



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

OVERVIEW REPORT

MONITORING AND REGULATION OF DISABILITY SERVICES IN 2022

October 2023



Safer Better Care

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A message from the Chief Inspector of Social Services



Carol Grogan, Chief Inspector of Social Services

I am delighted to present the annual overview report of the regulation of centres for people with disabilities. This report sets out our findings and learnings about the sector in 2022, and how we used our regulatory role and powers to be a key driver in improving quality and safety for people with disabilities living in designated centres.

Our inspections throughout 2022 continued to find that well-managed services with strong governance structures in place are key to providing a safe, good quality service for residents. While we found that this is the experience for the majority of residents, there was a notable deterioration in the levels of compliance across services, as set out in this report.

While the outcome of our inspections receive most public attention, there are many other activities that we undertake to drive that quality improvement agenda. During 2022, our thematic infection prevention and control inspections continued. Thematic programmes differ from our regulation-based inspections in that they use the *National Standards for Residential Services for Children and Adults with Disabilities* to focus on a particular area, to acknowledge good practice and to share learning through the inspection reports. During 2023 we recommenced the Restrictive Practice Thematic Programme. The programme include tools that providers can use to improve the thematic standards such as a self-assessment and quality improvement plans. Our thematic inspections resumed in 2023 and are focused on minimising and managing restrictive practices in a manner that upholds the human rights of people with disabilities. During late 2023 and into 2024, we will begin preparations for the development of the next thematic inspection programme which will be on safeguarding.

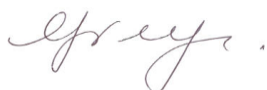
To support providers and staff, we also publish a suite of guidance documents on the HIQA website, including our Regulatory Handbook which gives providers a comprehensive overview of all aspects of regulation relating to our role. Our assessment judgment frameworks are also available on our website. These are

guidance documents for inspectors on forming regulatory judgments, and for providers to utilise in assessing their own centres. HIQA has also developed a number of online training programmes as part of our support for quality improvement. These include topics such as a human rights-based approach to providing support, advocacy awareness and infection prevention and control practices.

An important aspect of our work is our engagement with our stakeholders including people with disabilities, advocacy agencies, providers and relevant Government departments. Details of this engagement are set out in this report.

Regulation alone cannot achieve change and I look forward to working with providers to ensure strong leadership and governance that enables the delivery of high quality care and support to people with disabilities. We will continue to support the work of the Department of Health and the Department of Children, Equality, Disability, Integration and Youth in developing public policy in areas such as safeguarding, contributing to legislative reform and extending regulatory oversight to such areas as homecare.

As the regulator of social care services, we are focusing on how we can use our legislative powers to support a human rights-based approach to service provision. We want to support providers to move beyond compliance, to use the regulations and national standards to pursue ongoing quality improvement in centres for people with disabilities. We will continue to look at ways in which we can use our stakeholder engagements to further inform our work and to enable a shared learning approach as a way of continuing to drive improvement.



Carol Grogan

Chief Inspector of Social Services

Introduction by the Deputy Chief Inspector of Social Services (Disability)



Finbarr Colfer, Deputy Chief Inspector of Social Services (Disability)

2022 was a year of two halves in terms of the experiences of services, residents and us as the regulator. During the first half of the year, COVID-19 restrictions were still impacting how support and care was being provided in designated centres, while in the second half of the year, there was a reduction in public health restrictions, allowing residents living in designated centres to increasingly engage in social, community and work activities once again.

A key learning for us as the regulator was the impact of prolonged public health measures on the governance and oversight of centres. Some centres experienced a deterioration in the quality of support and care for people with disabilities. While the majority of centres continued to have good or excellent compliance levels in 2022, the overall non-compliance levels increased when compared to 2021.

During 2022, we recommenced our annual provider roadshows, where we engaged with providers and managers of services and focused those roadshows on the area of governance and management.

Over the years, we have seen where good governance arrangements impacts positively on the lived experience of residents. Good governance does not rely solely on self-reporting from centres, but provides a framework to support centre managers and creates a culture of transparency which enables providers to identify when things go wrong and respond in an appropriate, effective and timely manner. In 2023, we have continued with that focus on the governance of designated centres.

Following significant concerns about HSE-operated centres in Co. Donegal, specifically CH01, in 2021, we undertook a targeted governance and management focused inspection programme in those centres in 2022. The outcomes of that programme are presented later in this report. Due to ongoing poor inspection

findings, we also commenced a focused governance programme with COPE Foundation during 2022 which was continued into 2023, and the outcome of that programme will be provided in our 2023 overview report. Similarly due to poor findings as a result of inspections, at the end of 2022, Western Care Association was engaged in an escalated regulatory programme that commenced in early 2023. A separate report was published with the outcome and findings of this programme during 2023.

Another key learning for us during the year was that while we have seen an improvement in compliance levels in congregated settings, which is to be welcomed, non-compliances in these settings continue to be higher than in community-based settings in key areas that impact on the rights of people with disabilities. We continue to monitor and drive improvements for people who live in congregated settings and we also progress, as a priority, any applications to register centres relating to the transition of people with disabilities from congregated settings.

During 2022, we enhanced our human rights-based approach in our own work. All of our inspectorate staff received human rights training during the year. During 2023 we have undertaken a quality improvement initiative to support and promote a human rights-based approach in designated centres. Inspectors are actively identifying centres where training has been provided and speaking with residents and staff to identify examples of good practice that have been introduced as a result of the training. Our inspection reports in 2023 will reflect those observations, and we intend to share the overall learning from this initiative with the wider sector through our overview report for 2023.

As outlined by the Chief Inspector at the start of this report, we seek to be a key driver in improving quality of life and safety for people with disabilities living in designated centres. A critical aspect of achieving that is listening to residents and spending time looking at what life is like in their home. Their feedback is included throughout this report.

I would like to conclude by thanking people living and working in designated centres for their engagement with us as inspectors and for their hospitality while we are on inspection.



Finbarr Colfer
Deputy Chief Inspector of Social Services (Disability)
Health Information and Quality Authority

Chapter 1. Governance and Management in Disability Centres in 2022

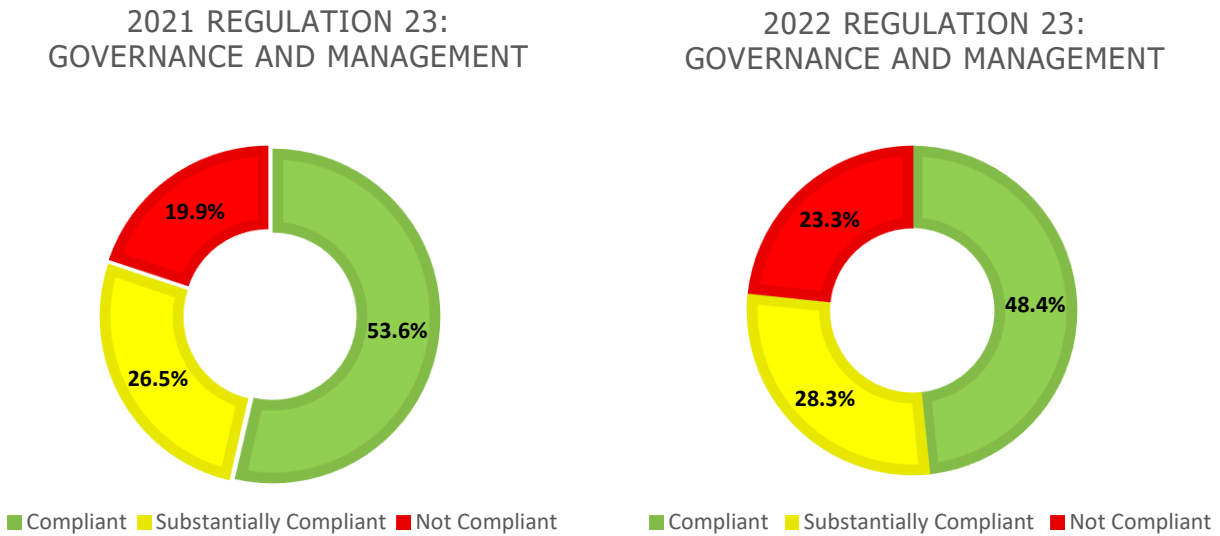
1.1 Introduction

This report sets out the findings of our regulatory programme for designated centres for people with disabilities in 2022. As in previous reports, we highlight the experience of people with disabilities who live in designated centres, both children and adults, and we also highlight the continued variance of quality and safety of services across community-based settings and congregated settings.

It is our hope that, after what has been a difficult three years navigating and emerging from the COVID-19 pandemic, a greater focus can now be placed on driving sustainable improvements in fundamental areas such as governance and management and that this is done through the lens of a human rights-based approach.

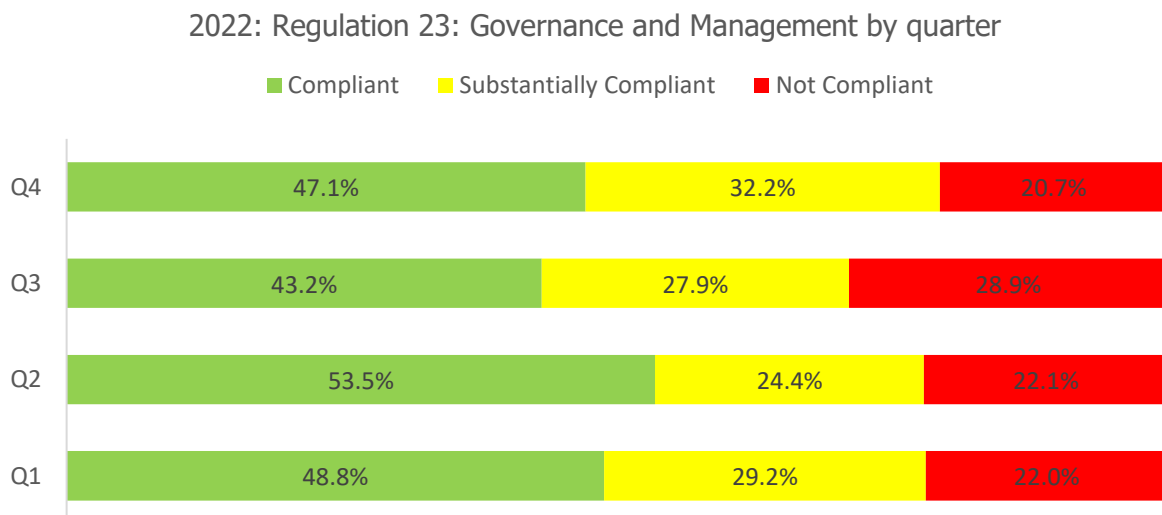
During 2022, non-compliance with Regulation 23: Governance and management increased from the level of non-compliance found in 2021. Good governance is the cornerstone of a safe quality service. Effective management ensures that the vision and mission of the provider is implemented in practice. A culture of a safe, quality and learning organisation is ensured when good governance and effective management are both in place. We know from evidence in previous overview reports that strong arrangements for governance and management lead to better quality of life and better outcomes for residents. We have also demonstrated in previous reports that where there are poor governance and management arrangements, there is an increased risk of poor quality support and unsafe services for residents.

Figure 1.1. Comparison of compliance during 2021 and 2022 for Regulation 23: Governance and management



Our inspectors found that in many situations, non-compliance was a result of reduced oversight of centres due to public health restrictions during the pandemic and an increased reliance on self-reporting by managers of centres. This was an issue that we focused on in our engagement with providers and while non-compliance levels remain relatively high, the quarterly levels show a movement towards better compliance in the last quarter of 2022.

Figure 1.2. Quarterly breakdown of compliance during 2022 for Regulation 23: Governance and management



Governance and management arrangements impact on a provider’s ability to achieve compliance in other regulations. Overall in 2022, there was an increase in the levels of non-compliance across all regulations when compared with 2021. However, it is important to note that the majority of centres continued to provide people with disabilities with good quality care and support. Again, in 2022, there was a higher level of non-compliance in large congregated settings than there was in smaller community-based centres.

