employment	2
Reg. 13 (4) (b): Continuity of access to opportunities during transition between services	1

5.11.3 Non-compliant - minor

Inspectors found minor non-compliances in 4 reports (7.8% of those in which it was inspected against).

Table AI.42: Outcome 10: Non-compliant - minor

Subject	Number of breaches
Reg. 13 (4) (a): Opportunities for education, training and employment	3
Reg. 13 (4) (c): Children's initial assessments include educational targets	1

5.11.4 Outcome 10: General welfare and development: Findings

The main issues identified in inspectors' findings of major or moderate non-compliance were:

- lack of evidence that residents' wishes or aspirations concerning education and training had been assessed
- limited access to activities outside the designated centre

5.11.5 Outcome 10: General welfare and development: Action plans

In response to these findings, providers proposed:

- new or revised procedures for assessing residents' preferences
- finding ways to increase external activities and opportunities

5.11.6 Outcome 10: General welfare and development: Extracts from reports

The following extracts are representative of inspectors' observations and providers' action plans.

Inspectors' observations

"All of the residents had access to a day activation centre, that was accessed by residents for on average between one and two hours per day. Some residents had also been assisted to access community activities by staff from the activation centre. Services provided to residents in this way included music therapy, art, massage, reflexology, spirituality, advocacy group, and walks.

Considering the age profile and level of disability of residents these activities were deemed to be important to them, rather than focusing upon educational, training or employment opportunities.

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However, a critical component of this outcome reflects the need to ensure residents are engaged in social activities internal and external to the centre. Residents were not involved in external social activity." (Report 42)

Action plans

"Short term activity sampling around new meaningful experiences outside the centre will occur for each service user monthly. These short term sampling activities will form the basis of the annual comprehensive assessment and goal setting that will be outcome focused and under continuous review." (Report 42)

Inspectors' observations

"The inspector found that residents participated in social activities. [...] It was unclear from reviewing residents' personal plans is their wishes and aspirations regarding training, education and employment or that this was assessed or explored on behalf of the residents. The person in charge confirmed that this was an area that they would commence developing." (Report 160b)

Action plans

"A new template for personal plans is being developed by senior management, the person in charge and team leaders which will incorporate residents' wishes and capabilities regarding education, training and employment. We will commence exploration with some residents in the interim." (Report 160b)

5.12 Outcome II: Healthcare needs

This deals with resident's healthcare needs and is a core Outcome. The Regulation and National Standards stress the importance of healthcare and the responsibilities of registered providers and persons in charge to ensure that it is accessible, appropriate and delivered in a way that respects the resident's wishes. Access to allied healthcare services (such as psychologists, speech and language therapists etc.) is also a central concern. Health-related issues, such as the quality of residents' diet, are treated with equal importance and must respect residents' wishes and preferences as far as possible.

This Outcome is a core Outcome and was inspected against in 169 (88%) of the 192 reports reviewed.

5.12.1 Non-compliant - major

Inspectors found major non-compliance with Outcome II in 8 reports (4.7% of those in which it was inspected against). Two reports concerned a single designated centre. These non-compliances amounted to 18 breaches of Regulations.

Table AI.43: Outcome II: Non-compliant major

Subject	Number of breaches
Reg. 6 (1): Appropriate healthcare	5
Reg. (6) (2) (d): Access to allied health care	4
Reg. 18 (2) (d): Diet appropriate to needs and preferences	3
Reg. 18 (1) (a): Preparing own meals	2
Reg. 6 (2) (a): Resident's choice of doctor	1
Reg. 6 (2) (e): Access to health information	1
Reg. 18 (2) (a): Properly prepared food	1
Reg. 18 (2) (c): Choice at mealtimes	1

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5.12.2 Non-compliant - moderate

Forty-nine reports (29% of those in which it was inspected against) found moderate non-compliance with Outcome 11. There were 45 designated centres involved as four were the subject of more than one report. The failings amounted to 73 breaches of the Regulations.

Table AI.44: Outcome 11: Non-compliant - moderate

Subject	Number of breaches
Reg. 6 (1): Appropriate healthcare	31
Reg. (6) (2) (d): Access to allied health care	14
Reg. 18 (2) (d): Diet appropriate to needs and preferences	5
Reg. 18 (3): Appropriate assistance at meals	5
Reg. 18 (2) (a): Meals properly prepared and served	4
Reg. 6 (3): End-of-life support	4
Reg. 6 (2) (b): Facilitating treatment	2
Reg. 6 (2) (e): Access to health information	2
Reg. 05 (6) (c) and (d): Review of personal plans to consider effectiveness and changed circumstances	1
Reg. 6 (2) (a): Resident's choice of doctor	1
Reg. 6 (2) (c): Right to refuse treatment	1
Reg. 18 (1) (b): Wholesome and nutritious meals	1
Reg. 18 (2) (c): Choice at mealtimes	1
Reg. 18 (1) (a): Preparing own meals	1

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5.12.3 Non-compliant - Minor

Nineteen reports (13.6% of those in which it was inspected against) discussed minor non-compliances with Outcome 11. Two of these related to a single designated centre. These failings constituted 49 breaches of Regulations as described in Table 4.32.

Table AI.45: Outcome 11: Non-compliant - minor

Subject	Number of breaches
Reg. 6 (1): Appropriate healthcare	8
Reg. 18 (2) (c): Choice at mealtimes	4
Reg. 5 (1) (b): Assessment at least annually	1
Reg. 6 (2) (b): Facilitating treatment	1
Reg. 6 (2) (e): Access to health information	1
Reg. 6 (3): End-of-life support	1
Reg. 18 (2) (a): Meals properly prepared and served	1
Reg. 18 (2) (d): Diet appropriate to needs and preferences	1
Reg. 18 (3): Appropriate assistance at meals	1

5.12.4 Outcome 11: Healthcare needs: Findings

The leading issues in findings of major and moderate non-compliance were:

- provision to residents of appropriate healthcare services, including assessments of healthcare needs, updating personal plans as healthcare needs changed, and arranging regular health checks
- providing access to allied healthcare services such pharmacists, physiotherapy and speech and language therapy
- staff ability to deal appropriately with residents' needs
- ensuring recommendations from residents' GPs and therapists were recorded in personal plans and properly implemented

5.12.5 Outcome 11: Healthcare needs: Action plans

The plans proposed by providers to remedy non-compliances with Outcome 11 included:

- revised procedures and protocols to ensure that residents' health and related needs were regularly assessed by GPs and other relevant professionals
- updating personal plans and templates for them to ensure that healthcare was and remained a central feature
- staff training
- measures to ensure that health provisions in residents' personal plans were implemented and monitored

5.12.6 Outcome 11: Healthcare needs: Extracts from reports

These extracts are typical of inspectors' findings on major and minor non-compliances with Outcome 11, and of providers' action plans to address them.

Inspectors' observations

"Healthcare assessments and plans were in place for only five of the 21 residents. Where they were in place goals had been set and plans relating to healthcare needs documented. The implementation of these plans was being documented. However, the majority of residents had no care plan relating to their healthcare needs. The inspector was concerned as to how healthcare needs were being met and monitored given the lack of supporting documentation. For example, the inspector found a fluid intake chart in place for a resident, but that staff did not know the reason for this chart. There was no documentation in the personal plan of the resident relating to an assessment of need or care plan." (Report 154)

Action plans

"All residents will undergo a comprehensive assessment of need by the Nursing Team & Trained Care Staff under their supervision as appropriate within the service and a corresponding care plan developed by 15th August 2014. This plan will be reviewed on an annual basis or as required" (Report 154)

Inspectors' observations

"The inspector reviewed another care plan for a resident who had multiple healthcare needs that were attended to by different health professionals. There was no log of their most recent appointments in their care plan and it was unclear when they were next due a

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review or follow up. There were also no care plans for specific needs such as epilepsy or a seasonal allergy. Where a resident had a dietary requirement no input had been given or sought from a dietician nor was there a specific plan in place." (Report 160a)

Action plans

"All residents' personal plans are currently undergoing a full review. This will include a full review of all health care needs and personal and social care needs. This will take place at least on an annual basis". (Report 160a)

Inspectors' observations

"The inspector saw that a resident had been reviewed on two occasions by an occupational therapist (OT). The last occasion was almost five months previously. The OT recommended that the resident be referred to the services of a physiotherapist. However it was unclear from the notes and from speaking with staff why this had not been arranged." (Report 80)

Action plans

"The client in question had a series of health checks (10+) over the course of his placement and lengthy preparation is required to prepare the client. These appointments took precedence over the physiotherapy appointment but this should have been prioritised. We will prioritise all access to allied health professionals for all clients in future."(Report 80)

Inspectors' observations

"Inspectors viewed the monitoring and documentation of some residents' nutritional intake and noted that appropriate referrals to the GP and speech and language were made however, one resident with weight loss there was no involvement of a dietician or dietetic service which would be recommended." (Report 6)

Action plans

"Following an appointment with the residents GP, the GP has referred on to the Dietetic service. The process for dietetic referral and review has been discussed directly with the dietetic services in Wexford. It has now been agreed that residents initial referral will continue to be made by the GP to the Consultant, however all reviews will be referred directly to the dietician by PIC of [designated centre]." (Report 6)

5.13 Outcome 12: Medication management

This Outcome is a core Outcome and was covered in 182 (95%) reports reviewed.

The National Standards and Regulations require designated centres to develop and follow detailed procedures to ensure that medication is controlled, used and, when appropriate, disposed of in ways that are safe and accountable. Staff must be familiar with and adhere to applicable regulatory and professional standards as well as internal policies and systems.

5.13.1 Non-compliant - major

There were 21 reports (11.5% of those in which it was inspected against) in which inspectors found major non-compliance with Outcome 12. Two of these related to one designated centre.

Table AI.46: Outcome 12: Non-compliant - major

Subject	Number of breaches
Reg. 29 (4) (b): Appropriate and suitable practices to ensure that medicine which is prescribed is administered only to the person for whom prescribed	24
Reg. 29 (4) (a): Secure storage of medication	7
Reg. 29 (5): Self-medication	3
Reg. 29 (4) (c): Unused or out-of-date medication	2
Reg. 29 (4) (d): Unused or out-of-date controlled drugs	1
Reg. 29 (1): Choice of pharmacist	1
Reg. 29 (2): Facilitating choice of pharmacist	1

5.13.2 Non-compliant - moderate

Sixty-one reports (34.1% of those in which it was inspected against) found moderate non-compliance with Outcome 12. These related to 57 designated centres and constituted 100 breaches of the Regulations.

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Table AI.47: Outcome 12: Non-compliant - moderate

Subject	Number of breaches
Reg. 29 (4) (b): Appropriate and suitable practices to ensure that medicine which is prescribed is administered only to the person for whom prescribed	48
Reg. 29 (4) (a): Secure storage of medication	28
Reg. 29 (4) (c): Unused or out-of-date medication	10
Reg. 29 (4) (d): Unused or out-of-date controlled drugs	5
Reg. 29 (2): Facilitating choice of pharmacist	3
Reg. 29 (5): Self-medication	3
Reg. 29 (4): General management of medication	2
Reg. 29 (3): Records of administration by pharmacists	1

5.13.3 Non-compliant - minor

Inspectors found minor non-compliance with Outcome 12 in 24 reports (14.8% of those in which it was inspected against). These constituted 31 breaches of the Regulations.

Table AI.48: Outcome 12: Non-compliant - minor

Subject	Number of breaches
Reg. 29 (4) (b): Appropriate and suitable practices to ensure that medicine which is prescribed is administered only to the person for whom prescribed	12
Reg. 29 (4) (a): Secure storage of medication	7
Reg. 29 (4) (c): Unused or out-of-date medication	4
Reg. 29 (5): Self-medication	4
Reg. 29 (4) (d): Unused or out-of-date controlled drugs	1
Reg. 29 (4): General management of medication	1
Reg. 4 (3): Policies and Procedures to be Maintained in Respect of the Designated Centre	1

5.13.4 Outcome 12: Medication management: Findings

The principal areas in which inspectors found major or moderate non-compliance with Outcome 12 were:

- safe prescription and administration procedures, including accurate transcriptions, verifying dosages and robust identification procedures for both those receiving the medication and those administering it
- secure storage of medication, including appropriate locks and overall restricting access to appropriate personnel

5.13.5 Outcome 12: Medication management: Action plans

The steps providers took to address these failings included:

- revised procedures to ensure best practice in medication management including administration of prescriptions
- improved measures for secure storage of prescription medication

5.13.6 Outcome 12: Medication management: Extracts from reports Inspectors' observations

"In general, the inspector found evidence of safe medication management practices with policies in place being implemented in practice, although some improvements were found to be required such as; - original prescriptions or in house prescription kardex with general practitioner (GP) or medical officer (MO) original signature was not in place for every medication. - name of residents GP not identified on the prescription sheet." (Report 128)

Action plans

"The Person in Charge has been advised by the Director of Psychiatry and Head of the Medical Department that they are developing an Organisational Prescribing Policy. The Policy will support the accurate administration of medication. The PIC will implement these policies and request the relevant training or the staff to ensure that medication is administered as prescribed. The Organisation's Medication Management Group will develop a Policy for Service Users being referred to Hospital/External Providers. This will assist with their medication reconciliation." (Report 128)

Inspectors' observations

"The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was generally completed and maintained in

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accordance with the centre's policies and professional guidelines. However, the system in place did not demonstrate that medications were being administered from prescriptions which had been reviewed at regular intervals. In relation to PRN medications the maximum dose in 24 hours was not clearly stated and staff members responsible for administering medication did not demonstrate understanding in relation to this. [...] While the staff members responsible for administering medication had attended training in medication management, the person in charge had not. The inspector was concerned that this training had not taken place as this impacted on the ability of the person in charge to monitor and review safe medication management practices. The person in charge said she monitored practice in this area by observing staff and medication records. The person in charge had access to other senior staff, who, were trained in this area, as required." (Report I44b)

Action plans

"The Person in Charge will ensure that the on-going regular audits of medication stock are dated and signed. This action is with immediate effect. The medication administration record has now been appropriately signed by the prescribing doctor This was completed on 15th June 2014. Medication no longer required by one of the children has been removed from the medication records for that child. This medication documentation error has been recorded." (Report I44b)

Inspectors' observations

"[T]he inspector observed some prescribing sheets contained within the medication log books did not provide the actual time that the medication should be administered. The dosette packs did not provide clarity on this either, as they referred more generally to morning or evening." (Report 29)

Action plans

"Separate, locked fridges have been installed in each house. [...] Prescribing sheets have been amended to ensure that the times of medication administration [are] now recorded." (Report 29)

Inspectors' observations

"A sample of medication administration records was reviewed by inspectors. Appropriate medication management practices were not

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always adhered to. A number of medication errors were detected and a review of the accident and incident log revealed a pattern of medication errors. No action had been taken to address this issue. This was brought to the providers attention immediately following the inspection who advised that corrective action was taken immediately." (Report 96)

Action plans

"• Re Induction to the medication policy was delivered on the 01/09/2014 • Office has been relocated upstairs to reduce distraction and promote safe administration of medication when supporting a resident. • We are in the process of acquiring suitable medication cupboards which would be site specific. • Full stock control was carried out and medication not in use has been returned to the appropriate pharmacy. • Medication is now being administered from Blister Packing where possible. • All PRN support / care plans have been reviewed and amended where required. • Two Staff carry out a Medication stock control on a Thursday and this is reflected in the shift planner manual. • Request for review of SAMs training has been made by PIC, which will be delivered by the end of the year • Reassessment has been completed in consultation with two residents who self medicate. • PIC is in the process of seeking further training in the area of medication management with the Nurse Development Unit with the Executive in [town]. Medication Audit was completed on [date] by Policy & Standards Officer." (Report 96)

5.14 Outcome 13: Statement of purpose

The statement of purpose is a detailed statement that sets out prescribed information concerning a designated centre. It must give details including the centre's facilities, the care and services it provides, the policies that govern it and other particulars prescribed in Schedule 1 to the Regulations. It is required to be provided to residents and their families or representatives, and to be available for inspection in the designated centre. The statement must be reviewed regularly.

Outcome 13 seeks to ensure compliance with these requirements. It was inspected against in 131 (68%) of reports reviewed. It is not a core HIQA Outcome.

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5.1.4.1 Non-compliant - major

Four reports (3.1% of those in which it was inspected against) found major non-compliance with Outcome 13, constituting six breaches of the Regulations.

Table AI.49: Outcome 13: Non-compliant - major

Subject	Number of breaches
Reg. 3 (1): Statement of purpose contains Schedule 1 information	4
Reg. 3 (3): Copy provided to residents and representatives	2

5.1.4.2 Non-compliant - moderate

There were 28 report (21.4% of those in which it was inspected against) in which inspectors found moderate non-compliance with Outcome 13.

Table AI.50: Outcome 13: Non-compliant - moderate

Subject	Number of breaches
Reg. 3 (1): Statement of purpose contains Schedule 1 information	26
Reg. 3 (3): Copy provided to residents and representatives	10
Reg. 3 (2): Revisions at least annually	4

5.1.4.3 Non-compliant - minor

There were minor non-compliances with Outcome 13 in 52 reports (41.2% of those in which it was inspected against) amounting to 62 breaches of the Regulations.

Table AI.51: Outcome 13: Non-compliant - minor

Subject	Number of breaches
Reg. 3 (1): Statement of purpose contains Schedule 1 information	46
Reg. 3 (3): Copy provided to residents and representatives	13
Reg. 3 (2): Revisions at least annually	2

5.1.4.4 Outcome 13: Statement of purpose: Findings

The main issues giving rise to findings of major or moderate non-compliance with Outcome 13 were:

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- failure to include all information required by Schedule I of the Regulations
- failure to accurately describe the designated centre, including its facilities, the care and services it provided, and any limitations on them
- failure to provide copies to residents or their families, or to make them available in accessible formats

5.14.5 Outcome 13: Statement of purpose: Action plans

In response to these findings, providers took the following steps:

- comprehensive revisions of the statement of purpose to include all required information
- distribution to residents and families in appropriate formats, and displaying the statement in the centre

5.14.6 Outcome 13: Statement of purpose: Extracts from reports

Inspectors' observations

"However, aspects of the statement of purpose required review to meet all the requirements of Schedule I of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. The areas requiring review include:

- The arrangements made for dealing with reviews and development of a resident's personal plan
- Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision." (Report 9)

Action plans

"Statement of Purpose will be reviewed and updated to reflect details required under Regulations.[...] Statement will be displayed in the centre and made available to all individuals and families concerned. New statement of purpose will be furnished to residents and representatives." (Report 9)

Inspectors' observations

"The statement of purpose did not reflect the arrangements that were in place in the centre on the day of inspection, or for a significant period of time prior to inspection, as there were residents who had been resident on a full time basis from 4 to 19 months. [...] Personal plans were referenced in the statement of purpose. However, there was insufficient information in relation to how plans were developed, who was involved in the review process

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nor was there an adequate emphasis on the multi-disciplinary nature of the review. The statement of purpose had not specifically outlined the criteria for accessing the service, transitioning and discharge from the service. The criterion for accessing the service on an emergency basis was not outlined. The activities or social opportunities offered to residents attending the service were not sufficiently described. Specific therapeutic techniques used in the centre were not outlined and described in the statement of purpose." (Report 72)

Action plans

"• A review of the current statement of purpose and function document will be undertaken and an updated version will be prepared in line with the requirements using the document "Guidance for Designated centres: Statement of Purpose and Function" November 2013 as a guideline. Particular attention will be given to ensuring that it contains all of the information set out in Schedule 1 [...] • Once the review and update of the statement of purpose and function document has been completed it will be sent to the next of kin of all individuals. Date for completion: [date] • An updated statement of purpose function documents will be made available to all individuals in an accessible format. Date for completion: [date]" (Report 72)

Inspectors' observations

"The statement of purpose did not outline the criteria for admissions to the centre. The information in the statement of purpose was not sufficiently detailed to reflect the day-to-day operation of the centre and the services and facilities provided in the centre. The statement of purpose required review to be more comprehensive and to contain all the relevant information to meet the requirements of legislation." (Report 33)

Action plans

"The Statement of Purpose will be amended to include criteria for admissions to the centre. It will also contain more detail about the day to day operation of the centre." (Report 33)

Inspectors' observations

"There was no written evidence that a copy of the statement of purpose was as of yet made available to the parents of children that attended the centre, however the statement had only been revised

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the same month of the inspection. A residents' guide was not yet in place at the centre." (Report I14)

Action plans

"Under Regulation 03 (1) the Registered Provider will ensure that a statement of purpose containing the information set out in Schedule 1 [of the Regulations] will be completed. Under Regulation 03 (3) the Registered Provider will ensure that a copy of the statement of purpose will be made available to residents and their representatives." (Report I14)

5.15 Outcome 14: Governance and management

Governance and management are major features of the Regulations and National Standards. Outcome 14 is one of HIQA's core Outcomes and was covered in 131 (68%) of the 192 reports reviewed.

The Regulations require, among other things, the appointment of a suitably qualified and capable person in charge, clear management structures, effective management systems and regular reviews to maintain and ensure the quality and safety of services provided to residents.

5.15.1 Non-compliant - major

Twenty reports (10.1% of those in which it was inspected against) contained findings of major non-compliance with Outcome 14. These related to 18 designated centres and constituted 49 breaches of the Regulations.