Figure 1.3. 2021 vs 2022 overall compliance

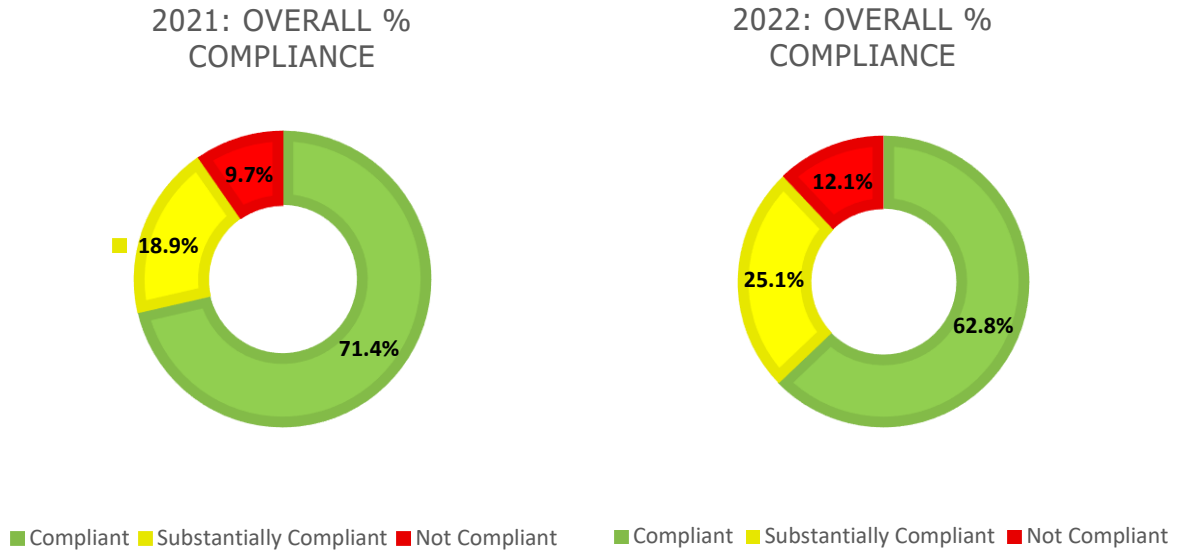
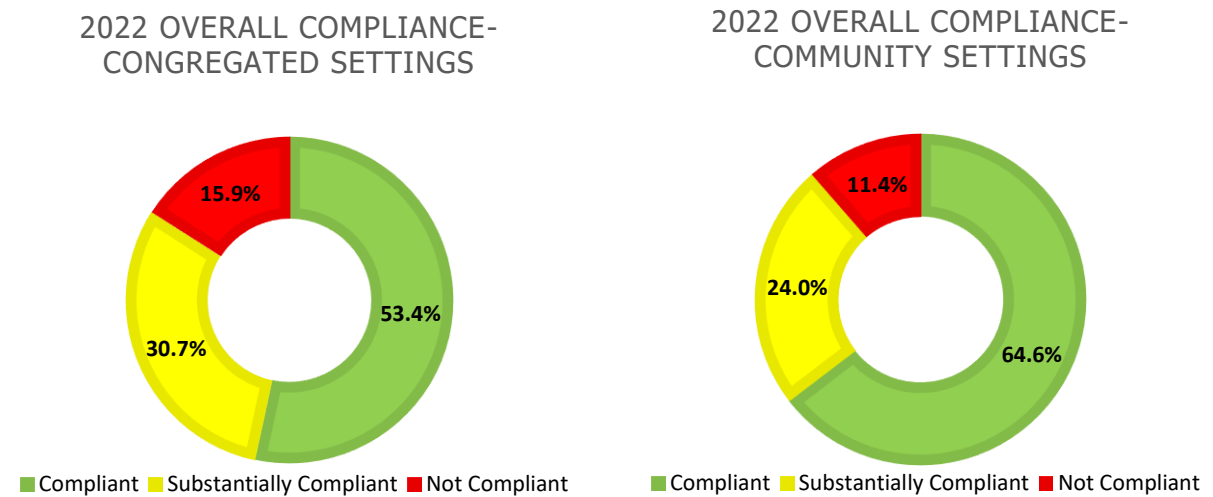


Figure 1.4. Comparison of overall compliance in congregated settings and community settings 2022



The remainder of this report will give an overview of the key findings made during our 2022 programme of regulation.

Chapter 2. The profile of designated centres in 2022

By the end of 2022, there were 1,478 designated centres with 9,030 residential places for persons with disabilities. Of these, 164 centres were operated directly by the Health Service Executive (HSE), with 1,068 registered residential places and 1,314 centres funded by the HSE under Section 38 or Section 39 of the Health Act 2004, providing a total of 7,962 registered residential places. In 2022, there was a net increase of 77 centres compared with the end of 2021.

Of the total number of centres, 201 were based in congregated settings which accounted for 13.6% of the registered centres and 25.2% of the residential places. Congregated settings had a total capacity for 2,279 residential places at the end of 2022 - a reduction of 140 compared with the end of 2021.

Designated centres can be registered as centres for adults, for children or for adults and children, also known as mixed centres. Mixed children and adults centres are mostly respite centres where there are separate respite breaks for children and for adults and they are not accommodated together. Mixed centres can also be those where children are transitioning to adulthood, and the provider is facilitating them, both children and adults to continue living together.

At the end of 2022, there were 1,342 centres for adults with a disability, with 8,405 registered places. There were 36 mixed centres for both adults and children, with 215 registered places. There were also 100 children centres with 410 residential places. See figure 2.1 below. The capacity of the sector meets the current need of the people who are availing of residential services in designated centres, however the sector does not have the capacity to respond to unforeseen circumstances such as the need for an emergency placement.

Figure 2.1. Breakdown of type of designated centres 2022



2022 Overview Report



Health Information and Quality Authority

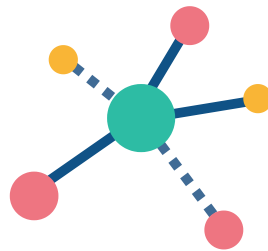
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Regulation of Disability Services

Number of Centres

1,478

designated centres
+77 since 2021



9,030

residential places
-9 since 2021*

* removal of additional places which were added as part of response to COVID-19

Congregated settings*

201

no change since 2021

2,279

residential places
-140 places

Respite centres

151

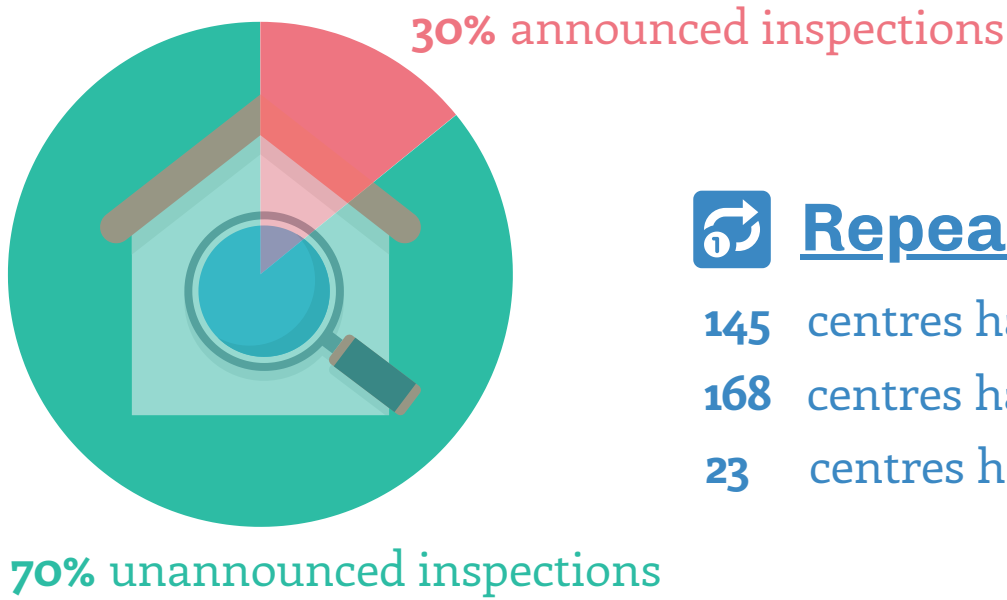
+ 8 centres on 2021

738

respite places
+ 18 places on 2021

*Congregated settings are centres where more than 10 people live in the same building or in a group of buildings which are located together on campus

1,329 Inspections



Repeat inspections

- 145 centres had two visits
- 168 centres had two or more visits
- 23 centres had three or more visits

Receipt of information

- 28,147 notifications received from providers
- 291 instances of unsolicited information received



We welcome information about services for people with disabilities, both information we ask for and feedback people share with us (unsolicited information)

Registrations

- 121 new centres registered
- 357 registrations renewed
- 449 applications for conditions of registration to be varied

Notice of proposed decisions

13

centres issued with a notice of proposed decision to cancel registration.

Notice of decision

1

centre progressed to a notice of decision to cancel registration and the HSE became responsible for the operation of the centre.

Chapter 3. Our stakeholder engagement and communication with the sector

Following the pandemic, we were eager to re-establish all aspects of our stakeholder engagement in 2022. We have found that these engagements support the shared goal of driving ongoing quality improvement in centres. During 2022 our links with key stakeholders enabled us to ensure communication and understanding around key areas of concern such as governance and management, and ensuring residents' rights were upheld and underpinned.

3.1 Valuing and engaging with the voice of residents

Residents have told us about the importance of hearing their views outside of the inspection process and during the year our inspectors were invited to meet with 15 residents' advocacy groups across the country.

Those groups told us about how important it was for them to have the right to make choices. Residents spoke about how their choices around mealtimes and how they spend their day should be respected, for example around what they ate for dinner and the right to downtime and leisure time.

Residents spoke about their right to privacy and how privacy in their homes is important to them. One point raised on a number of occasions included the importance of staff knocking before entering their room or private space.

In some centres, residents told inspectors that they lived there long-term and that it is their home, but there was also a respite room or two in the house. Some of those residents spoke about the difficulty of different people coming to stay in their home for short periods. They said that the people staying are not always friends and that there is sometimes an impact on the privacy of people who live there long-term.

Residents also spoke about the importance of staff support and for that to be consistent.

A report reflecting residents' feedback to HIQA in the residents' forum will be published by HIQA in 2023.

One key message from previous meetings with residents' groups was a request for a document for residents which would introduce the inspector and explain the inspection process. In 2022, HIQA launched a "Nice to Meet You" document which was distributed to centres before announced inspections. In addition, on unannounced inspections, the inspector gives the residents a copy of the document at the start of the inspection when introducing themselves. The feedback from residents and their advocacy groups has been that they like the "Nice to Meet You" document and find it very helpful.

A critical part of HIQA's inspections is spending time with residents and listening to their views to understand, from them, what it is like to live in centres. Inspection reports seek to reflect the views of residents that inspectors have met and spoken with, and to use the information they give, to inform the findings of our inspections. Inspectors also engaged with people who were important to residents such as family, friends and advocates while on inspection. These interactions all provided valuable insights into what it is like for residents living in designated centres.

Some residents were not able to communicate with inspectors and relay their experiences. In these situations, inspectors spend time with residents observing how their day is spent and also observing the interactions between residents and with staff.

Residents can also give information to inspectors through the residents' questionnaires. On some occasions, we found that family members or members of staff have supported residents to complete these. These questionnaires can be accessed and downloaded via www.hiqa.ie and they can be completed and submitted at any time and not just around the time of inspections. To further enhance the usability of these questionnaires, during 2022 we reviewed the questionnaires and consulted with residents' groups. A revised version of the questionnaire was piloted at the end of 2022. This pilot will run into 2023 and at the end of the pilot phase, the outcome and feedback from residents will be used to improve the questionnaire further and it will be made available to all residents.

3.2 Advocacy support services

HIQA formally engaged with national advocacy organisations in 2022 and met with both Inclusion Ireland and the National Advocacy Service with a view to having more regular meetings in 2023. At these meetings, information was shared regarding the sector landscape and our related agendas of supporting residents and driving improvement in the sector.

3.3 Engagement with providers

Provider roadshows

In quarter four of 2022, we re-established in-person national engagement with providers through the provider roadshows. The theme of the roadshows for 2022 was The Impact of Good Governance; The Right(s) Approach, and this was aligned to the trend of HIQA's regulatory findings as outlined in the opening chapter. We held four sessions across the country which were attended by 528 participants and were well received.

We also held two webinars in June 2022 for providers on our infection prevention and control (IPC) inspection programme. These were well attended, with a total of 556 participants. The webinars outlined the key features of the relevant regulation (Regulation 27) and national standards. Examples of both good practice and non-

compliance were discussed as a means to promote quality improvement and to share learning.

Provider representative forum

The provider representative forum met six times in 2022. The forum is composed of representatives from the National Federation of Voluntary Service Providers, Disability Federation of Ireland, National Disability Services Association and the HSE in their role as service provider.

In 2022, providers' representatives continued to bring rich and interesting information to the forum which included key areas of interest and concerns on behalf of their members. The types of items which were explored varied from discussions regarding updated guidance and procedures circulated by the Office of the Chief Inspector such as regulatory notices on notification of infectious diseases, to revised guidance on the criteria for identifying if a residential service should be registered. The forum also discussed challenges faced by providers including difficulties with supporting residents to open bank accounts and the challenges of recruiting and retaining staff.

The information garnered through the provider forum engagement supported us in developing the content for the provider roadshows. It is also a valued platform for sharing emerging information from our regulation with the forum members on behalf of the Chief Inspector.

3.4 Meetings with the HSE

During 2022 we met with the national HSE Disability Team on six occasions to share information of relevance aligned to the regulatory remit of the Chief Inspector. Items discussed included the HSE's response to the findings presented in the 2021 Overview Report, the requirement for regulatory reform and the challenges providers are experiencing in terms of restabilising effective governance and oversight arrangements post-pandemic.

3.5 Meetings with the Department of Health

The Chief Inspector along with Deputy Chief Inspector (Disability) met with the Department of Health on three occasions in 2022, to discuss and exchange relevant updates and information on good practices as well as actual or potential risks across the sector.

3.6 Accountability to the Oireachtas

Under the Health Act 2007, the Chief Inspector is directly accountable to the Houses of the Oireachtas.

On 31 March 2022, the Chief Inspector of Social Services Carol Grogan, accompanied by the Deputy Chief Inspector of Social Services (Disability) Finbarr Colfer, attended the Joint Committee on Disability Matters to contribute to their discussion on safeguarding.