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Table AI.52: Outcome 14: Non-compliant – major

Subject	Number of breaches
Reg. 23 (1) (c): Management systems	11
Reg. 23 (1) (d): Annual review of quality and safety	7
Reg. 23 (1) (b): Clearly defined management structure	6
Reg. 23 (3) (a): Support and performance management of staff	5
Reg. 14 (4): person in charge in charge of more than one designated centre	3
Reg. 5: Information to be supplied with applications for registration or renewal ⁷⁰	3
Reg. 14 (5): Required documentation on person in charge	2
Reg. 14 (1): Appointment of a person in charge	1
Reg. 23 (3) (b): Facilitating staff to raise concerns	1

5.15.2 Non-compliant - moderate

Inspectors found moderate non-compliance with Outcome 14 in 42 reports (24.7% of those in which it was inspected against). These constituted 78 breaches of Regulations.

⁷⁰ This provision forms part of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, S.I. 366/2013

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Table I.53: Outcome 14: Non-compliant - moderate

Subject	Number of breaches
Reg. 23 (1) (c): Management systems	18
Reg. 23 (3) (a): Support and performance management of staff	12
Reg. 23 (1) (d): Annual review of quality and safety	11
Reg. 23 (2) (a): Written reports of unannounced visits	7
Reg. 23 (1) (e): Residents consulted on annual review	6
Reg. 23 (1) (b): Clearly defined management structure	5
Reg. 14 (2): Skills and qualifications of person in charge	4
Reg. 14 (4): person in charge in charge of more than one designated centre	4
Reg. 23 (1) (f): Copy of annual review report available	3
Reg. 14 (1): Appointment of a person in charge	2
Reg. 23 (2) (b): Copy of unannounced visit report available	2
Reg. 23 (3) (b): Facilitating staff to raise concerns	2
Reg. 14 (5): Required documentation on person in charge	1
Reg. 5: Information to be supplied with applications for registration or renewal	1

5.15.3 Non-compliant - minor

There were 16 reports (9% of those in which it was inspected against) in which inspectors found minor non-compliance with Outcome 14. These constituted 20 breaches of the Regulations.

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Table AI.54: Outcome 14: Non-compliant – minor

Subject	Number of breaches
Reg. 23 (2) (a): Written reports of unannounced visits	4
Reg. 23 (1) (c): Management systems	3
Reg. 23 (1) (e): Residents consulted on annual review	3
Reg. 23 (1) (f): Copy of annual review report available	3
Reg. 23 (3) (a): Support and performance management of staff	3
Reg. 23 (1) (d): Annual review of quality and safety	2
Reg. 14 (2): Skills and qualifications of person in charge	1
Reg. 14 (5): Required documentation on person in charge	1

5.15.4 Outcome 14: Governance and management: Findings

The main issues that led to findings of non-compliant - major or non-compliant moderate in Outcome 14 were:

- lack of clear lines of management, defined roles and responsibilities, and clear guidelines for operations and reporting
- supervision and performance management of staff
- general non-compliance in other issues indicating poor management and governance

5.15.5 Outcome 14: Governance and management: Action plans

In response to the above findings, providers commonly took the following actions:

- reviews of management procedures and structures
- documenting lines of reporting and responsibility
- implementing performance management systems
- recruiting or promoting staff to supervisory roles
- reviewing relevant risk assessments and documentation

5.15.5 Outcome 14: Governance and management: Extracts from reports

Inspectors' observations

"Inspectors were not satisfied that there were adequate governance arrangements in place as exemplified by the absence of an effective complaints process, notifications not submitted to the Authority, the lack of consultation with residents and their relatives, no advocacy services, inadequate staff training and the absence of a systematic process for reviewing the quality and safety of care in the centre." (Report 10)

Action plans

"An Annual Review of Quality by a suitable qualified person not employed by the service has been scheduled for [date] and will be conducted by an external company. Training on Regulations and Standards for the provider nominee, person in charge and all board members of [name of limited company] has been scheduled for [date]." (Report 10)

Inspectors' observations

"The roles of nurse manager and care staff were not clearly set out and understood. Inspectors found that there was a lack of clinical governance in the centre which resulted in poor outcomes for residents. Inspectors identified non compliances in the areas of clinical leadership as outlined in Outcome 11, healthcare, risk management and insufficient staffing arrangements as outlined in Outcome 17." (Report 27c)

Action plans

"Actions taken: 1. Initial walk-through audit led by Chief Executive on [date].

Action to be taken

1. The Registered Provider to select an Internal Safety and Quality of Care Audit group.
2. Training to be provided for the auditors selected. To be completed by [date].
3. Schedule of audits to be carried out to assess, evaluate and improve the provision of services. [date]

4. First Audit to be completed on [date]" (Report 27c)

Inspectors' observations

"The management structure did not ensure sufficient supervision, monitoring and review of practice; the details of which are explored and evidenced under all outcomes as inspected against by the inspectors. There were no clear lines of accountability for decision making and responsibility for the delivery of services to residents. It was evident that the local manager and staff were committed to the care and welfare of the residents; however the current overall governance and management systems did not support the local manager and staff. The PIC stated that monthly meetings were planned; however it was evident that the monthly meeting was not always convened [...] There was no evidence that senior management regularly visited the centre." (Report 48)

Action plans

The service has a clearly defined management structure, with improvements under Regulation 14(4) being implemented. The Centre will review the structure to ensure full compliance with Regulation 23 (1) (b). [...] A Performance Management System is established in Enable Ireland. Priority will be given to its implementation in this centre. (Report 48)

Inspectors' observations

"An audit of the quality of the service had been completed and the manager had implemented some audits of specific aspects of care provision. However, there were deficits in how the senior management team had managed the overall respite service for the 19 months prior to inspection.[...] Staff were unaware of a protected disclosures policy should they have concerns in relation to the quality of the service provided, however staff outlined that if they had concerns they would speak to a member of the management team." (Report 72)

Action plans

"Action taken: The organisation's performance management process has been reviewed and updated. The document "performance conversations template" which was issued on [date] is now used to guide and document performance conversations with staff members. Date action completed: [date]

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Using the updated performance management process the person in charge will conduct performance management conversations with the relevant staff. Date action to be completed: [date]

Performance management conversations will take place on at least a six monthly basis with all staff members in line with the organisations performance management process. "(Report 72)

Inspectors' observations

"Based on the failings identified throughout the inspection, inspectors were not satisfied that the governance and management systems in place were effective and promoted safe and quality services. An example of this, was as stated in Outcome 7, significant risk had been identified by staff whilst conducting fire drills and there was no evidence that this had been identified by management and any actions had been taken to rectify this.[...] The numerous deficits identified in the documentation of the needs of residents and the plans in place to meet the needs evidenced that there was no formal system of review in place by management to ensure services were delivered in line with best practice and the policies of the organisation." (Report 136a)

Action plans

"Following the inspection, discussions (have taken place) with our Funding Body seeking agreement to support necessary changes in the Management of the Services, namely, to separate the role of the provider nominee and person in charge. A person in charge (is) being recruited." (Report 136a)

5.16 Outcome 15: Absence of the Person in Charge

This Outcome deals with arrangements for cover when the person in charge is absent. The relevant Regulations also require registered providers to notify HIQA of any extended absences of 28 days or more. It is not a core Outcome and is covered in 69 (36%) of the 192 reports reviewed.

5.16.1 Non-compliant – major

One report (1.4% of those in which it was inspected against) found major non-compliance concerning this Outcome. This was found to constitute two breaches of the Regulations.

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Table AI.55: Outcome 15: Non-compliant - major

Subject	Number of breaches
Reg. 33 (1): Notify arrangements to cover absence of person in charge	1
Reg. 33 (2) (c): Notify name and contact details of person in charge's cover	1

5.16.2 Non-compliant - moderate

Five reports (5.8% of those in which it was inspected against) describe moderate non-compliance. Of these two are for the same centre that was found majorly non-compliant in earlier inspection reports.

Table AI.56: Outcome 15: Non-compliant - moderate

Subject	Number of breaches
Reg. 33 (1): Notify arrangements to cover absence of person in charge	3
Reg. 33 (2) (c): Notify name and contact details of person in charge's cover	1

5.16.3 Non-compliant - minor

One report (1.4% of those in which it was inspected against) describes minor non-compliance with Outcome 15.

Table AI.57: Outcome 15: Non-compliant - minor

Subject	Number of breaches
Reg. 33 (1): Notify arrangements to cover absence of person in charge	1

5.16.4 Outcome 15: Absence of the Person in Charge: Findings

The main issues arising under this Outcome were

- failure to either make arrangements to cover absences of the person in charge
- failure to notify HIQA of any such arrangements

Outcome 15: Absence of the Person in Charge: Action plans

In response to inspectors' findings, providers made appropriate arrangements for cover and informed HIQA of them.

Outcome 16: Use of resources

The National Standards and Regulations emphasise the need for designated centres to have and deploy effectively the resources required to deliver the services outlined in the statement of purpose. Issues arising under this Outcome include premises, equipment and staff. (However, it must be noted that those issues are also dealt with under other Outcomes, including Outcomes 6 and 17.) It is not a core Outcome and was covered in 69 reports (36%) of the 192 reviewed.

Non-compliant - major

Inspectors found major non-compliance with Outcome 16 in 5 reports (7.2% of those in which it was inspected against).

Table AI.58: Outcome 16: Non-compliant - minor

Subject	Number of breaches
Reg. 23 (1) (a): Ensuring designated centre can deliver effective care	5

Non-compliant - moderate

Inspectors found major non-compliance with Outcome 16 in 5 reports (7.2% of those it was inspected against).

Table AI.59: Outcome 16: Non-compliant - moderate

Subject	Number of breaches
Reg. 23 (1) (a): Ensuring designated centre can deliver effective care	5

Non-compliant - minor

One report (1.4% of those in which Outcome 16 was inspected against) found a minor non-compliance.

Table AI.60: Outcome 16: Non-compliant - minor

Subject	Number of breaches
Reg. 23 (1) (a): Ensuring designated centre can deliver effective care	1

Outcome 16: Use of resources: Findings

The principal issues that gave rise to findings of major or moderate non-compliance with Outcome 16 were:

- lack of sufficient staff on duty to ensure effective care
- lack of physical resources such as transport, equipment or wheelchair-accessible facilities

Outcome 16: Use of resources: Action plans

Steps taken by providers to resolve the failings identified included:

- revising roster and staffing levels to ensure appropriate staff resources when required
- redesigning premises or planning relocation to smaller premises where staff will not have to deal with large numbers of residents

Outcome 16: Use of resources: Extracts from reports

Inspectors' observations

"The inspector found that due to insufficient staffing a number of activities did not occur such as evening activities, attending mass and attending specific classes. [...] Serious incidents took place in the centre for a successive period of approximately seven weeks. As stated previously there was little evidence of support by senior management when a number of serious incidents occurred aside from a staff meeting. Staffing levels did not increase during this time to meet the identified needs of all residents. The centre did not have a team leader to provide ongoing support, supervision or oversee staff working at the centre." (Report 159a)

Action plans

"The organisation will conduct an assessment regarding staff levels. A full time team leader will be recruited. There will be full time team leader based at the designated centre." (Report 159a)

Inspectors' observations

"There were insufficient numbers of nurses on duty to meet the assessed needs of residents. Inspectors found that while an assessment of staffing had been completed by the acting nurse manager, this would not be sufficient to meet the needs of residents and the plan had not been implemented." (Report 27c)

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Action plans

"Actions taken:

1. Revised Roster to ensure additional provision of care staff at weekends and meal times.
2. 24 X 7 nursing now in place since [date] under the supervision of the Nurse Manager.