On 27 October 2022, the Chief Inspector, accompanied by the Deputy Chief Inspector (Disability) and the National Operations Manager, Ciara McShane attended The Joint Committee on Disability Matters to discuss the Chief Inspector's Overview Report Monitoring and Regulation of Designated Centres for People with Disabilities in 2021.

Chapter 4. Feedback about designated centres for people with a disability

The Chief Inspector welcomes feedback from people about their experiences of services to inform the assessment of the quality of care received within designated centres for people with a disability. This information is referred to as unsolicited information (UROIs) and can be received from residents, their family members or advocates, as well as health and social care professionals, employees and the general public.

While the Chief Inspector has no legal remit to investigate an individual complaint about care under the Health Act 2007, inspectors use this information to monitor the quality and safety of care. All information received is reviewed and risk rated and used alongside the other information gathered about a centre to inform regulatory judgments.

This section of the report sets out a detailed analysis of all unsolicited information that the Chief Inspector received in 2022 about designated centres for people with disabilities. It also sets out how this information was used to inform our work.

During 2022, the Chief Inspector received 1,353 pieces of unsolicited information through HIQA's Concerns Helpdesk, of which 291 (22%) related to disability services. This was a 24% increase on the 231 instances of unsolicited information received in 2021. Of the 1,478 registered designated centres for people with disabilities, the Chief Inspector received unsolicited information about 208 centres (14%) during 2022.

On average, just over 24 pieces of feedback were received each month about disability services, with a peak in March (34) and the fewest number received in June (13) (see Figure 4.1).

Figure 4.1. Comparison of number of UROIs received per month in 2022 about designated centres for people with a disability

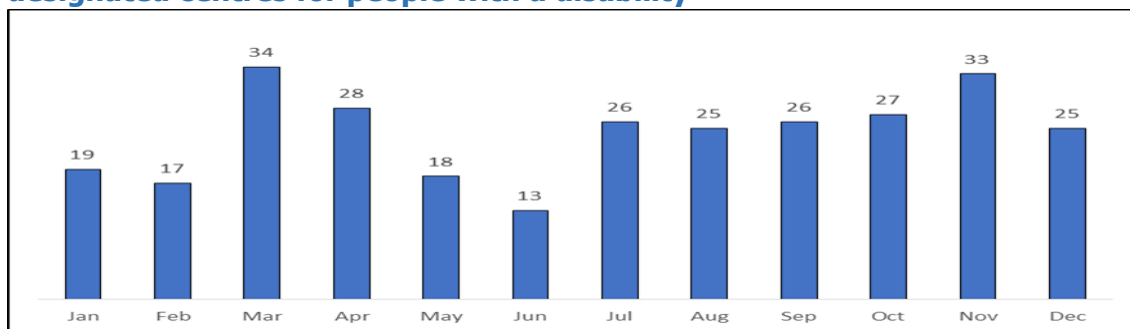
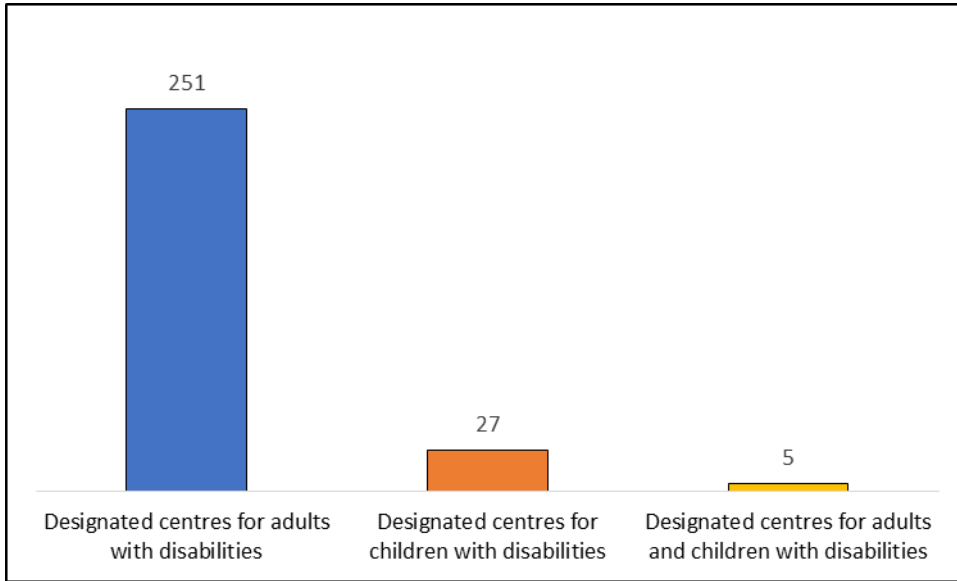


Figure 4.2 below shows that of the 291 pieces of feedback received, 251 (86%) related to designated centres for adults with disabilities, 27 (9%) related to designated centres for children with disabilities and five (2%) related to designated centres for adults and children with disabilities. An additional eight (3%) pieces of information concerned the overall governance and management of two registered providers at organisation level.

Figure 4.2. UROIs received by service type for designated centres for people with a disability in 2022



4.1 Who contacted us?

The majority of people who contacted HIQA’s Concerns Helpdesk about disability services were employees of designated centres, accounting for 124 (43%). Of the 291 pieces of information received, a further 16 (5%) were received from service users and 98 (34%) were from relatives. The Chief Inspector also received 53 (18%) pieces of information from ‘others’ including members of the public, advocates and health and social care professionals (see Figure 4.3).

Figure 4.3. Contact person for designated centres for people with a disability UROIs in 2022

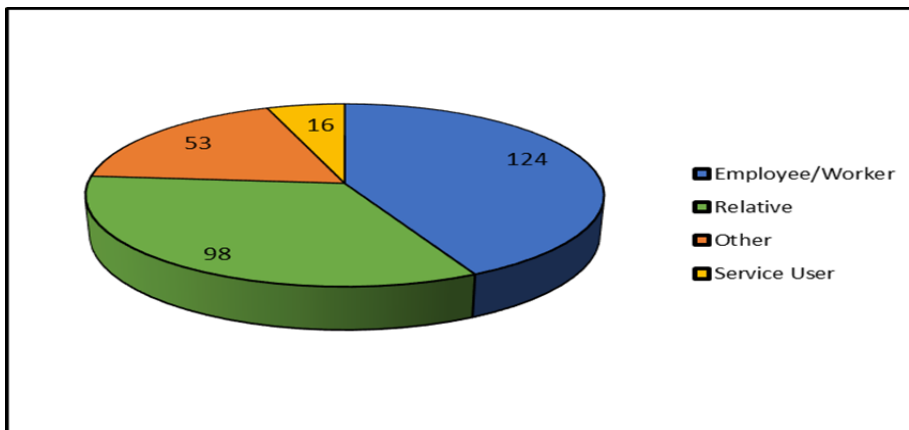
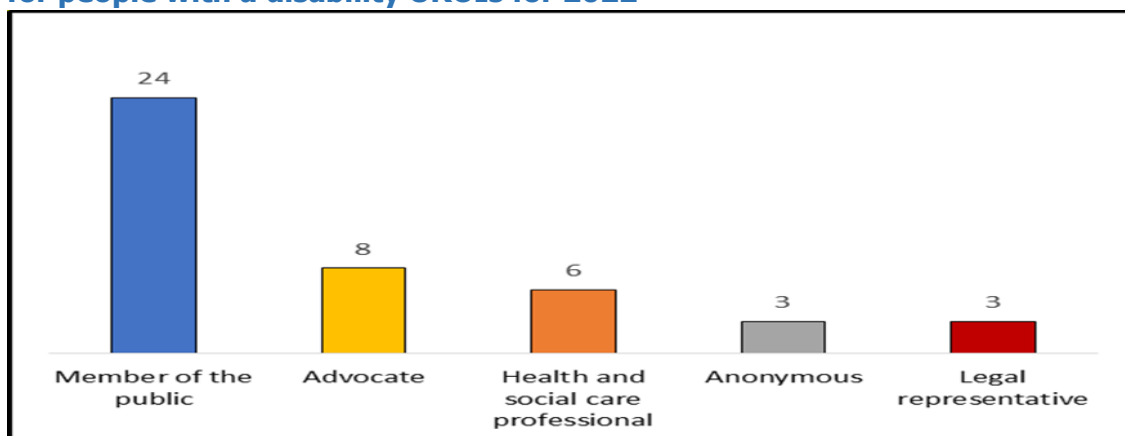


Figure 4.4 sets out a more detailed breakdown of the 'other' category, with 24 (45%) pieces of feedback received from members of the public. We also received two (4%) pieces of feedback each from a guardian ad litem, a HSE team and from media articles. One piece of feedback was received from each of the following; An Garda Síochána, a political representative and the Department of Health.

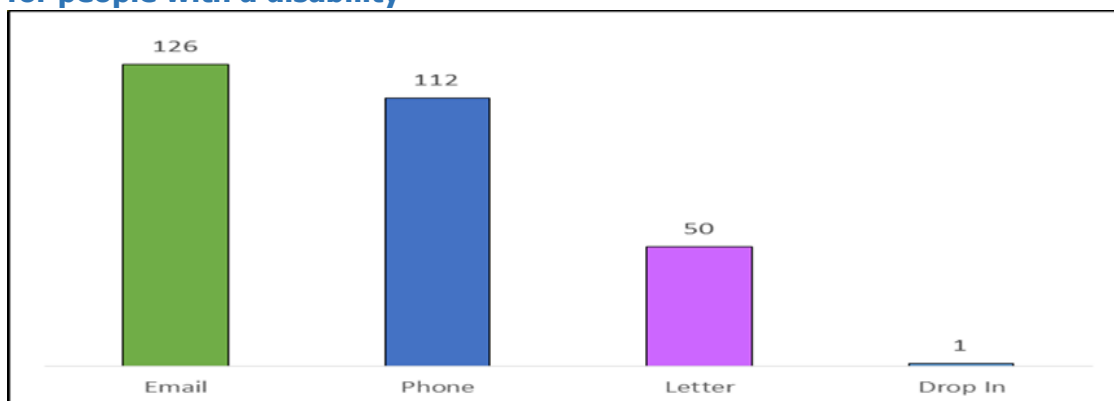
Figure 4.4. Breakdown of most frequent 'other' category for designated centres for people with a disability UROIs for 2022



4.2 Contact method

Of the 291 pieces of information received, 126 (43%) were through email, 112 (39%) were by phone and 50 (17%) were by letter. One individual attended the HIQA office in person to provide feedback about a service (see Figure 4.5). Two additional pieces of information were received which were prompted by media articles.

Figure 4.5. Contact method for UROIs received in 2022 about designated centres for people with a disability



4.3 Section 46 assessments

Section 46 assessments refer to an assessment of a residential service that may be a designated centre that is operating unregistered, which is a breach of the Health Act 2007. Most often, these arrangements are in response to a genuine safety concern for the resident and have been implemented as an emergency measure. The Chief Inspector has been engaging with the Department of Health since 2017 in relation to addressing this legislative gap and continued to do so in 2022. The current legislation does not provide for responding to people with disabilities who find themselves in need of urgent accommodation. Each year there are a number of incidents where providers correctly respond to the accommodation needs of residents where there is a risk to the safety of a resident or a risk to the safety of others and operate an unregistered centre for a brief period while alternative arrangements are put in place.

In 2022, it continued to be the case that pieces of information were brought to the attention of the Chief Inspector that suggested services may have been operating as unregistered designated centres. A section 46 assessment was completed for each piece of information and it was determined that eight services were operating in contravention to section 46 of the Health Act 2007, as amended. Applications to register the centres were subsequently submitted by the registered provider.

4.4 Qualitative review of unsolicited information and or feedback

Of the 291 pieces of feedback received in 2022, excluding a media article which is referenced below, 262 contained themes under both the dimension of capacity and capability and quality and safety. These are the dimensions that the Chief Inspector uses to present regulatory findings in inspection reports. Of the remaining 28, 23 instances of feedback concerned the capacity and capability dimension only, and five related to the quality and safety dimension only.

Under the dimension of quality and safety, the themes included safeguarding¹ (246), residents' rights (206), quality of care (145), general welfare and development (50), protection (41), risk management (39) and the premises (24).

Of the 145 quality of care issues, 77 related to assessment and care planning, 53 to positive behavioural supports, 44 to medicines management, 22 to healthcare, 20 to personal care and 19 to nutrition and hydration.

The themes raised under the capacity and capability dimension included governance and management (287), communication (91), staffing/workforce (65), complaints handling (36), information governance (21), training and staff development (20) and contracts (11).

¹ Safeguarding is the measures that are put in place to reduce the risk of harm, promote and protect people's human rights and their health and wellbeing, and empowering people to protect themselves (National Standards for Adult Safeguarding, HIQA/MHC 2019)

One media article was used as unsolicited information during the year, which related to how staff shortages within a designated centre were impacting on residents' lived experience.

4.5 Regulatory management of unsolicited information

All unsolicited information received is acknowledged and logged by HIQA's Concerns Team and examined by inspectors of social services. The information is reviewed by an inspector to establish if the information received indicates a risk to the safety, effectiveness, and management of the service, and the day-to-day care and support that residents receive. Unsolicited information allows the Chief Inspector to use the information of concern to examine:

- if services continue to meet high standards of care and support for residents how well providers handle complaints and use them as opportunities to improve care and support for residents
- any trends or patterns that could indicate that something unacceptable is happening in a service
- inform assessment of compliance with regulations and standards.

Depending on this assessed risk of the information received, the inspector will decide on the most appropriate action to take, which can include:

- close the concern and retain for information
- request further information from the provider
- request a provider compliance plan update
- request a provider assurance report
- start an escalated regulatory activity such as an inspection.

The inspector's decisions will be proportionate to the assessed risk. Some information received may require no action, while in other cases, inspectors will need assurance that the risk is being appropriately managed by the provider. In addition, where the information indicates that people may be at immediate risk, the Chief Inspector will use its full legal powers and report the incident, where appropriate, to An Garda Síochána, the Child and Family Agency (Tusla) or the Health Service Executive (HSE's) Adult Safeguarding Team.

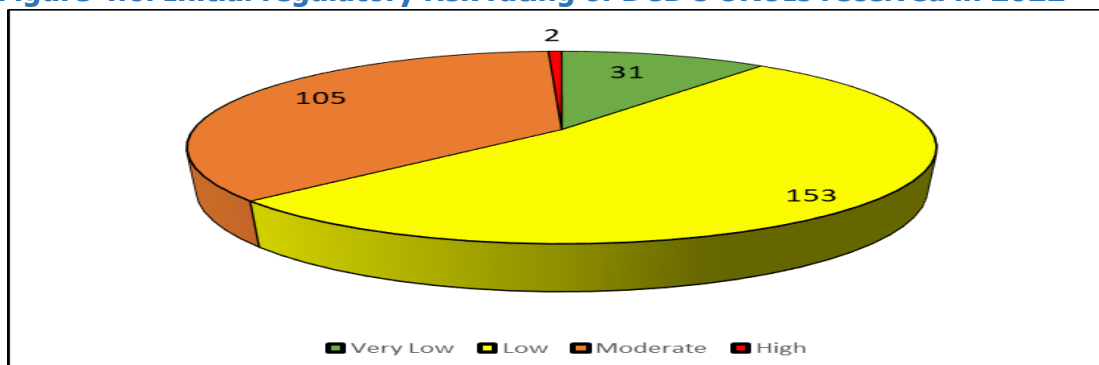
4.6 Assessment and risk rating

Of the 291 pieces of unsolicited information received in 2022, 31 (11%) were initially risk rated as a very low (green) regulatory risk. 153 (52%) pieces of information were risk-rated as a low (yellow) regulatory risk, 105 (36%) were risk-rated as moderate (orange) regulatory risk and two (1%) were initially risk-rated as a high (red) regulatory risk (see Figure 4.6 below).

Nine of the moderate (orange) regulatory risk-rated pieces of information were reduced to low (yellow) regulatory risk, and one of the low (yellow) regulatory risks

was reduced to very low (green) regulatory risk by the inspector following completion of the relevant regulatory review and actions (see section on regulatory action below).

Figure 4.6. Initial regulatory risk rating of DCD's UROIs received in 2022



4.7 Regulatory action

As outlined above, there are a range of regulatory activities that may be taken following the inspector's assessment and initial regulatory risk rating of the unsolicited information.

In total, 119 of the 291 UROIs were closed and retained for review on the following inspection. Of these, four were deemed by the inspectors to be similar to recent inspection findings which were already being managed by the inspector and were closed without further action. In the case of another 38 pieces of unsolicited information, the inspector had closed them as the information was being managed under a previously received piece of solicited information or managed under a statutory notification.

Additional regulatory action was taken in relation to 171 (58.5%) pieces of the information received, with 170 of these progressed and closed at the time of reporting. The following regulatory actions were taken after review of the information by an inspector:

- in 23 cases, the inspector either phoned or emailed the relevant manager to seek further information and assurance.
- in 76 cases, the provider was required to complete a provider assurance report, setting out how they were assuring themselves as to the quality and safety of care and support and compliance with the specific regulations referred to in the information.
- in 33 cases, inspectors undertook an unannounced risk inspection of the centre.

One piece of unsolicited information contained serious and unreported adult safeguarding concerns and was referred to the HSE National Safeguarding Office in line with HIQA's Adult Safeguarding Policy.

4.8 Conclusion

The Chief Inspector welcomes and encourage members of the public to contact the Concern's Helpdesk when they have feedback about the support and care provided to people with disabilities living in designated centres. This is valuable information which informs inspectors about what it is like to live in a designated centre.

If you want to give feedback or raise a concern about the care or support in a health or social care service, you can contact us by:

Phone: 021 240 9646

Email: concerns@hiqa.ie

Post information to: Concerns, HIQA, George's Court,
George's Lane, Smithfield, Dublin 7, Ireland.

Chapter 5. Overview of findings: The compliance picture

5.1 Regulatory findings

As outlined earlier in the report, a critically important element of delivering good quality support and care to people with disabilities is robust governance arrangements. While the rationale to govern remotely was understandable during the pandemic, in 2022 many service providers found it challenging to re-establish effective arrangements for their own monitoring of their services. In some situations, there was an over-reliance on self-reporting by local managers without verification and validation of the information being reported. This meant that some providers were not identifying when things were going wrong in centres and were not responding to issues in a timely manner.

In this section of the report, we outline the impact that governance and management arrangements have on regulatory compliance, particularly those regulations that impact directly on the safety and quality of life of residents. We provide a comparison between the regulatory findings for 2021 and those for 2022, as well as a breakdown of regulatory compliance levels in centres for adults, for children and for mixed adults and children.

We also provide a breakdown of compliance levels between congregated settings and community-based residential centres. While regulatory activity has seen improvements in compliance levels in congregated settings during 2022 in areas such as protection and positive behaviour support, there continued to be higher levels of non-compliance in rights-related regulations, individual assessment and personal planning, healthcare and premises. This meant that people with disabilities living in congregated settings continued to be at higher risk of receiving a poorer quality support that did not uphold their rights. The following graphs demonstrate these findings.

"Management systems in place ensured that the centre was effectively monitored. An annual review of the services provided to residents in their home was carried out. This review incorporated a review of aspects of residents' care, including medical interventions and fire evacuation. It also included consultation with residents and their representatives about the service received in their home."



Figure 5.1. Comparison of overall compliance in congregated settings 2021 and 2022

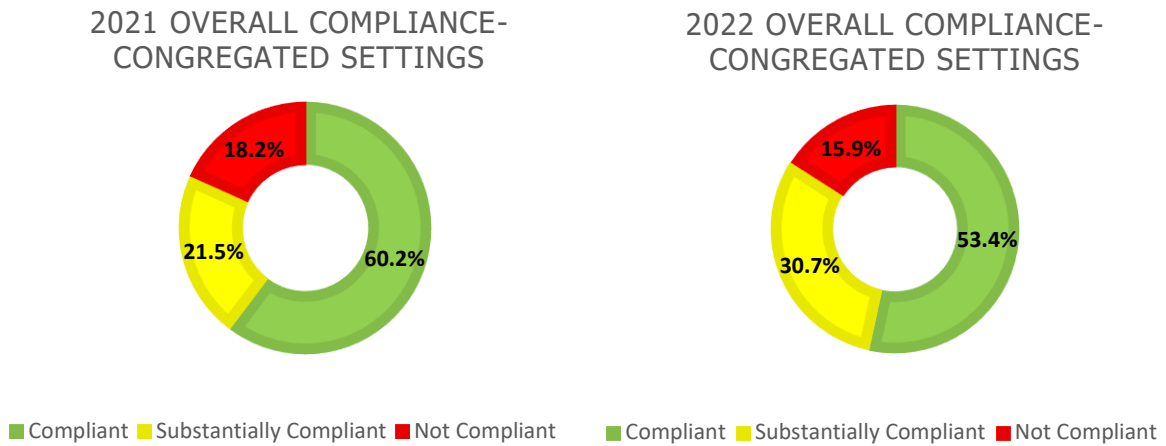
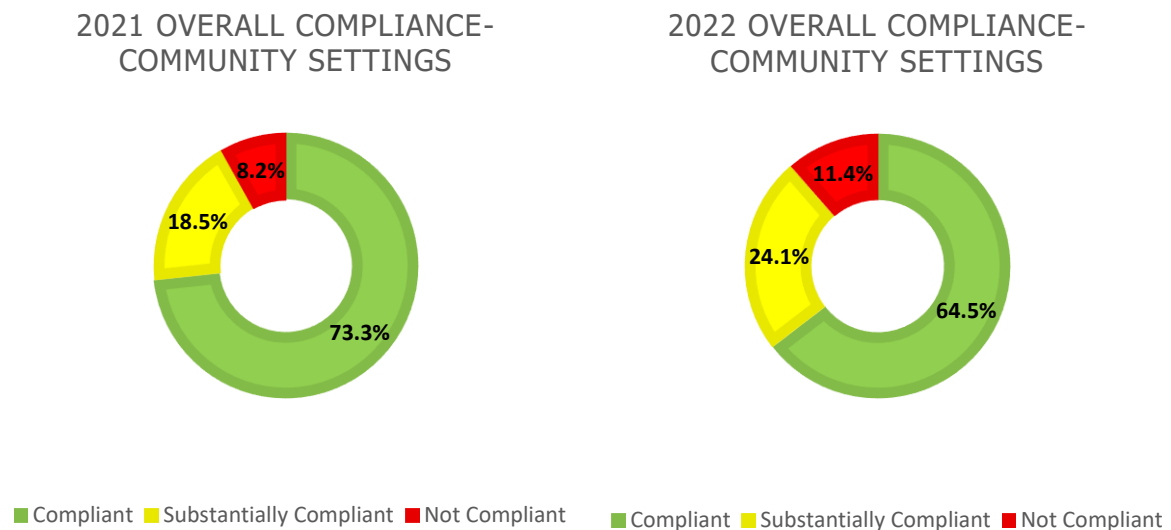


Figure 5.2. Comparison of overall compliance in community settings 2021 and 2022



During 2022, we continued to enhance our human rights-based approach to regulation. The rest of this chapter presents findings in relation to key regulations that impact on residents' rights, quality of life and safety in designated centres.

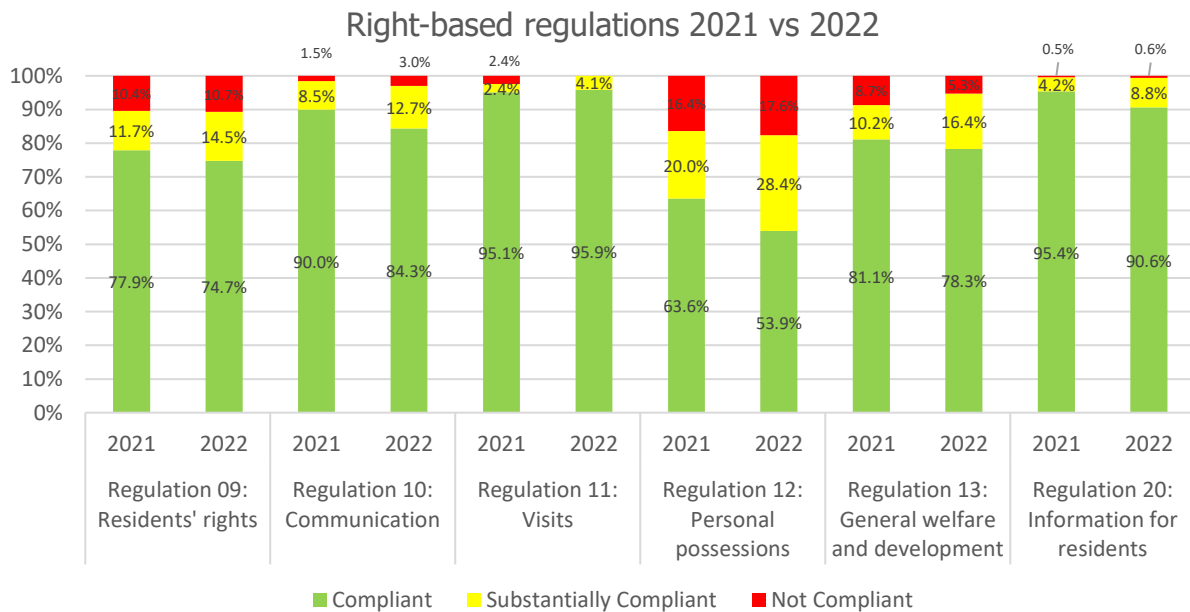
"one resident repeatedly spoke to the inspectors and a staff member about how noisy and busy their living environment was. When asked if they were happy living in the centre they stated "it will do for the moment". When asked if they felt safe, they said that sometimes when it was very loud, they felt scared."

5.2 Rights-based regulations

While all of the regulations in some way uphold the rights of people with disabilities in designated centres, the following six were identified as regulations which directly impact on the rights of residents and which provide an indication of the extent to which the human rights of people with disabilities are upheld. Inspectors found a deterioration in compliance levels across all of these regulations during 2022, with the exception of Regulation 11: Visits.

"An immediate action was issued to the provider on the day of inspection relating to the privacy of resident personal information. On arrival to the centre in the morning a centre vehicle was observed parked on a public road outside the centre with residents' personal documents visible inside it. These were observed to be still present in the afternoon and inspectors requested they be removed from the vehicle and stored safely and privately. This was completed prior to the conclusion of the inspection."