Actions to be taken: 1. Continue recruitment drive for Nursing Staff. " (Report 27c)

Inspectors' observations

"Resources allocated to maintenance, housekeeping, the repair of equipment, education and training of staff required review to ensure the needs of the residents were met. It was evident that the centre's routines and activities were resource led and not person centred. This approach had a direct impact on the accommodation made available to residents, the education and training of staff involved in the direct care of the residents." (Report 42a)

Action plans

"A property has been sourced for one service user and it is in the process of being registered with HIQA. A transition process is being implemented presently. The remaining service users will be transferred into more suitable environment." (Report 42a)

Outcome 17: Workforce

This Outcome deals with the workforce and staffing arrangements of designated centres. Issues arising under it include the levels of staffing, training and skills, the mix of skills available for providing services to residents, and associated administrative and safeguarding issues such as job descriptions, references and vetting.

Outcome 17 is a core Outcome and was inspected against in 186 (97%) of 192 reports reviewed.

Non-compliant - major

Inspectors described major non-compliance with Outcome 17 in 21 reports (10.2% of those in which it was inspected against). These related to 17 designated centres. These constituted 62 breaches of the Regulations.

Table AI.61: Outcome 17: Non-compliant - major

Subject	Number of breaches
Reg. 15 (1): Appropriate number, qualification and skill mix	14
Reg. 16 (1) (a): Training	12
Reg. 16 (1) (b): Supervision	10
Reg. 15 (5): Staff documentation	9
Reg. 15 (4): Planned and actual staff rota	6
Reg. 15 (2): Nursing care	4
Reg. 15 (3): Continuity of care	3
Reg. 16 (1) (c): Staff awareness of Act, Regulations and standards	1
Reg. 16 (2) (a): Person in charge awareness of Act	1
Reg. 16 (2) (c): Person in charge awareness of relevant guidance	1
Reg. 30 (c): Volunteers - vetting	1

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Non-compliant - moderate

Moderate non-compliance with Outcome 17 was identified by inspectors in 77 reports (42.5% of those in which it was inspected against). These relate to 73 designated centres. The failings constitute 171 breaches of the Regulations.

Table AI.62: Outcome 17: Non-compliant - moderate

Subject	Number of breaches
Reg. 16 (1) (a): Training	47
Reg. 15 (1): Appropriate number, qualification and skill mix	32
Reg. 15 (5): Staff documentation	31
Reg. 16 (1) (b): Supervision	25
Reg. 15 (4): Planned and actual staff rota	16
Reg. 15 (3): Continuity of care	7
Reg. 30 (a): Volunteer roles in writing	4
Reg. 16 (1) (c): Staff awareness of Act, Regulations and standards	3
Reg. 15 (2): Nursing care	2
Reg. 16 (2) (a): Person in charge awareness of Act	1
Reg. 16 (2) (c): person in charge awareness of relevant guidance	1
Reg. 30 (b): Volunteers - supervision and support	1
Reg. 30 (c): Volunteers - vetting	1

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Non-compliant - minor

Inspectors found minor non-compliance with Outcome 17 in 33 reports (18.3% of those in which it was inspected against). These constituted 49 breaches of the Regulations.

Table A1.63: Outcome 17: Non-compliant – minor

Subject	Number of breaches
Reg. 15 (5): Staff documentation	21
Reg. 16 (1) (a): Training	11
Reg. 16 (1) (b): Supervision	6
Reg. 15 (1): Appropriate number, qualification and skill mix	4
Reg. 15 (4): Planned and actual staff rota	3
Reg. 30 (a): Volunteer roles in writing	3

Outcome 17: Workforce: Findings

The principal issues leading to findings of major and moderate non-compliance with Outcome 17 were:

- insufficient staffing levels, or inadequate rostering, , resulting in reduced care, support or activities for residents
- inadequate training programmes, or lack of training in individual staff members

Outcome 17: Workforce: Action plans

In response to these findings, providers took the following steps:

- reviews of roster and staffing levels
- risk assessments of staff levels and mixes
- sought to recruit new staff or arrange for additional agency staff
- arranged training to deal with deficiencies identified by inspectors
- training audits to identify any additional gaps

Outcome 17: Workforce: Extracts from reports

Inspectors' observations

"The number of care assistants was inadequate and their deployment model considering the layout of the building did not facilitate person-centred outcomes. There was evidence in one unit

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residents did not have the choice to return to their bedrooms throughout the evening at their leisure until a care assistant was available at 21:30 hrs to assist residents to their bedroom accommodation which was located on the first floor [...]" (Report 53)

Action plans

"A review of all staffing in xx name of services is being undertaken. This will inform the number of care assistants required to adequately facilitate person centred outcomes." (Report 53)

Inspectors' observations

"However, at weekends there is only one staff available at any time. There was evidence that this staffing level at weekends does impact on the ability of staff to support residents with activities and access to external facilities at this time. The person in charge informed the inspector that they were aware of this deficit and had made representation to the funding body in regard to this." (Report 82)

Action plans

"Currently, the adjacent service [...] has staff members available to [the designated centre] to support activities, outings and appointments in the evenings and over the weekends on a relief basis. A proposal for an additional 0.5 WTE staff member for [the designated centre] has been submitted to senior management prior to the inspection."(Report 82)

Inspectors' observations

"However, education and training of staff to ensure that they had the skills, qualifications and experience to care for residents with a maximum dependency and with complex medical and nursing needs, required review as staff had no training on: - the use of restraint - how to manage behaviours that challenge - clinical risk assessment - person centred planning - communication." (Report 48)

Action plans

"The service is currently coordinated by a Nurse Manager (0.8 WTE). As part of the overall Person Centred Plan care planning process, the requirement for additional nursing support will be assessed on an ongoing basis." (Report 48)

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Inspectors' observations

"Care staff, who were working in isolation with residents, although familiar with their needs, had not been inducted with regards to their positive behavioural support plans. All staff did not receive training in Therapeutic Management of Aggression and Violence." (Report I 12)

Action plans

"1. The Person in Charge will compile a protocol with night staff in the designated centre to ensure comprehensive use of the float night staff at night when behaviours of concern or support needs of residents require additional assistance.

2. The Person in Charge in conjunction with senior night staff will conduct a full review of staffing at night within the designated centre to ensure there are adequate supports to meet the assessed needs of residents at night." (Report I 12)

Outcome 18: Records and documentation to be kept

This Outcome is concerned with documentation that registered providers and persons in charge must keep, update as required, and produce to inspectors or others.

Regulation 4 (1) requires registered providers to prepare, update and keep at the designated centre a large number of policies and procedures relating to matters including:

- admission, transfer and discharges
- care and support procedures and policies
- risk and emergency assessments, plans and policies
- individual records of residents and their care
- staff records and insurance

Because of the extensive documentation required under provisions of the Regulations and National Standards (such as personal plans, staff records, statements of purpose, risk assessments, protocols and procedures for operations etc), in many reports, deficits in record keeping manifest as failings under other Outcomes dealing with the subject of the documentation.

Outcome 18 is not a core Outcome and was inspected against in 88 reports (46%) of the 192 reviewed.

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Non-compliant - major

Just 2 reports (2.3% of those in which it was inspected against) identified major non-compliances with Outcome 18, amounting to 6 breaches of the Regulations.

Table AI.64: Outcome 18: Non-compliant - major

Subject	Number of breaches
Reg. 21 (1) (c): General documentation	2
Reg. 21 (1) (b): Resident documentation	2
Reg. 4 (1): Policies and procedures	2
Reg. 20 (1): Residents' guide	1
Reg. 21 (1) (a): Staff documentation	1

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Non-compliant - moderate

Inspectors found moderate non-compliance with Outcome 18 in 37 reports (43.2% of those in which it was inspected against), which dealt with 35 centres. These constituted 88 breaches of the Regulations.

Table AI.65: Outcome 18: Non-compliant - moderate

Subject	Number of breaches
Reg. 4 (1): Policies and procedures	28
Reg. 19 (3): Contents of Directory	10
Reg. 4 (3): Reviews of policies and procedures	8
Reg. 19 (1): Create and maintain directory	8
Reg. 21 (1) (b): Resident documentation	8
Reg. 21 (1) (c): General documentation	6
Reg. 20 (2) (a): Guide to contain summary of services and facilities	3
Reg. 20 (2) (d): Guide to explain how to access information reports on centre	3
Reg. 20 (2) (b): Guide to contain terms and conditions of residency	2
Reg. 20 (2) (c): Guide to explain arrangements for residents' involvement in running of centre	2
Reg. 20 (2) (e): Guide to include complaints procedures	2
Reg. 20 (2) (f): Guide to include arrangements for visits	2
Reg. 21 (4): Retention of Schedule 4 records for 4 years	2
Reg. 20 (1): Residents' guide	1
Reg. 21 (1) (a): Staff documentation	1
Reg. 21 (3): Retention of Schedule 3 records for 7 years	1
Reg. 22 (2): Insurance of designated centre	1

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Non-compliant - minor

Inspectors identified minor non-compliances with Outcome 18 in 32 reports (37.5% of those in which it was inspected against). These were found to constitute 41 breaches of the Regulations.

Table AI.66: Outcome 18: Non-compliant - minor

Subject	Number of breaches
Reg. 4 (1): Policies and procedures	17
Reg. 4 (3): Reviews of policies and procedures	7
Reg. 21 (1) (b): Resident documentation	7
Reg. 21 (1) (c): Records specified in Schedule 4	3
Reg. 19 (3): Contents of Directory	2
Reg. 21 (1) (a): Staff records	2
Reg. 4 (2): Provide policies and procedures to staff	1
Reg. 20 (1): Information for residents	1
Reg. 22 (2): Insurance of designated centre	1

Outcome 18: Records and documentation to be kept: Findings

The main issues identified in major and minor non-compliances with Outcome 18 were:

- general lack of documentation including policies, emergency plans, essential information about residents and their care
- individual gaps in documentation, for example, medical records, complaints or other policies, details of residents' plans

Outcome 18: Records and documentation to be kept: Action plans

In response to these findings, providers:

- undertook to complete all outstanding documentation
- reviewed existing documentation that was due to be updated
- undertook audits of documentation to identify other gaps

Outcome 18: Records and documentation to be kept: extracts from reports

Inspectors' observations

"While this outcome was not inspected against, the inspectors found that documentation and policies were not adequate. For example, there was no risk management policy, no policy on the prevention, detection and response to abuse, no policy or guidelines to support residents to manage their financial affairs and no centre specific emergency evacuation plan. In addition, policies viewed by the inspectors were not centre specific and were not sufficient to guide staff practice." (Report 9)

Action plans

"Full up-date and re-draft of all policies and procedures pertaining to the service to reflect current best practice and Regulations, agreed and signed off by Board member. Guiding protocols and practices (are) to be fully up-dated and in line with best practices in disability services in order to comply with Regulations." (Report 9)

Inspectors' observations

"Overall records and documentation were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval [...]. Not all items listed in Schedule 2 of the Regulations were available in personnel files. One staff file viewed by inspectors contained no references." (Report 133)

Action plans

1. The Residents' Guide will include terms and conditions of residency and will be reviewed by PIC

2. We now have a property inventory which has been commenced for all residents and will be completed by the end of [date] [...]