Figure 5.3. Overview of key rights-based regulations comparison 2021 vs 2022



"The inspector spoke with two residents and they said they felt listened to and had choice about what meals to have each day. One resident said that for the most part they can choose what activities they do each day. Both residents said that they liked their bedrooms and that the staff that worked in the centre were nice."

"Residents were living in a highly restrictive environment where they engaged in safety-related behaviours such as staying in their bedrooms during the day, only eating in communal areas when they were alone, and planning daily routines to prevent crossover with other residents."

Figure 5.4. Overview of key rights-based regulations in designated centres for adults 2022

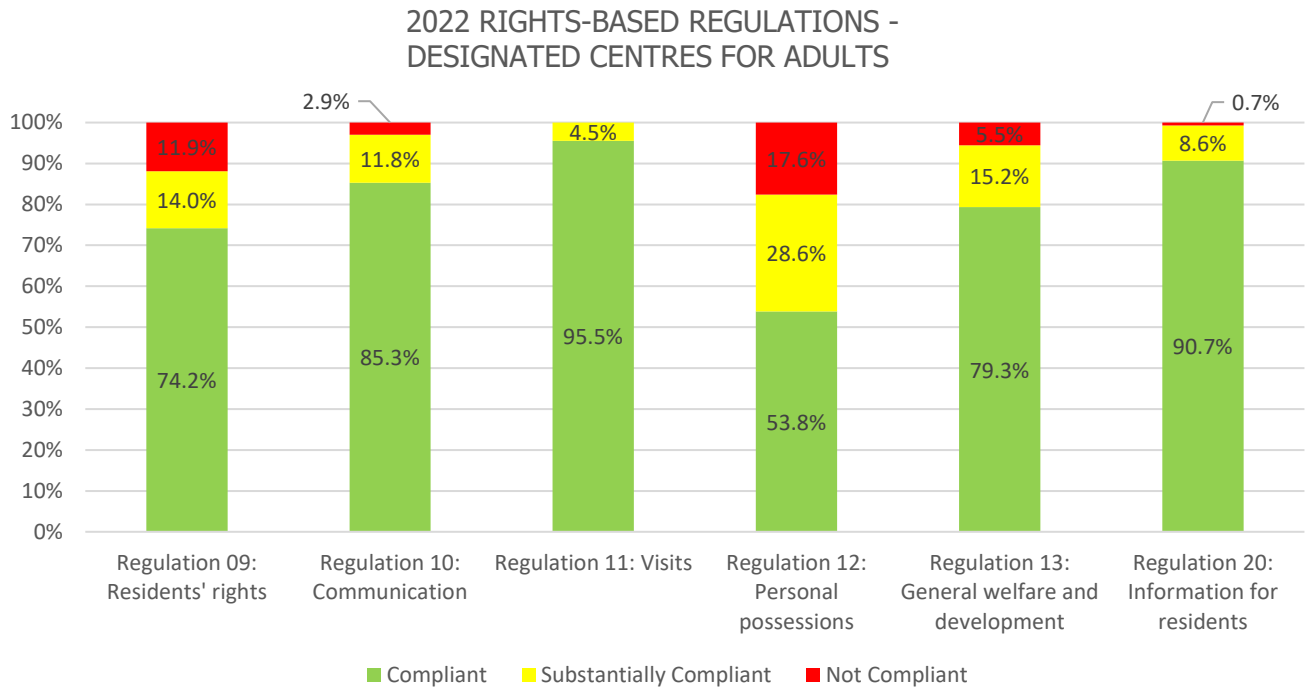


Figure 5.5. Overview of key rights-based regulations in designated centres for adults and children 2022

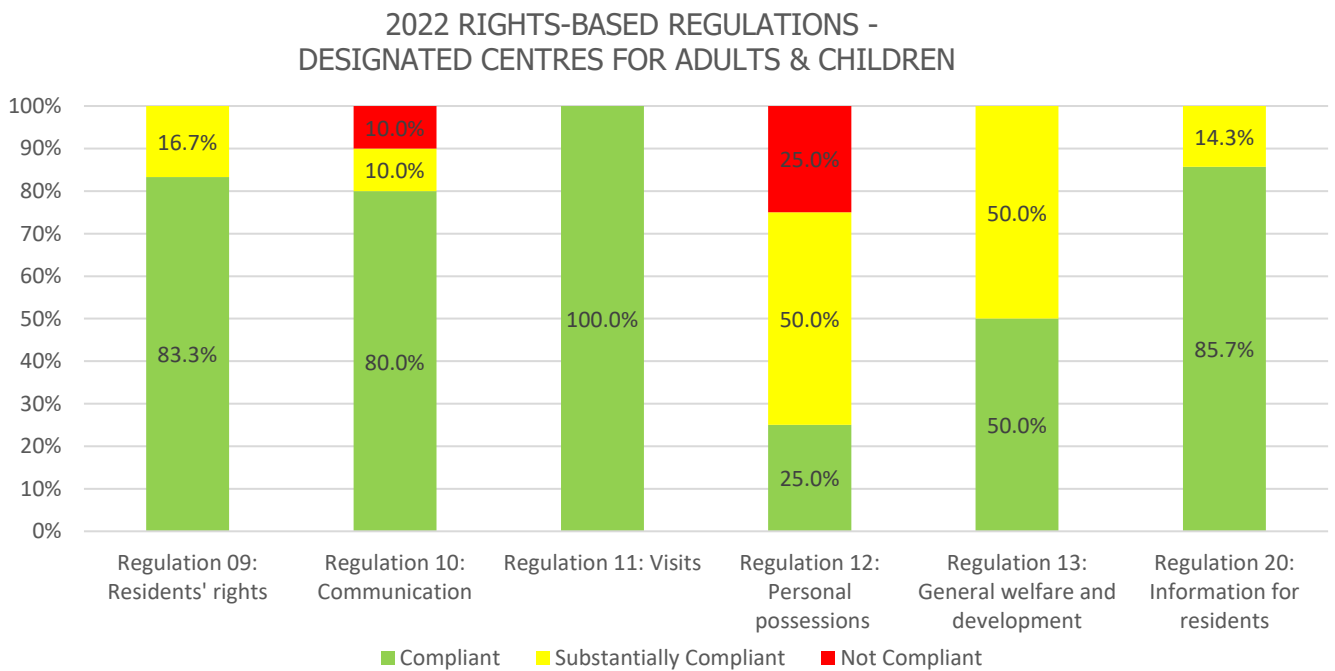


Figure 5.6. Overview of key rights-based regulations in designated centres for children 2022

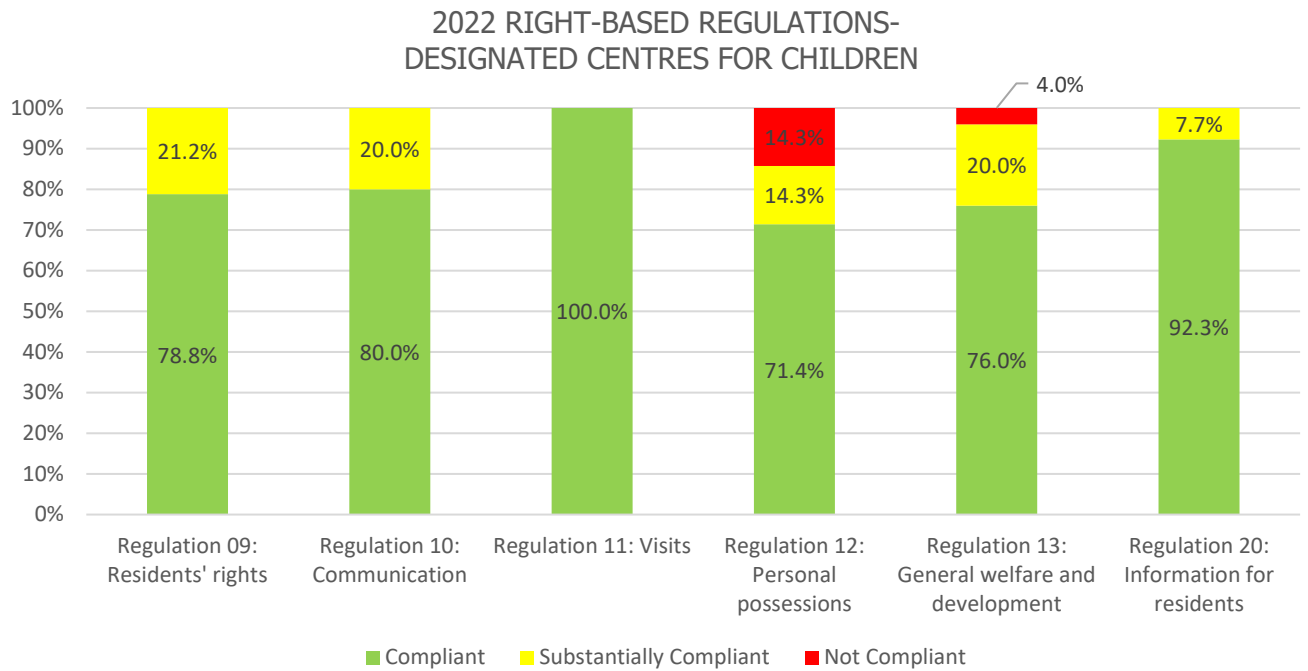
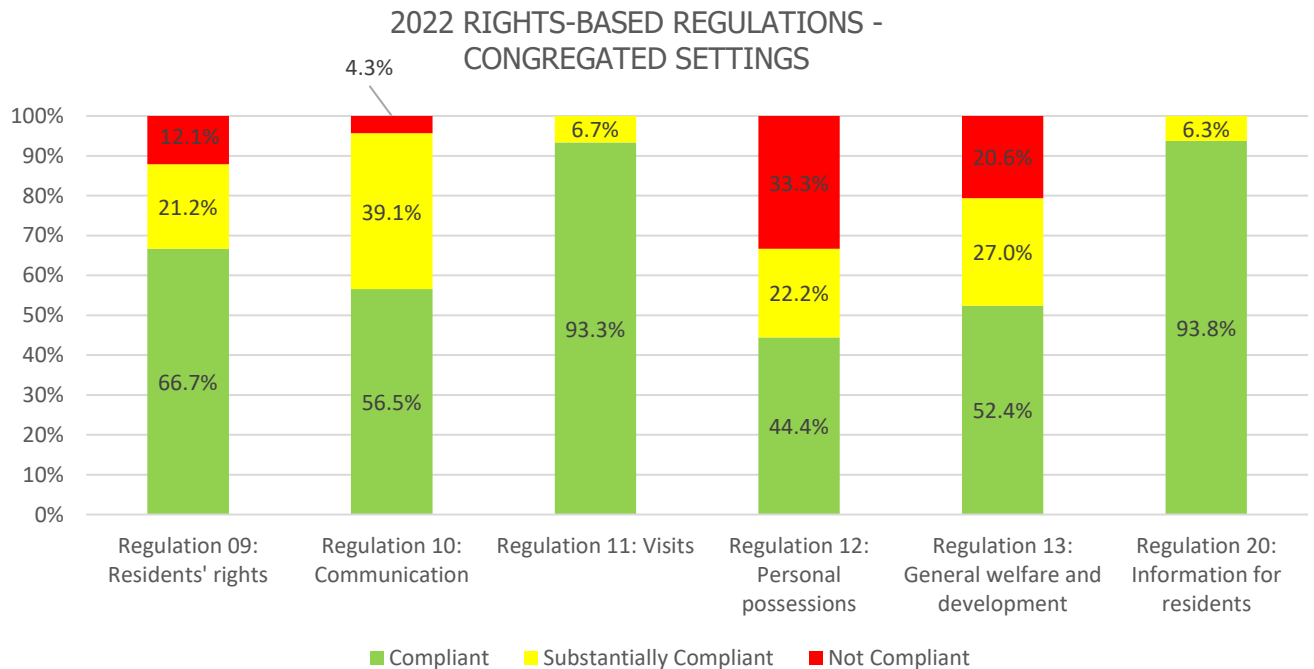
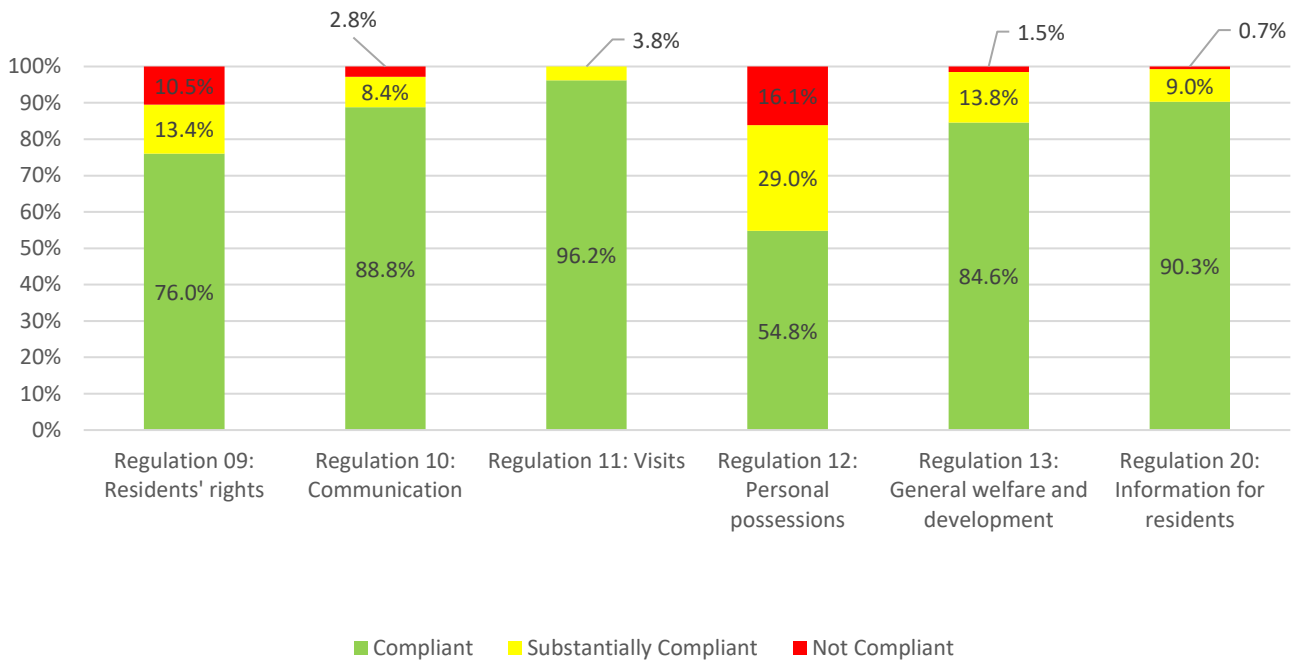


Figure 5.7. Overview of rights-based regulations in congregated and community settings 2022



2022 RIGHTS-BASED REGULATIONS - COMMUNITY SETTINGS

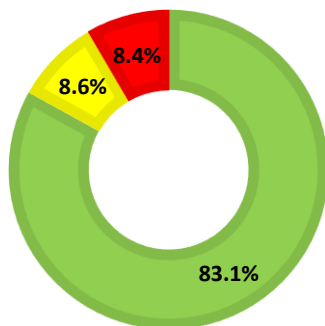


5.3 Regulation 8: Protection

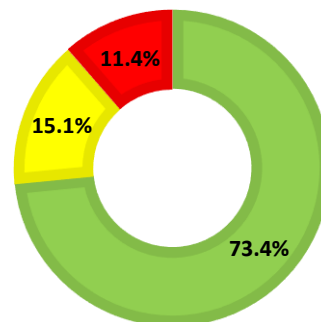
This regulation relates to findings around the protection of residents from the risk of abuse. In 2022, there was a decrease in compliance with safeguarding arrangements which went from 83% compliance in 2021, to 73% in 2022.

Figure 5.8. Comparison of compliance for Regulation 8: Protection 2021 and 2022

2021: REGULATION 8- PROTECTION- OVERALL COMPLIANCE



2022: REGULATION 8- PROTECTION- OVERALL COMPLIANCE



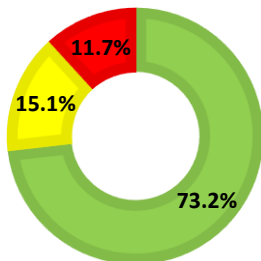
■ Compliant ■ Substantially Compliant ■ Not Compliant

“On inspection it was demonstrated residents were experiencing considerable stress and fear as a result of ongoing peer-to-peer safeguarding risks as a result of incompatibility of residents. One resident, the inspector spoke with, described the distress living in the house had caused them. They expressed to the inspector their unhappiness at not feeling safe in their own home. They were angry and frustrated about having to remain in their bedroom a lot of the time, saying "I always get threatened". The resident said the staff were very nice and tried to help, but the incidents kept occurring.”

"Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and those who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported and followed up on in line with the organisations own policy and national policy. Safeguarding plans were developed and reviewed as required."

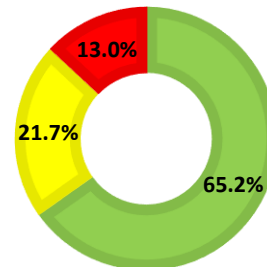
Figure 5.9. Compliance level for Regulation 8: Protection 2022

2022 REGULATION 8:
PROTECTION-
DESIGNATED CENTRES FOR
ADULTS



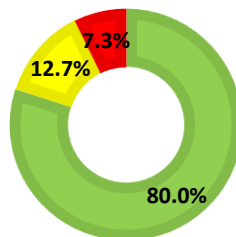
■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 8:
PROTECTION-
DESIGNATED CENTRES FOR
ADULTS & CHILDREN



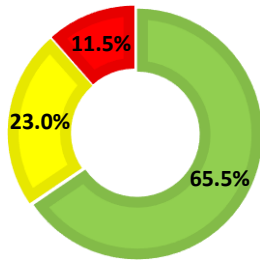
■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 8:
PROTECTION-
DESIGNATED CENTRES FOR
CHILDREN



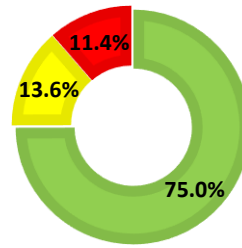
■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 8:
PROTECTION-
CONGREGATED SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 8:
PROTECTION-
COMMUNITY SETTINGS



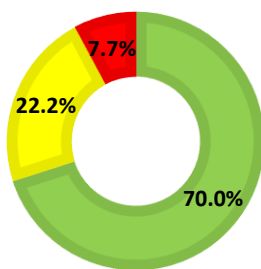
■ Compliant ■ Substantially Compliant ■ Not Compliant

5.4 Regulation 5: Individual Assessment and Care Plan

This regulation ensures that there is a person-centred approach to the support and care provided to each person with disabilities living in a designated centre. The care plan provides staff with direction on how to best meet the needs of each resident and ensures the support needs, preferences and the will of each resident are provided for in a consistent and person-centred way. During 2022, inspectors found a significant deterioration in compliance with this regulation.

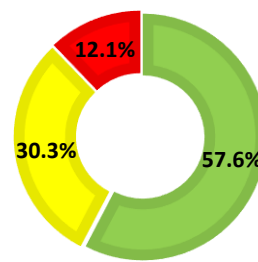
Figure 5.10. Comparison of compliance with Regulation 05: Individual Assessment and Personal Plan 2021 and 2022

2021: REGULATION 05-
INDIVIDUAL ASSESSMENT
AND PERSONAL PLAN
OVERALL COMPLIANCE



■ Compliant ■ Substantially Compliant ■ Not Compliant

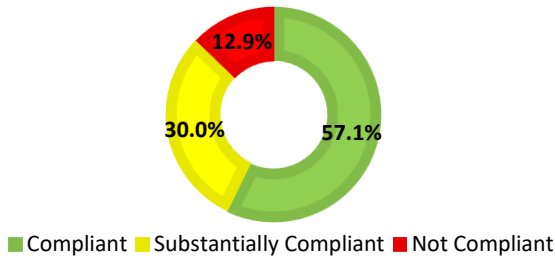
2022: REGULATION 05-
INDIVIDUAL ASSESSMENT
AND PERSONAL PLAN
OVERALL COMPLIANCE




■ Compliant ■ Substantially Compliant ■ Not Compliant

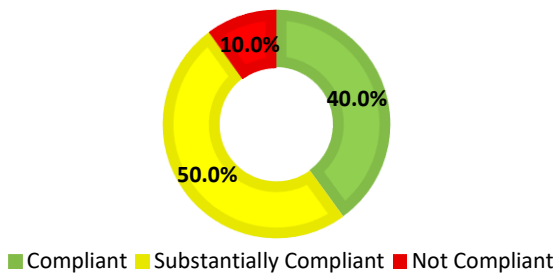
Figure 5.11. Compliance levels for Regulation 05: Individual Assessment and Personal Plan 2022


2022: REGULATION 05:
INDIVIDUAL ASSESSMENT AND
PERSONAL PLAN-
DESIGNATED CENTRE FOR
ADULTS



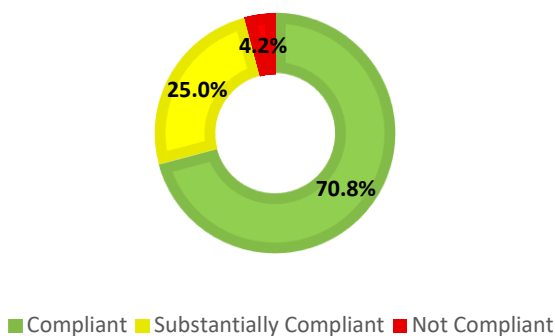
"Each resident had a comprehensive assessment of their health, personal and social care needs. It was evident that this was updated regularly to reflect changes in the support they received, with a full review being completed on an annual basis. There was evidence of multi-disciplinary input from relevant health and social care professionals as required." 

2022: REGULATION 05:
INDIVIDUAL ASSESSMENT AND
PERSONAL PLAN-
DESIGNATED CENTRE FOR
ADULTS & CHILDREN

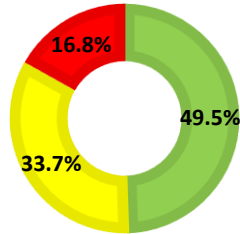


"The person in charge did not ensure that personal plans were the subject of review on an annual basis and that this was done with the consultation and participation of residents. There were plans in place that referred to a previous placement and these were not updated or reviewed to take into account the changing circumstances of residents." 

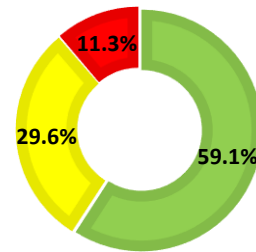
2022: REGULATION 05:
INDIVIDUAL ASSESSMENT AND
PERSONAL PLAN-
DESIGNATED CENTRE FOR
CHILDREN



2022 REGULATION 05:
INDIVIDUAL ASSESSMENT AND
PERSONAL PLAN
CONGREGATED SETTINGS



2022 REGULATION 05:
INDIVIDUAL ASSESSMENT AND
PERSONAL PLAN
COMMUNITY SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant ■ Compliant ■ Substantially Compliant ■ Not Compliant

5.5 Regulation 7: Positive Behavioural Support

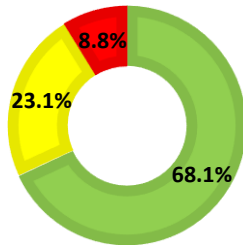
Where a service operates from a rights-based approach, inspectors find that residents are respectfully supported and communicated with in relation to behaviours that can be challenging.

"Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. Residents were supported to access psychology and psychiatry as required. There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practice committee."

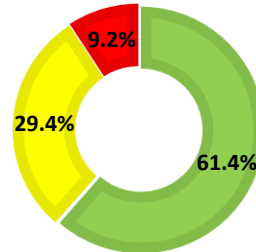


Figure 5.12. Comparison of compliance for Regulation 7: Positive Behavioural Support 2021 and 2022

2021: REGULATION 07:
POSITIVE BEHAVIOURAL
SUPPORT
OVERALL COMPLIANCE



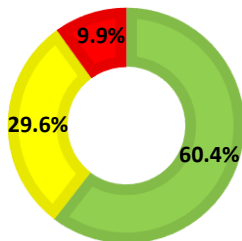
2022: REGULATION 07:
POSITIVE BEHAVIOURAL
SUPPORT
OVERALL COMPLIANCE



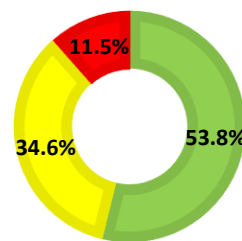
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Figure 5.13. Compliance level for Regulation 7: Positive Behavioural Support 2022

2022: REGULATION 07:
POSITIVE BEHAVIOURAL
SUPPORT-
DESIGNATED CENTRE FOR
ADULTS

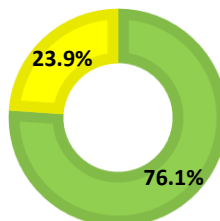


2022: REGULATION 07:
POSITIVE BEHAVIOURAL
SUPPORT
DESIGNATED CENTRE FOR
ADULTS & CHILDREN



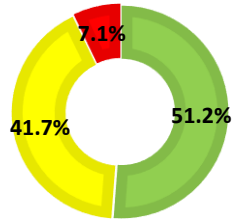
■ Compliant ■ Substantially Compliant ■ Not Compliant ■ Compliant ■ Substantially Compliant ■ Not Compliant

2022: REGULATION 07:
POSITIVE BEHAVIOURAL
SUPPORT-
DESIGNATED CENTRE FOR
CHILDREN



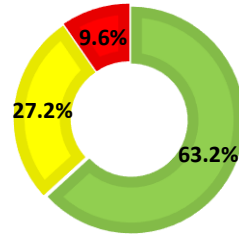
■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 07:
POSITIVE BEHAVIOURAL
SUPPORT
CONGREGATED SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 07:
POSITIVE BEHAVIOURAL
SUPPORT
COMMUNITY SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant

5.6 Regulation 6: Healthcare

Providers who have good governance arrangements will, for the most part, have good practices, procedures and oversight of residents' healthcare needs, ensuring they are provided with the appropriate supports to meet their physical, emotional, social, psychological and spiritual needs in a manner that respects and upholds their rights.