1. The PIC will review all HR audit reports and immediately review all outstanding information for HR files within the centre. The ADOS for this centre will receive a weekly update in relation to all outstanding items." (Report 133)

6. Comments from the Reports: Positive Remarks

Material collated under this heading comprises inspectors' remarks and observations that praise arrangements or otherwise highlight steps taken towards meeting Outcomes 1 - 18.

These favourable comments and observation do not necessarily indicate that inspectors determined a registered provider or person in charge to be fully compliant under an Outcome. Inspectors' comments in relation to Outcomes 1 - 18 are detailed and cover a wide range of matters, and individual Outcomes can relate to several different Regulations.

In keeping with the range of subjects covered by Outcomes 1 - 18, inspectors' favourable observations in relation to them touch on numerous matters and practices. However, a number of key topics were prominent. This section gives examples of inspectors' comments and observations to show how these topics were highlighted in reports.

Residents' rights and dignity

This topic is the concern of many of the provisions of the National Standards, and the Regulation 9 is entirely focussed on it. It is the explicit subject of Outcome 1 and is discussed by inspectors mainly in that context, though remarks on Outcomes 3 (Family and personal relationships and links with the community), 5 (Social care needs), 6 (Safe and suitable premises) and 8 (Safeguarding and safety) are also germane.

The great majority of reports reviewed (138 or 72%) include positive remarks or observations concerning the protection or promotion of residents' rights and dignity. Some observations are limited or qualified in their praise, but many have detailed discussion of the subject.

"The inspectors saw evidence in a resident's person-centred plan that an individual rights assessment is undertaken annually which looks at issues such as residents' rights to have access to the community and their right to smoke. The human rights committee recommended that a resident should not have their access to the community restricted or imposed if the primary motivation is not risk but staff shortage. As a result of this extra staffing hours were made available." (Report 16)

"Inspectors reviewed the statement of purpose and noted that all residents were afforded a standard of care using a life sharing model that ensured respect, choice and dignity was promoted and facilitated at all times." (Report 21)

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"The provider, person in charge and staff were committed to promoting the rights of residents and residents told inspectors about their rights in the centre. They explained to the inspector that the staff understood their needs and treated them with respect at all times." (Report 101)

"The opinions expressed through the questionnaires were very positive, in particular, residents confirmed that their rights were upheld and were very complimentary of the manner in which staff provided support to residents." (Report 129a)

"Staff had put a lot of effort into ensuring residents were aware of their rights, and photographic displays in the communal rooms explained about rights in an accessible format." (Report 146)

"The inspector saw that residents' rights, dignity and consultation were upheld, and a good standard of communication maintained. Service provision and care practices were observed to be respectful and appropriate, and maintained each residents privacy and dignity." (Report 155)

The scope of the topic of rights and dignity, and the number of facets of them discussed in reports, are such that a clearer account can be given by concentrating on observations on four salient issues:

- privacy and personal space
- restraints and behaviours that challenge
- protection from abuse
- civic and religious rights

Rights and dignity: Privacy and personal space

Observations concerning residents' privacy were commonly made in connection with Outcomes 1, 3 and (to a lesser extent) 5 and 6. A total of 59 reports (30%) commented favourably in relation to residents' privacy and personal space. The following are typical:

"Residents were facilitated to meet family and friends in private. Each resident had their own room and there was a large conservatory in addition to the sitting room area that residents could use if they so wished." (Report 10)

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"Resident's privacy and dignity was maintained by having their own bedrooms and in the respectful way that staff were seen to deal with hygiene and personal care issues." (Report 26)

"The inspectors noted that most residents had their rooms personalised with photographs of families and friends and had their interests reflected in their rooms, their rooms were nicely painted complete with curtains or blinds." (Report 108)

"Throughout the inspection, inspectors noted that staff interacted with residents in a kind, caring, respectful and patient manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care." (Report 110)

"Residents individual care plans detailed individual needs, and they were recorded with a focus on respecting the privacy and dignity of residents." (Report 125)

"Residents were seen to be encouraged to allow each other space for visits in private. [...] Residents stated that they were very happy with the accommodation and it afforded support, safety and a high degree of independence and privacy. [...] Residents could lock their bedroom doors for privacy..." (Report 143)

"Their bedrooms were personalised and decorated to reflect their personality and preferences, some residents proudly showed the inspector their bedrooms." (Report 159b)

"The inspector observed staff interacting with residents in a respectful and friendly manner and saw staff knock on a resident's bedroom door before entering." (Report 160a)

"Residents were treated with dignity and respect. Residents enjoyed a great deal of privacy and slept in single rooms. [...] Staff told inspectors that they were conscious of preserving the resident's privacy and dignity while providing personal care in line with the centre's policy on intimate care. There were signs on shared en-suites reminding staff to knock to check occupancy and doors were lockable from both sides." (Report 162)

Rights and dignity: Restraints and behaviours that challenge

Inspectors commented favourably in 46 reports (24%) on designated centres' approach to these issues. These comments are almost always made in reference to Outcome 8 (Safeguarding and Safety). The following excerpts illustrate their scope:

"Some environmental restraint was necessary in order to manage behaviours that challenge. This had been reviewed by the human rights committee for the service that had identified that restraint did not overtly impact on the liberty and rights of residents in the centre.

The person in charge also showed minutes of a recent resident's meeting whereby residents were consulted in relation to the environmental restraint. There was indication from them that they were in agreement and understood why it was necessary giving their considered consent for its use in their home. The inspector reviewed a behaviour support plan in place and found it to be comprehensive. It identified triggers to behaviour that is challenging, de-escalation strategies and strategies for staff to implement in response as may be required. The person in charge indicated that there had been involvement by a psychologist in drawing up the plan and it had been effective in care management." (Report 3)

"From a selection of personal plans viewed the inspector noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. There were designated teams available to assist residents that required such support. Co-workers/staff to whom inspectors spoke confirmed that they had received suitable training and had 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. There was a policy on the use of restrictive procedures including physical, chemical and environmental practices and the person in charge outlined that there was no restrictive practices in place. " (Report 22)

"There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included access to the behaviour specialists, psychotherapists, psychologists, a neuro-psychiatrist and psychiatrists. Residents had detailed positive

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behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input and were of good quality. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed. The inspector noted that each episode was analysed including the use of a scatter plot and plans put in place to prevent reoccurrence. A restraint free environment was promoted and no resident was using either bedrails or lap-belts at the time of inspection." (Report 76)

"A restraint free environment was promoted and restrictive procedures were used only as a last resort following full risk assessments. A robust policy was in place to guide this practice and behavioural support plans were developed." (Report 78)

"There was a human rights committee in operation. Inspectors saw that referrals were maintained in relation to any restrictive practices or any practice which impinged on residents' rights. Following a committee meeting the chairperson wrote to the resident their family, key worker and the person in charge outlining the outcome of the meeting." (Report 134)

Rights and dignity: Protection from abuse

This issue is central to Outcome 8 and is the subject of detailed requirements in both the Regulations and National Standards. Reports include inspectors' observations on protection from financial abuse as well as from other types of abuse. Inspectors commented favourably on designated centres' practices in this regard in 68 reports (35%), sometimes in considerable detail. The following examples are representative:

"The organisation had robust policies and procedures in relation to safeguarding residents from abuse. ... There was also a policy and associated procedures in relation to administration of service user's personal finance. Allegations of abuse were responded to promptly and investigations were robust and in line with the organisational policy and best practice. ... The inspector found that measures to safeguard residents were robust and enacted within the organisation's policy and procedures." (Report 4)

"Residents to whom inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff." (Report 16)

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"The inspectors found that there were arrangements in place to safeguard residents and protect them from the risk of abuse. A revised and updated policy on the safeguarding and protection of vulnerable had been issued within the organisations which provided clear guidance on guidelines on how any allegations of abuse would be managed. The provider had appointed a senior manager within the organisation as a designated adult protection officer. The responsibilities and contact details for this individual were contained within the policy. All staff had not completed training on the protection of vulnerable adults. Although staff spoken to were clear on what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. (Report 43b)

"The care staff were observed treating the child with warmth and respect. A child protection policy had been reviewed in May 2013 and this contained policies and procedures in place for the prevention, detection and response to abuse. The person in charge had completed training in Children First (2011): National Guidance for the Protection and Welfare of Children and was aware of the procedure to be followed in the event of a child protection concern. An inspector met two staff members who both had an understanding of safeguarding and keeping children safe. All staff interviewed demonstrated an awareness of what to do if they were concerned about the behaviour of a staff member towards a child." (Report 113a)

"Personal finances were well managed. Storage was secure, and there was a receipt slip system in place signed by a staff member and the resident. Residents spoken to were clear on the process to access their money. Residents explained they went with staff to get their money from their bank accounts, and then placed the money in their cash box. They then accessed this money as they needed it through the week. Bank statements and residents' money box records showed the system was safeguarding individual's money." (Report 125)

"The person in charge indicated their knowledge on types of abuse and what steps they would take in response to abuse. The inspector reviewed the policy. It was robust and gave clear guidance on detection and response to abuse. The policy indicated the steps

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to take if an incident occurred including steps implemented out of normal working hours or what steps to take if a resident did not have an assigned social worker. Types of abuse were identified in the policy and a designated person was identified. Their role was to review complaints for the potential of any type of abuse, neglect, mistreatment or exploitation." (Report 164b)

Rights and dignity: Civic and religious rights

These issues cover matters such as residents' rights to vote and to practice religion. Inspectors commented favourably on them in 13 reports (7%):

"Personal plans also reflected on going achievement in relation to increased access to the community. Some notable improvement included residents accessing art classes, bingo sessions, and religious services, all of which had previously provided by the organisation within the campus." (Report 43b)

"Staff were appropriately trained and qualified to engage with the resident profile and residents were supported to exercise rights such as voting. Religious interests were documented in personal care plans⁷¹ and attendance at religious services was facilitated where appropriate." (Report 94)

Independence, autonomy and consultation

The Regulations and the National Standards emphasise the importance of respect for residents' wishes and autonomy. They stress the requirement for residents' involvement and consent, as far as the nature of their disability permits, in decisions affecting their care, rights and daily activities.

Inspectors frequently discuss instances where residents' independence and autonomy are exercised or safeguarded and highlighted measures taken to foster them. Not all observations on this topic could be recorded, but its prominence is evident from the fact that 167 reports (87%) contain remarks noting residents' independence and autonomy or commending measures that support it. Many reports contain multiple references: 721 relevant observations were recorded from the 167 reports.