Good healthcare supports ensure that residents are supported to have autonomy and choice and to attend healthcare-related appointments, to avail of primary healthcare services within their local community and to avail of public health services such as screening and vaccination programmes.

"Residents' healthcare needs were seen to be assessed and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals which included a general practitioner (GP), massage therapy, physiotherapy, and speech and language therapy as required."



Figure 5.14. Comparison of compliance for Regulation 6: Healthcare 2021 and 2022

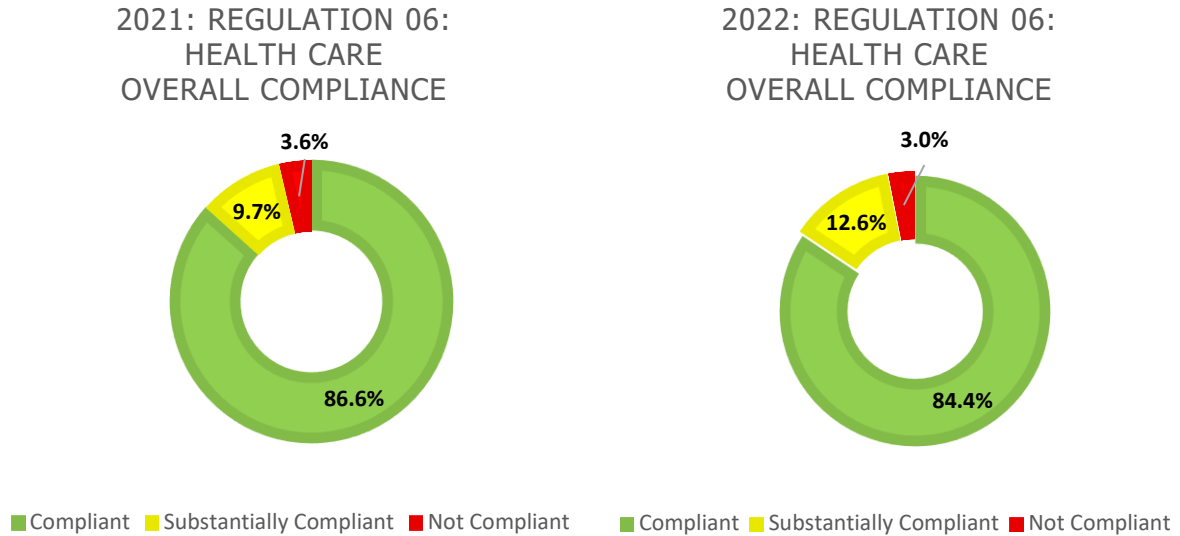
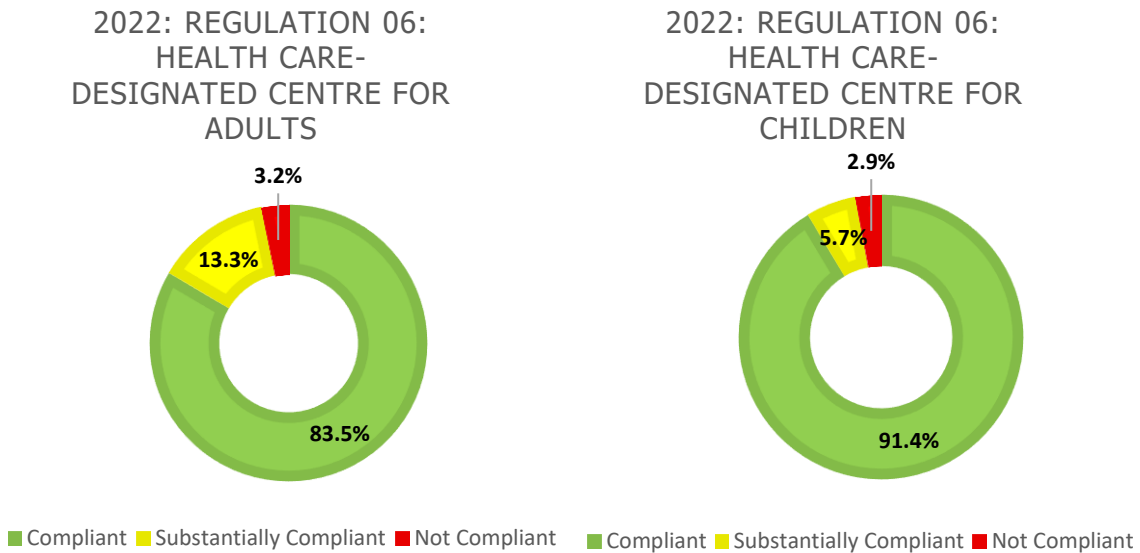
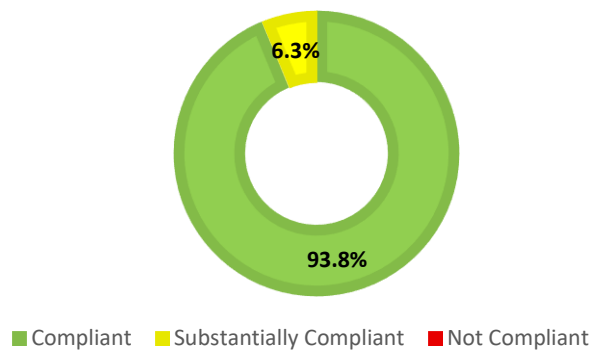


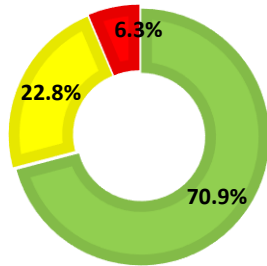
Figure 5.15. Compliance level for Regulation 6: Healthcare 2022



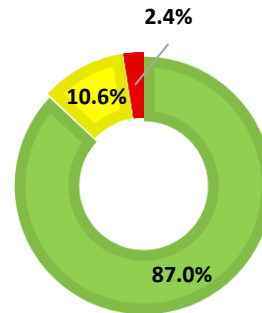
2022: REGULATION 06: HEALTH CARE DESIGNATED CENTRE FOR ADULTS & CHILDREN



2022 REGULATION 06:
HEALTH CARE
CONGREGATED SETTINGS



2022 REGULATION 06: HEALTH CARE
COMMUNITY SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant ■ Compliant ■ Substantially Compliant ■ Not Compliant

5.7 Regulation 15: Staffing

Having the appropriate number and skill-mix of staff is crucial to providing good quality care and support to people with disabilities.

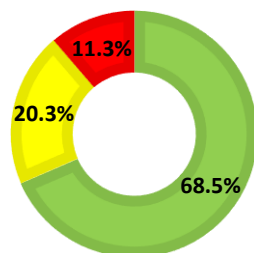
"The staff team were found to have the right skills and experience to meet the assessed needs of the residents. Although one staff member was on extended leave, this vacancy was being covered by a small number of regular relief staff. This provided consistency of care for the residents. A sample of staff files reviewed were found to contain all of the information required by the regulations."



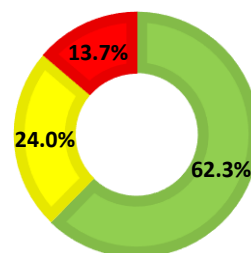
In 2022, many providers told us that staff retention and recruitment was very challenging and that this has contributed to the increase of non-compliance findings.

Figure 5.16. Comparison of compliance for Regulation 15: Staffing 2021 and 2022

2021: REGULATION 15-
STAFFING-
OVERALL COMPLIANCE



2022: REGULATION 15-
STAFFING-
OVERALL COMPLIANCE

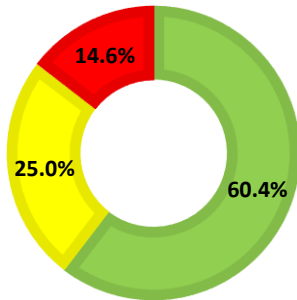


■ Compliant ■ Substantially Compliant ■ Not Compliant ■ Compliant ■ Substantially Compliant ■ Not Compliant

"There were large numbers of agency staff employed in the centre. This in effect could not assure consistency of care to the resident in the long term. There was also no definitive plan in place about how this would be managed going forward to ensure that the resident was not impacted with changes to the staff team."

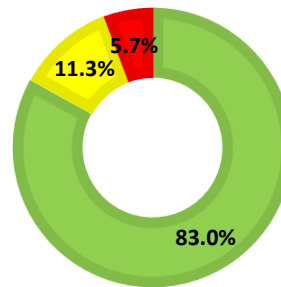
Figure 5.17. Compliance level for Regulation 15: Staffing 2022

2022 REGULATION 15:
STAFFING-
DESIGNATED CENTRES FOR
ADULTS



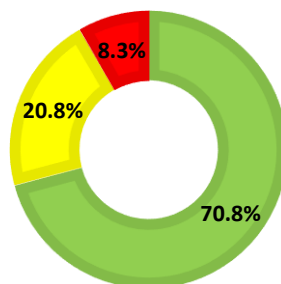
■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 15:
STAFFING-
DESIGNATED CENTRES FOR
CHILDREN



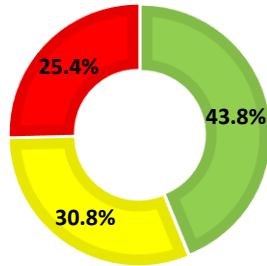
■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 15: STAFFING-
DESIGNATED CENTRES FOR
ADULTS & CHILDREN



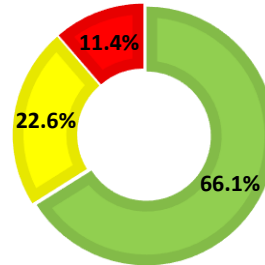
■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 15:
STAFFING
CONGREGATED SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 15:
STAFFING
COMMUNITY SETTINGS



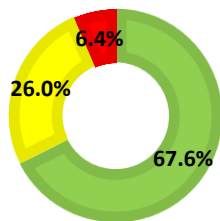
■ Compliant ■ Substantially Compliant ■ Not Compliant

5.8 Regulation 26: Risk Management Procedures

This regulation requires providers to have risk frameworks in place that provide reliable information that ensures that risk to residents is minimised and, where things do go wrong, that the provider identifies it in a timely manner and responds quickly. The risk management systems should allow for the ongoing assessment and management of risks. While risk management arrangements should protect residents from actual or potential harm, they should also support residents to take positive risks and recognise their rights to make choices about how they live their lives.

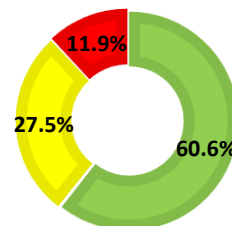
Figure 5.18. Comparison of compliance for Regulation 26: Risk Management Procedures 2021 and 2022

2021: REGULATION 26- RISK
MANAGEMENT PROCEDURES-
OVERALL COMPLIANCE



■ Compliant ■ Substantially Compliant ■ Not Compliant

2022: REGULATION 26- RISK
MANAGEMENT PROCEDURES-
OVERALL COMPLIANCE

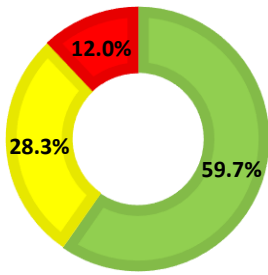


■ Compliant ■ Substantially Compliant ■ Not Compliant

"The provider had not demonstrated that all serious incidents were appropriately recorded, reported, investigated and learned from. . . The inspector was not assured that should an incident happen at night-time, that the reporting and responding to such emergencies was clear and would result in timely access to medical attention for residents."

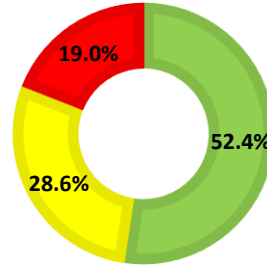
Figure 5.19. Compliance level for Regulation 26: Risk Management Procedures 2022

2022 REGULATION 26: RISK MANAGEMENT PROCEDURES- DESIGNATED CENTRES FOR ADULTS



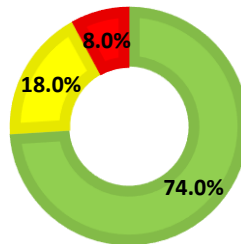
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2022 REGULATION 26: RISK MANAGEMENT PROCEDURES- DESIGNATED CENTRES FOR ADULTS & CHILDREN



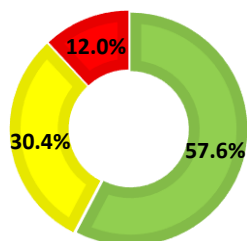
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2022 REGULATION 26: RISK MANAGEMENT PROCEDURES- DESIGNATED CENTRES FOR CHILDREN



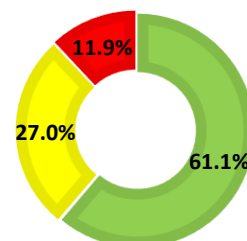
■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 26: RISK MANAGEMENT PROCEDURES CONGREGATED SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 26: RISK MANAGEMENT PROCEDURES COMMUNITY SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant

"The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. Risk management and treatment plans were in place for all assessed risks. There were arrangements in place for investigating and learning from incidents and adverse events involving the children. Post incident reviews were completed which aimed to identify learning to prevent re-occurrences."