⁷¹ Providers use a variety of terms to refer to these plans. The majority use the term 'personal plan' (as per the Regulations) but others use terms including 'personal care plan', 'person-centred plan', 'care plan' and 'health care plan'.

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Observations on this topic are generally made in sections discussing Outcome 1 (Residents' rights, dignity and consultation), 5 (Social care needs), 10 (General development and welfare) or 12 (Medication management). References are less frequently made under Outcome 7 (Health and safety and risk management) and 11 (Healthcare needs).

The range of Outcomes under which independence and autonomy are discussed reflects the diversity of situations in which inspectors saw them being manifested or supported. Examples of some of the most common of these are quoted below.

Independence and autonomy: Running of the designated centre

"On the morning of the first day of inspection, the inspector joined the 'gathering meeting' which was a meeting held each morning and attended by all residents and co-workers/staff. This meeting afforded every resident the opportunity to ask questions, raise queries or make suggestions directly to the person in charge and the co-workers/staff." (Report 22)

"Residents were consulted as to how the centre was run and minutes of monthly resident house meetings were available to inspectors. Minutes documented that residents were happy in the centre and demonstrated that each resident had an opportunity to contribute to the meeting. Meeting minutes showed evidence that residents were informed of key events such as a change in staff." (Report 38)

"Some practices had been introduced to support residents in contributing to the running of their centre. For example, weekly house meetings were operating, the minutes of which were read by the inspector, which highlighted some concerns from residents, and how these concerns had been addressed. For example, residents had been provided with swipe cards so that they could enter and exit the centre independently." (Report 43a)

"Residents were consulted with about the running of the designated centre. The centre operated the [name of organisation] which met each month to discuss issues concerning them. Areas for discussion and feedback included minutes from the last meeting, voting, resident rights, transport, outings and holidays. One of the residents spoken with told the inspector she was always given choice in relation to how she wanted to live her life and her choices were respected." (Report 54)

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"There was evidence from documentation and from information received from residents that there was significant emphasis placed on supporting residents' rights and on consultation with them. Residents from the centre participated in the residents' council." (Report 138)

"The inspector was satisfied that residents were consulted with and took part in the running of the centre as far as possible. There was evidence of regular house meetings to discuss any changes and to gather residents' opinions. Some residents had particular responsibilities within the centre. For example, one resident tended to the rose garden, and one resident was responsible for filling the dishwasher." (Report 152)

Independence and autonomy: Involvement in personal plans

"The inspectors viewed the notes of a resident who had lived in institutional care and one of the personal goals identified was "wanted to move to semi-independent living". The notes detailed the ongoing meetings with the resident's family and staff and the support and education provided to enable this move. The resident is currently living in a community house and told the inspectors that she is "very happy" with her transition to community living." (Report 16)

"Each resident had a personal support plan completed. There was evidence that this document was completed with the maximum participation of the resident concerned and their significant others. The samples of personal support plans reviewed by inspectors were observed to be comprehensive and person-centred. [...] Personal support plans were reviewed on a monthly basis with each resident." (Report 20)

"The personal plans contained information based on a range of up to 15 possible outcomes including health, recreation, work, social networks, choice in routines, personal care needs and supports. There was evidence, and this was confirmed by the residents, that they participated in these plans and they were implemented in consultation with them. A resident informed the inspector that the plan was, among other things "a way of seeing that he got his rights". (Report 28)

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"The inspector reviewed a number of personal plans and noted they were completed with the participation of each resident and their families and were available to residents in accessible formats. For example, the inspector reviewed personal plans and goal posters containing mainly pictorial format for increased accessibility to residents." (Report 67)

"Staff members who communicated with the inspectors emphasised the importance of promoting a social care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences and choices and maximising their independence. The inspectors found many examples which evidenced this philosophy of care, for example two residents showed the inspectors their personal care plans⁷² and highlighted the aspects of the plans which demonstrated their achievements and hobbies/interests." (Report 104)

"Some residents did not have a personal plan, but there was evidence that this was their own preference which was respected. Residents decided who had access to their personal plans." (Report 156)

Independence and autonomy: Choice and preparation of food

"Residents were encouraged in deciding what they wanted for their meal and if any resident did not like what had been prepared; there was a range of alternatives available." (Report 11)

"There were regular meetings where residents discussed their likes and preferences for the following weeks mealtimes. The inspector was told by staff they supported residents to prepare their own meal, sometimes they preferred to cook their own meals, others preferred to have their meals made by staff." (Report 109)

"Residents were able to access food and drink at times that suited them, and always had access to drinking water. All residents shopped for their own breakfast items, and would prepare them

⁷² Providers use a variety of terms to refer to these plans. The majority use the term 'personal plan' (as per the Regulations) but others use terms including 'personal care plan', 'person-centred plan', 'care plan' and 'health care plan'.

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with some support as required in the kitchens of their living area. Lunch and dinner was served in the 'cafe' (dining room), and residents were seen to have a choice of meal, and also fresh fruit and salad. Everyone spoken with confirmed the food was of a good quality, and they got to eat meals that they liked." (Report 117)

"Residents spoken with told the inspector they had a choice of food and they assisted with the preparation and cooking of meals. One resident explained how he had invited a friend to his house for dinner cooking most of it himself" (Report 129a)

"Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents actively involved in the preparation of the evening meal and a range of alternatives were available if a particular resident did not like the meal which was prepared. Inspectors found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices where appropriate." (Report 145b)

Independence and autonomy: Activities and routines

"Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time." (Report 10)

"[...] where decisions were to be made about daily activities of living, the resident's preference was always sought and respect for the individual's choice was apparent." (Report 41)

"A daily schedule was in place but the inspector saw that this was often changed if that was what the residents wanted." (Report 81)

"The inspector found that staff had supported residents to develop skills needed for self-care and protection. Three residents told the inspector about various life skills programmes that they had participated in." (Report 99)

"Residents' preferences and wishes regarding their daily routines were recorded in detail." (Report 109)

"Residents lead busy lives and all had some level of independence; three were employed in either paid or voluntary employment. They

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all attended day care facilities and they were involved in the local community, one resident spoken with told the inspector that he was completing a course in a local educational facility." (Report 121)

"Both residents had a full individualised weekly schedule which included work for one resident, attending day care facilities and evening classes of their choosing. For example, one resident worked in paid employment three days per week the other attended work options five days per week. "(Report 126a)

"Residents retained autonomy of their own life [...] the residents were able to take risks within their day to day lives; they were not impeded from participating in anything they choice to do. For example, one resident explained how he went swimming in the swimming pool." (Report 127a)

"Residents told the inspector that they were offered choice in their daily routine and they decided how they liked to spend their free time. Each resident was supported to pursue different interests and hobbies and staff were provided to facilitate this as required." (Report 150)

Independence and autonomy: Self-administration of medication

"Residents were encouraged to be independent with self administration of medication. The self administration policy was under review. An inspector reviewed the older and newer version. The newer version indicated the levels of monitoring and review that was necessary. It guided staff in relation to carrying out an initial and ongoing assessment as necessary to evaluate residents' ability to self administer." (Report 1)

"Efforts were being made to inform residents about the medication they are prescribed. A pictorial booklet on the use of an inhaler had been personalised to inform a resident about the benefits of taking this medication, another resident was also being supported to self-administer their own medication following appropriate assessments." (Report 35)

"Residents were asked and assessed by staff to determine if they would like to administer their own medications. One resident had chosen to self administer, a self administration training programme had been developed by staff for this resident and he informed the

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inspector he had self administered his own medication the night previous to the inspection." (Report 119b)

"Both residents had a corresponding outcome based personal plan in place which set three personal goals they aimed to achieve by the end of 2014. For example, one resident explained how she hoped to self administer her medications by the end of 2014 and showed the inspector the guidelines put in place with staff to assist her achieve this personal goal. She described the process she now followed which confirmed to the inspector that she was well on her way to achieving this personal goal" (Report 126a)

Independence and autonomy: Managing finances

"Residents were also supported to manage their finances in a clear and transparent way. Residents had their own bank cards and the organisation had a strict policy that residents did not pay for staff meals or excursions during supported activities." (Report 5)

"Residents were supported to manage some of their own finances where possible" (Report 11)

"Residents were involved in the management of their own finances, as far as reasonably practicable. The inspector reviewed a sample of records and found a clear system of logging and tracking of all transactions, with receipts and records and an auditing system in place." (Report 38)

"Some residents communicated to the inspectors that they manage their own banking and where management systems were in place for managing residents' finances this included the signatures of 2 staff members on records relating to the transaction of residents' monies." (Report 104)

"Residents confirmed they had control of their own personal possessions including finances and this was facilitated by having their own lockable personal bedroom." (Report 121)

"Residents were supported where necessary to manage their finances independently, and a policy was in place to guide practice." (Report 156)

Advocacy

The National Standards and Regulations stress the importance of advocacy, which they define as the empowerment of persons themselves to secure the person's wants, rights represents interests or obtain services needed. Access to advocacy services is stipulated in the Regulations in connection with residents' rights and complaints procedures; in the National Standards in connection with personal rights and dignity, personalised care, decision making, complaints, change of residence and financial abuse.

Inspectors noted the availability of advocacy in 75 (39%) of the reports reviewed, mainly in the context of observations on Outcome 1 (Residents' rights, dignity and consultation) and to a lesser extent Outcome 8 (Safeguarding and safety). In many cases, inspectors simply noted the availability of advocacy for residents but in a number commented at greater length. Examples are given below.

"Residents had access to advocacy services and were supported in attending these meetings on a monthly basis. The inspector spoke with a resident who attended the advocacy meeting every month and she spoke of how much she enjoyed the meetings." (Report 41)

"There was an independent advocacy service available as identified in the complaints procedure. This procedure was also available in pictorial and easy to read formats. The person in charge recognised that residents and families required support in recognising that feedback plays a valuable role in the assessment of the service. Efforts to encourage this were underway, with advocacy meeting happening in the house, these meetings focused on simple elements such as 'what makes you happy?' to help inform residents." (Report 45a)

"The inspectors found a good culture of advocacy was in place for residents in the centre, especially for residents who were not able to speak up for themselves. Each resident had key people in ensuring they were reaching for goals, and their needs and rights were being met. The inspector found evidence of times when an external person had advocated on behalf of a resident in relation to money management. Inspectors saw that some of the residents had completed a course in advocacy and leadership in an Institute of Technology." (Report 64d)

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"Throughout the designated centre, inspectors observed the name and contact details for an independent advocate in which residents have access to." (Report I06)

"A copy of the charter of rights published by the National Advocacy Committee was posted on the residents' notice board in the dining room. Residents' confirmed they had access to advocacy services and both voiced a clear understanding of their rights." (Report I26a)

"Inspectors saw that all residents had access to advocacy services. The nominated provider had written to all families in relation to the provision and access to advocacy services in the centre. The nominated provider told inspectors that a two hour workshop had been held in relation to the role and function of advocacy services" (Report I34)

"The inspector found a good culture of advocacy was in place for residents in the centre, especially for residents who were not able to speak up for themselves. Each resident had three staff members who were key people in ensuring they were reaching for goals, and their needs and rights were being met. The inspector found evidence of times when staff had advocated on behalf of residents even if this was conflicting with what the family wished. This showed a willingness to put the residents' needs at the forefront of discussion, and ensured all possibilities were considered for residents. There was access to an external advocate should a resident require additional support in this area" (Report I46)

Other key topics

Favourable observations on other matters not described above were also noted in this review. Principal among these are:

- Health and safety and risk management
- Healthcare needs
- Medication management

Inspectors' favourable comments and observations in relation to these tend to be phrased in more neutral terms than those discussed above concerning rights, dignity, independence, autonomy and advocacy. This reflects the nature of these issues, which focus on procedures and policies. Comments and observations on them generally note compliance with individual aspects of the Regulations rather

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than describing them in detail or discussing individual examples to illustrate a practice. As with the observations on other issues discussed above, a favourable comment in relation to these does not by itself indicate full compliance.

Health and safety and risk management

This topic covers general health and safety issues such as accident prevention, fire and emergency precautions, and related risk assessments. Sixty-three reports (33%) had comments indicating compliance or good practice in this regard. The following are representative of them:

"The fire safety plans for each house were viewed by the inspectors and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire throughout the premises. Regular fire drills took place records confirmed that they were undertaken monthly. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. The inspectors examined the fire safety register with details of all services and tests carried out."
(Report 7)

"Each resident had a 'Personal Emergency Egress Plan' in place whereby an evaluation was completed which documented the assistance each resident required in an emergency and an evacuation plan was compiled with photographic identification of residents." (Report 17)

"Accidents and incidents were being recorded in detail and a copy of the reports were submitted to and reviewed by the programme manager. Incidents were being discussed at the management meetings but the system to learn from these incidents and reducing the risk of recurrence was not robust. This included the management of a resident at risk of choking and falls. The director told the inspector that she intended to allocate additional waking staff in one of the locations from the 06 March 2014 to respond to a number of incidents for one resident discussed at the feedback session. The inspector found that there were centre specific emergency plans in place and the staff were familiar with them."
(Report 107)

"Procedures were in place for the prevention and control of infection at the centre. Hand hygiene posters were displayed throughout all the bathrooms of the house and alcohol gels and paper towels available. Sinks and surfaces at the centre were

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maintained to an acceptable level of cleanliness. During interview, staff presented as knowledgeable about how to minimise the risk of infection." (Report 114)

Outcome 11: Healthcare needs

Issues covered by this include the arrangement and practices in centres to provide for residents' health care. Inspectors' comments indicating compliance or good practice are sometimes more descriptive and give examples, rather than simply identifying practices conforming to Regulations. The following examples are typical:

"Residents were frequently reviewed by a general medical practitioner and there was also evidence that residents had access to allied health professionals, such as, physiotherapy, speech and language therapy, dietician services and occupational therapy." (Report 31)

"The records available and the residents spoken with confirmed that there was regular access to medical care including general practitioner (GP) and out-of-hours service if required. There was evidence from documents, interviews and observation that a range of allied health services was available and accessed. This included occupational therapy, dietician services, psychiatric and psychological services which are integral to the organisation. Treatment and interventions were detailed and the staff were aware of these. A detailed health check template was completed by staff annually and this provided both current and underlying health information." (Report 143)

"All residents had a health and well-being plan, which outlined the supports they required in this area, and this included a photographic guide to any medication or treatment specific to the resident to assist them to take responsibility for their own health needs [...] Residents were encouraged to eat healthily and maintain balanced diets. There is access to dietician services for residents with an identified need in this area, for example, diabetes and celiac." (Report 148)

Outcome 12: Medication management

Inspectors' comments regarding compliance or good practices in medication management generally focussed on training and procedural matters under the Regulations, though there was some more detailed discussion, particularly

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regarding staff understandings of procedures and arrangements for self-medication by residents.

"Overall the inspector found medication management was in compliance. Written operational policies and procedures were in place for the safe storage, administration and transcribing of medications. Medications were securely stored in a locked cabinet in the staff office of both residential units. Spoiled, rejected and out of date medications were managed safely. The person in charge demonstrated knowledge of organisational policy in relation to disposal of out of date or soiled and rejected medications. No resident required refrigerated medications. The person in charge also demonstrated to the inspector the storage arrangements available in the centre should there be a requirement for controlled medication to be stored. Original prescription records were kept in the centre and filed in the medication administration folder. Staff working in the centre had completed medication management training with evidence of refresher training in staff records."
(Report 3)

"Otherwise inspectors were satisfied that each resident was protected by the centre's procedures for medication management. Having reviewed prescription and administration records and procedures for the storage of medication inspectors were satisfied that appropriate medication management practices were in place. Some residents were self medicating at the time of inspection. Inspectors saw that full assessments had been undertaken and the practice was under constant review. The staff, spoken with, were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training. The staff, spoken with, were knowledgeable about the medications in use." (Report 68)

"The inspector found that new medication prescriptions and administration records had been introduced since the previous inspection. The inspector spoke to the staff members about these records and they stated that they found them more user-friendly. The training records showed that additional training in medication management had been provided since the previous inspection. A system was in place to ensure regular review of residents' prescriptions. Clear instructions were in place for PRN "as

required” medications and staff spoken to by the inspector, understood these instructions.” (Report 145)

Other favourable observations

Inspectors' observations on issues related to the governance and management, use of resources and workforces of designated centres were generally of a more detached nature and usually simply observed whether there was compliance, or if not, why not. Nevertheless, inspectors found reason to comment favourably in relation to them.

Governance and management

Comments under this Outcome generally indicated whether the registered provider and the designated centre had suitable management structures and practices such as announced and unannounced audits, and whether the findings of those audits were acted on. Another major component of inspectors' remarks under this Outcome were those on the qualifications, abilities and capacity of the person in charge. These were often more expansive. The following examples are representative:

"The inspector found both persons in charge to have qualifications and skills commensurate to their roles as persons in charge. One of the persons in charge was also a general trained nurse which met the needs and skills required to assess, implement and review health care strategies that were an identified need in the residential unit they were responsible for the person in charge had maintained an extensive CPD training record within the organisation with qualifications achieved from previous employment also. The other person in charge, equally had qualifications to meet the needs of the residents in the centre they were responsible for. They demonstrated a willingness to engage and learn to improve the standard of care for residents in their centre. This was evidenced by their extensive record of CPD training within the organisation. During the course of the inspection, the person in charge demonstrated independent initiative in seeking information in relation to best practice guidelines for the correct maintenance and cleaning of equipment used for administering inhaled medications when they were not sure and infection control guidelines for the organisation were not clear." (Report 4)

"There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced Social Care Worker

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(SCW) with authority, accountability and responsibility for the provision of the service. He was the named person in charge, employed full-time to manage the centre and a second centre located a short distance away. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. He had a good knowledge and understanding of the residents having worked with most of them for a number of years. Residents appeared to know him well, informing the inspector that he was "the boss".

"During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. Records confirmed that he was committed to his own professional development." (Report 119b)

Use of resources

This Outcome deals with a designated centre's use of resources. Comments by inspectors usually simply noted compliance with regulatory requirements but were sometimes more descriptive:

"Inspectors found that sufficient resources were provided to meet the needs of residents. The house was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. There was a maintenance committee which reports to the board and requests are signed off at the monthly meetings. The CEO informed an inspector that the service was operating within budget. However, the designated centre currently operates a five day residential service due to limited funding. A resident told inspectors that she wished the house could open every day. Inspectors saw that activities and routines were not adversely affected or determined by the availability of resources. Inspectors saw that the immediate and wider community had a very strong involvement in the services. Local businesses were supportive offering work experiences and job opportunities as observed by inspectors. Many volunteers gave their time freely to the day services to help in a variety of ways." (Report 10)

Workforce

Due perhaps to the number of Regulations affecting this subject, inspectors' favourable comments frequently just note compliance or the sufficiency of staff numbers, training, rosters, supervision and personnel documentation. However,

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many observations describing how staff and management interacted with residents give more detail:

"All staff members presented as caring and interested in their roles and the residents were clearly very comfortable with the staff members on duty. The inspector observed how familiar residents were with staff and how they were very inclusive in their interactions with residents. The inspector noted the staffing roster reflected the personnel on duty at inspection time." (Report 44b)

"The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner." (Report 120)

"Residents were seen to receive any support they needed in a respectful, timely and safe manner. Residents knew all the staff as they had worked in the service for some time. The relief staff were used to cover shifts in the centre and were required to have completed the specific safe administration of medication course for the centre before they were able to work a shift. The same staff are used regularly and residents also felt they knew them well. The residents, spoken to, confirmed their key workers were supportive to them." (Report 127)

Appendix 2 Summary findings from overview of all HIQA reports to July 2015

I. Statistical analysis of 936 reports

The National Disability Authority did a statistical analysis of a total of 936 inspection reports by HIQA which covered all reports published by August 2015 which covered inspections from commencement of inspection up to mid July 2015. The information was supplied from HIQA's database, and contained information on the findings (compliant, or degree of non-compliance) under the 18 outcomes set out in the standards. The National Disability Authority added in data on number of residents, number of places, and provider. These reports covered 666 centres, so over 227 centres had experienced more than one inspection (table A2.1).⁷³

Table A2.1 Number of reports per centre

Number of inspections	1	2	3	4	5	6
number of reports	439	199	18	7	1	2

Source: HIQA, 936 reports to Aug 2015

Just looking at the final report for each of the 666 centres, there were 6,911 residents, the majority of which were adults (table A2.2).

Table A2.2 breakdown of last report on each designated centre by adults or children

	Number of reports	Number of residents
Adults	578	6,388
Children	60	247
Mixed	28	249
Total	666	6,884

Source: HIQA, 936 reports to Aug 2015. Note 2 centres have nothing entered for the number of residents, so are excluded from this table

There was a similar breakdown in the National Disability Authority Sample. Where 141 of the 163 centres were for adults and contained 1,930 residents and

⁷³ This compares to the National Disability Authority sample of:

Number of inspections	1	2	4
Number of designated centres	138	23	2

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14 were for children with 68 residents and 8 centres had both adults and children and contained 77 residents.

Overall, about 60% of the centres inspected have fewer than 10 residents and approximately 40% have 10 or more residents. However, these designated centres contain over 70% of all residents (table A2.3).

Table A2.3 breakdown of last report on each designated centre by size

	Number of reports	Number of residents
0-9	430	1,941
10+ residents	235	4,943
Total	666	6,884

Source: HIQA, 936 reports to Aug 2015. Note 2 designated centres have nothing entered for the number of residents so are excluded from this table⁷⁴

2. Two thirds of outcomes compliant or substantially compliant

About half of all inspected outcomes were fully compliant. About two thirds of all outcomes assessed in these reports were compliant or substantially compliant. This data includes cases where there were multiple inspections of the same centre (table A2.4). About one in ten outcomes inspected against was found to be substantially non-compliant.

To look at the compliance rate by designated centre, the National Disability Authority took the latest inspection report in cases where there had been more than one inspection. There was a minor difference in the overall compliance rate, with 55% of outcomes in designated centres recorded as compliant, and about 70% either compliant or substantially compliant.

⁷⁴ There was a similar breakdown in the National Disability Authority Sample

	Number of reports	Number of residents
0-9	90	478
10+ residents	77	1,597
Total	163	2,075

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Table A2.4 Percentage of outcomes by compliance status

	Compliant	Minor non-compliance or Substantially compliant	Moderate non-compliance	Major non-compliance	N
	%	%	%	%	
% of outcomes by compliance level – all reports	50	14	27	10	936
% of outcomes by compliance level – latest reports	55	14	24	7	666

Source: HIQA, 936 reports to Aug 2015. Note in this and following tables the percentage may not add up to 100% due to rounding.

2.1 Fully compliant designated centres

11% of reports showed that the designated centres inspected were compliant or substantially compliant on all outcomes evaluated (103 reports). At the other end, 9% of reports referred to centres which had no outcomes that were compliant or substantially compliant (80 reports). A large majority, 81% of reports, had a mixture of compliant and non-compliant outcomes (753 reports).

Looking at just the latest report for each designated centre, out of 666 such reports, 14%(92) were compliant or substantially compliant on all outcomes evaluated and 6% (41) of the designated centres had no outcomes that were compliant or substantially compliant.

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The next table shows the number and percentage of residents in designated centres by the proportion of outcomes in these centres, which were found as compliant.

Table A2.5 proportion of outcomes compliant – final report only

Proportion of outcomes compliant or substantially compliant	No. of residents involved	%	Cumulative %
100%	509	7	7
90-99%	288	4	12
80-89%	768	11	23
70-79%	769	11	34
60-69%	910	13	47
50-59%	714	10	57
40-49%	663	10	67
30-39%	509	7	75
20-29%	562	8	83
10-19%	585	8	91
0-9%	607	9	100
Total	6,884	100%	

Source: 936 HIQA reports. Note in this and following tables the percentage may not add up to 100% due to rounding

2.2 Distribution of compliance levels for designated centres for children and adults

While many inspections for registration purposes focused on a core set of outcomes dealing with governance, safety and health, and did not cover more quality of life outcomes, such as, communication and relationships with community and family, inspections of centres for children generally looked at quality of life and developmental aspects. This may explain why a lower proportion of outcomes assessed were adjudged compliant in designated centres for children. Failures in these centres were generally graded as ‘moderately non-compliant’. Mixed designated centres had a somewhat higher proportion of outcomes assessed as compliant compared to adult or children’s designated centres.

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Table A2.6 compliance by adult and children – latest report %

Designated centres for	Compliant	Minor non-compliance or substantially compliant	Moderate non-compliance	Major non-compliance	Total	No. of Residents
Adults	57	14	22	7	100	6,388
Children	34	18	43	6	100	247
Mixed	60	14	20	6	100	249

Source: HIQA, 936 reports to Aug 2015. Note in this and following tables the percentage may not add up to 100% due to rounding.

2.3 Designated centres with 10+ residents had fewer outcomes rated as compliant

Designated centres with 10 or more residents, were significantly more likely to have adverse judgements on compliance. Only 45% of outcomes for larger designated centres were found to be fully compliant, compared with over 60% for smaller designated centres.

Table A2.7 compliance by number of residents – latest report %

Size	Compliant	Minor non-compliance or substantially compliant	Moderate non-compliance	Major non-compliance	Pop
0-9 residents	60	13	21	6	1,941
10+ residents	44	16	29	11	4,943

Source: HIQA, 936 reports to Aug 2015. Final report on a designated centre only. Note in this and following tables the percentage may not add up to 100% due to rounding.

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2.4 Lower compliance found in first six months of inspections

The data shows that compliance rates were lower in the first six months of inspection, which confirms reports of initial lack of readiness by many providers for the requirements of the inspection process. The compliance rate improved significantly over the second six months of the inspection regime, and has stabilised thereafter.

Table A2.8 compliance rate by date – All reports %

	Compliant	Minor non-compliance or substantially compliant	Moderate non-compliance	Major non-compliance	Residents
Start of inspection to June 2014	31	17	39	13	3,784
July 2014 to Jan 2015*	56	12	23	8	3,295
Jan 2015* onwards	55	13	23	10	3,207

Source: HIQA, 936 reports to Aug 2015. Note number of residents exceeds 6,884 because some residents would have had multiple inspections. * Second period – up to 8th January 2015, 3rd period, 9 January 2015 onwards. Note in this and following tables the percentage may not add up to 100% due to rounding.

3. Level of compliance by specific outcome

The next table sets out what share of residents in inspected designated centres were in designated centres that achieved different levels of compliance under each of the 18 outcomes. Only some designated centres were assessed under each of these outcomes. For example, approximately half of residents were in designated centres that were not assessed for outcomes 2, 3, 10, 15 and 16.

The table shows the percentage distribution of residents across designated centres displaying different levels of compliance, for the designated centres assessed for a particular outcome. Thus, in terms of Outcome 1 - Residents' Rights, Dignity and Consultation – a fifth of residents were in designated centres not inspected for this outcome. Of the designated centres that were inspected against this outcome, 40% of residents were living in designated centres adjudicated as compliant on this outcome, and 8% in designated centres adjudged to be major non-compliant.

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Table A2.9 Distribution of findings where outcome examined

		Not examined (% of residents)	Compliant %	Minor non-compliance or substantially compliant %	Moderate non-compliance %	Major non-compliance %	Total
1	Rights	21	40%	27%	25%	8%	100%
2	Communication	45	84%	8%	7%	1%	100%
3	Family/community	47	91%	4%	5%	0%	100%
4	Admissions	14	45%	18%	27%	10%	100%
5	Social care	2	44%	13%	36%	7%	100%
6	Premises	23	45%	15%	28%	13%	100%
7	Health & safety	1	27%	12%	45%	16%	100%
8	Safeguarding	2	44%	16%	29%	11%	100%
9	Notification	41	84%	3%	7%	6%	100%
10	Welfare	47	87%	5%	7%	1%	100%
11	Healthcare	6	65%	10%	22%	4%	100%
12	Medication	7	50%	20%	25%	6%	100%
13	Purpose	31	51%	29%	18%	2%	100%
14	Governance	8	48%	11%	27%	14%	100%
15	Absence PIC	47	93%	1%	2%	3%	100%
16	Resources	46	80%	2%	12%	6%	100%
17	Workforce	3	39%	15%	36%	11%	100%
18	Records	34	33%	31%	32%	4%	100%

Source: HIQA – 936 reports to Aug 2015. Note: where there are multiple reports on a centre this table refers to the last time the outcome was examined. Note in this and following tables the percentage may not add up to 100% due to rounding.

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The next table (Table A2.10) presents the same information, ranking the different outcomes on major non-compliance from the highest to the lowest. In descending order, the most frequent areas of non-compliance were health and safety; governance; premises; safeguarding; and workforce. Generally speaking, the ranking on compliance follows the reverse order.

Table A2.10 Most frequent areas of major non-compliance

		% not inspected against	Compliant %	Minor non-compliance or substantially compliant %	Moderate non-compliance %	Major non-compliance %	Total
7	Health & safety	1	27%	12%	45%	16%	100%
14	Governance	8	48%	11%	27%	14%	100%
6	Premises	23	45%	15%	28%	13%	100%
8	Safeguarding	2	44%	16%	29%	11%	100%
17	Workforce	3	39%	15%	36%	11%	100%
4	Admissions	14	45%	18%	27%	10%	100%
1	Rights	21	40%	27%	25%	8%	100%
5	Social care	2	44%	13%	36%	7%	100%
9	Notification	41	84%	3%	7%	6%	100%
16	Resources	46	80%	2%	12%	6%	100%
12	Medication	7	50%	20%	25%	6%	100%
11	Healthcare	6	65%	10%	22%	4%	100%
18	Records	34	33%	31%	32%	4%	100%
15	Absence PIC	47	93%	1%	2%	3%	100%
13	Purpose	31	51%	29%	18%	2%	100%
10	Welfare	47	87%	5%	7%	1%	100%
2	Communication	45	84%	8%	7%	1%	100%
3	Family/community	47	91%	4%	5%	0%	100%

Source HIQA, 936 reports to Aug 2015 Note in this and following tables the percentage may not add up to 100% due to rounding.

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The next table (A2.11) presents the same information, this time ranked from highest rate of compliance to lowest. It should be noted that the highest rate of compliance is associated with those outcomes which were least frequently inspected against.

Table A2.11 Distribution of findings where outcome examined, ranked in descending order of compliance

		% not inspected against	Compliant %	Minor non-compliance or substantially compliant %	Moderate non-compliance %	Major non-compliance %	Total
15	Absence PIC	47	93%	1%	2%	3%	100%
3	Family/community	47	91%	4%	5%	0%	100%
10	Welfare	47	87%	5%	7%	1%	100%
9	Notification	41	84%	3%	7%	6%	100%
2	Communication	45	84%	8%	7%	1%	100%
16	Resources	46	80%	2%	12%	6%	100%
11	Healthcare	6	65%	10%	22%	4%	100%
13	Purpose	31	51%	29%	18%	2%	100%
12	Medication	7	50%	20%	25%	6%	100%
14	Governance	8	48%	11%	27%	14%	100%
4	Admissions	14	45%	18%	27%	10%	100%
6	Premises	23	45%	15%	28%	13%	100%
8	Safeguarding	2	44%	16%	29%	11%	100%
5	Social care	2	44%	13%	36%	7%	100%
1	Rights	21	40%	27%	25%	8%	100%
17	Workforce	3	39%	15%	36%	11%	100%
18	Records	34	33%	31%	32%	4%	100%
7	Health & safety	1	27%	12%	45%	16%	100%

HIQA, 936 reports to Aug 2015. Note in this table the percentage may not add up to 100% due to rounding

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Key to abbreviations used for Outcomes

No.	Outcome	Abbreviation
1	Residents' Rights Dignity and Consultation	Rights
2	Communication	Communication
3	Family and personal relationships and links with the community	Family/community
4	Admissions and contract for the provision of services	Admissions
5	Social care needs	Social care
6	Safe and suitable premises	Premises
7	Health and Safety and Risk Management	Health & safety
8	Safeguarding and Safety	Safeguarding
9	Notification of incidents	Notification
10	General Welfare and Development	Welfare
11	Healthcare needs	Healthcare
12	Medication management	Medication
13	Statement of purpose	Purpose
14	Governance and management	Governance
15	Absence of Person in Charge	Absence PIC
16	Use of resources	Resources
17	Workforce	Workforce
18	Records and documentation	Records