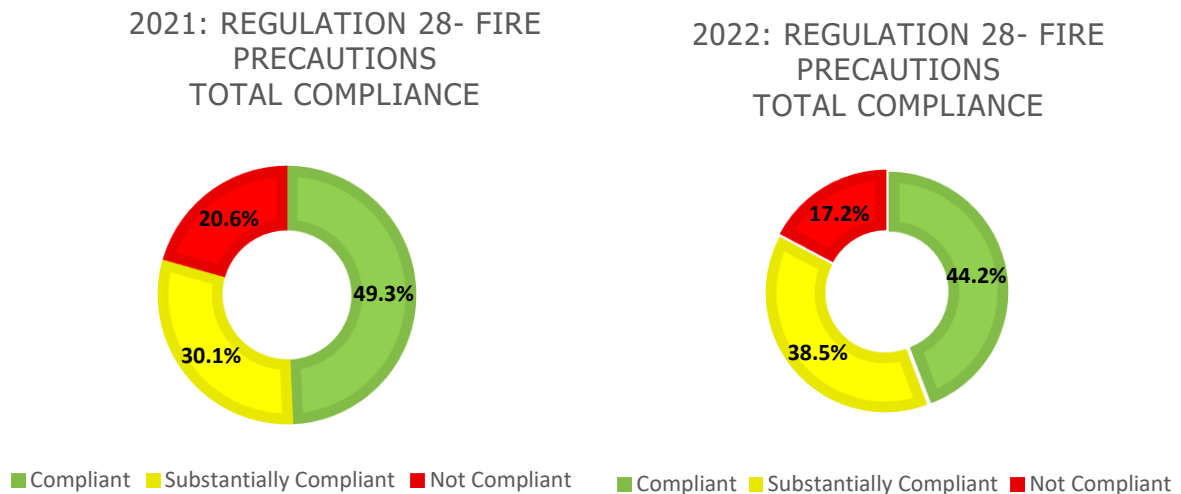


5.9 Regulation 28: Fire Precautions

A fire in a designated centre can be devastating. It is essential therefore that robust fire management systems which are supported by effective risk frameworks protect residents from the risk of fire, ensuring they are safe in their homes. To support providers in putting effective fire safety strategies in place, the Chief Inspector developed, published and distributed a fire safety handbook to all designated centres.

Where there is a presence of strong governance and management, we have found that providers also have effective fire management systems in place.

Figure 5.20. Comparison of compliance for Regulation 27: Fire Precautions 2021 and 2022



"Suitable fire safety systems were in place and the centre was equipped with a fire alarm, fire extinguishers, fire blanket and emergency lighting. Fire doors with self-closing devices were provided throughout the centre. Fire safety equipment had been serviced a few days prior to the inspection. Staff had completed training in fire safety. Regular timely fire drills had been carried out during the day, and residents and staff had been evacuated within a timely manner. The inspector reviewed all personal emergency evacuation plans, which were up-to-date, and outlined the support residents required to evacuate the centre. All exit routes were clear on the day of inspection. Fire safety checks were completed by staff.."

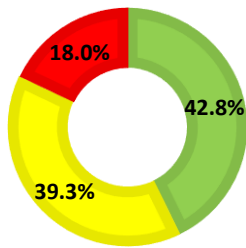


"Improvements were required in aspects of fire safety precautions as follows;

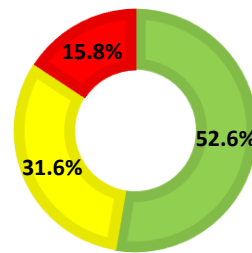
- To ensure that actions identified in audits were completed within the time-frames identified (relating to fire drills and review of fire doors)
- To ensure that the annual inspection of equipment was completed
- To review and update the fire risk assessment to ensure that it was reflective of all the risks in the centre and the specific arrangements to mitigate the risks
- To review the centre emergency plan to ensure that it contained accurate information about fire doors, and the specific arrangements for evacuation in the locations where there were no fire doors."

Figure 5.21. Compliance level for Regulation 28: Fire Precautions 2022

2022 REGULATION 28: FIRE PRECAUTIONS- DESIGNATED CENTRES FOR ADULTS

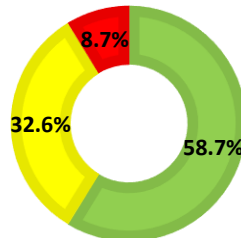


2022 REGULATION 28: FIRE PRECAUTIONS- DESIGNATED CENTRES FOR ADULTS & CHILDREN



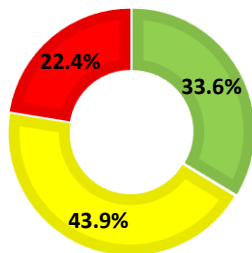
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2022 REGULATION 28: FIRE PRECAUTIONS- DESIGNATED CENTRES FOR CHILDREN

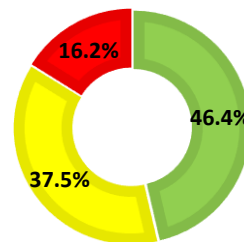


■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 28: FIRE PRECAUTIONS - CONGREGATED SETTINGS



2022 REGULATION 28: FIRE PRECAUTIONS - COMMUNITY SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant ■ Compliant ■ Substantially Compliant ■ Not Compliant

5.10 Regulation 27: Protection Against Infection

The importance of infection prevention and control measures became even more apparent during the pandemic. HIQA’s *National Standards for Infection Prevention and Control in Community Services* set out the important aspects of effective infection control arrangements, not just for COVID-19 but also for other serious infections.

Building on the momentum of 2021, inspectors continued with a focused programme of single-issue infection prevention and control (IPC) inspections and completed 411 of these in 2022. Inspectors also reviewed this regulation as part of 651 other inspections during 2022. The Chief Inspector also produced a specific Assessment Judgment Framework document on infection prevention and control as a support to providers.

Figure 5.22. Levels of compliance of single issued inspection for Regulation 27: Protection Against Infection 2022

2022: REGULATION 27: PROTECTION AGAINST INFECTION
(SINGLE-ISSUE IPC INSPECTIONS)

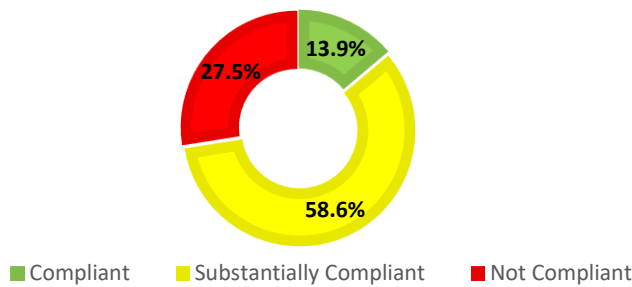
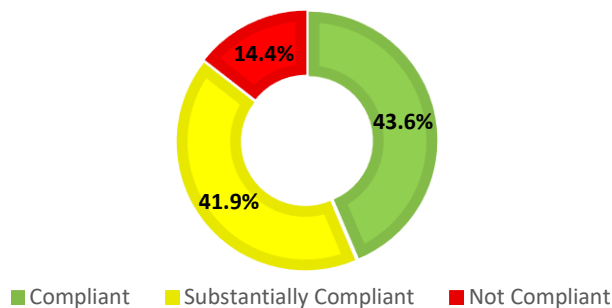



Figure 5.23. Compliance with Regulation 27 on other inspection types

2022: REGULATION 27: PROTECTION AGAINST INFECTION
(WHERE IPC WAS REVIEWED AS PART OF A GENERAL INSPECTION)



"A number of measures had been put in place to protect residents from potential sources of infection, including COVID-19. Staff members wore personal protective equipment (PPE) when providing care and support to residents in their home. There had been an outbreak of COVID-19 in one of the designated centre's houses. Residents had been supported to receive medical attention when required at this time. Staff spoken with discussed isolation measures, the use of PPE and managerial support at this time. It was evident that this outbreak had been well-managed." 


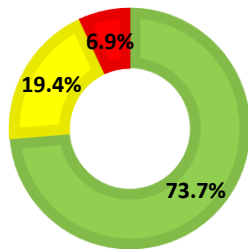
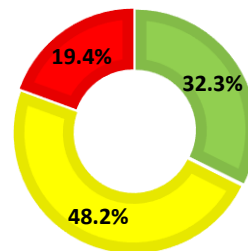
"Considerable improvements were required not only to the premises, in order to provide a home to residents that could promote and facilitate the implementation of infection control systems, but also to the development of staff knowledge, understanding and skills in the area of infection control. . . Improvements were required to ensure where urgent risks were identified that the provider had systems in place to follow up on these risks to ensure they had been addressed." 

Figure 5.24. Comparison of Compliance for Regulation 27: Protection against Infection 2021 and 2022

2021: REGULATION 27-
PROTECTION AGAINST
INFECTION-
OVERALL COMPLIANCE



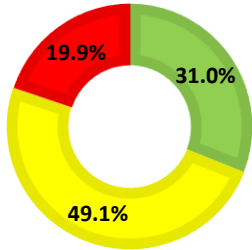
2022: REGULATION 27-
PROTECTION AGAINST
INFECTION-
OVERALL COMPLIANCE



■ Compliant
 ■ Substantially Compliant
 ■ Not Compliant
 ■ Compliant
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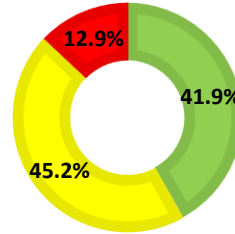
Figure 5.25. Compliance levels for Regulation 27: Protection against Infection 2022

2022 REGULATION 27:
PROTECTION AGAINST
INFECTION-
DESIGNATED CENTRES FOR
ADULTS



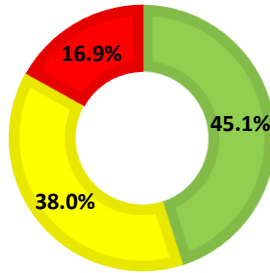
■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 27:
PROTECTION AGAINST
INFECTION-
DESIGNATED CENTRES FOR
ADULTS & CHILDREN



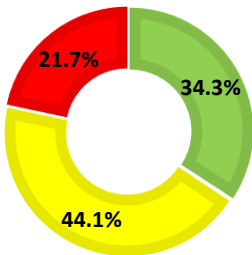
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2022 REGULATION 27:
PROTECTION AGAINST
INFECTION-
DESIGNATED CENTRES FOR
CHILDREN



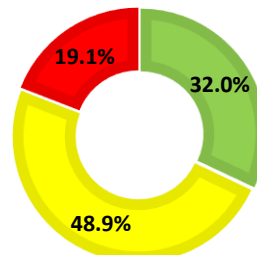
■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 27:
PROTECTION AGAINST
INFECTION
CONGREGATED SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant

2022 REGULATION 27:
PROTECTION AGAINST
INFECTION
COMMUNITY SETTINGS



■ Compliant ■ Substantially Compliant ■ Not Compliant

5.11 Regulation 34: Complaints Procedure

Having a good complaints procedure ensures that providers are listening to, and hearing, the concerns raised by residents, and using the learnings from the complaints to drive improvements. It is a key aspect of upholding the rights of residents.

"The inspector found that complaints were not managed in accordance with the provider's own policy. Residents had made similar complaints multiple times and had not received a response from the provider." ■

"The provider had a complaints procedure which was clearly displayed and readily available to both residents and visitors. The person in charge kept a record of all received complaints. A review of these records indicated that complaints had been reviewed by the provider and that resolution had been achieved." +

Figure 5.26. Comparison of Compliance for Regulation 34: Complaints Procedure 2021 and 2022

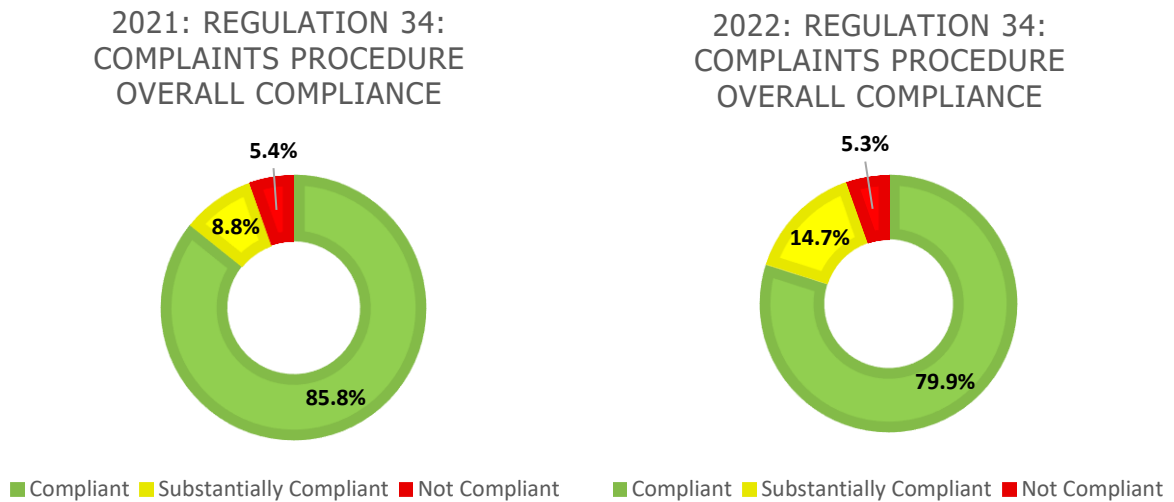
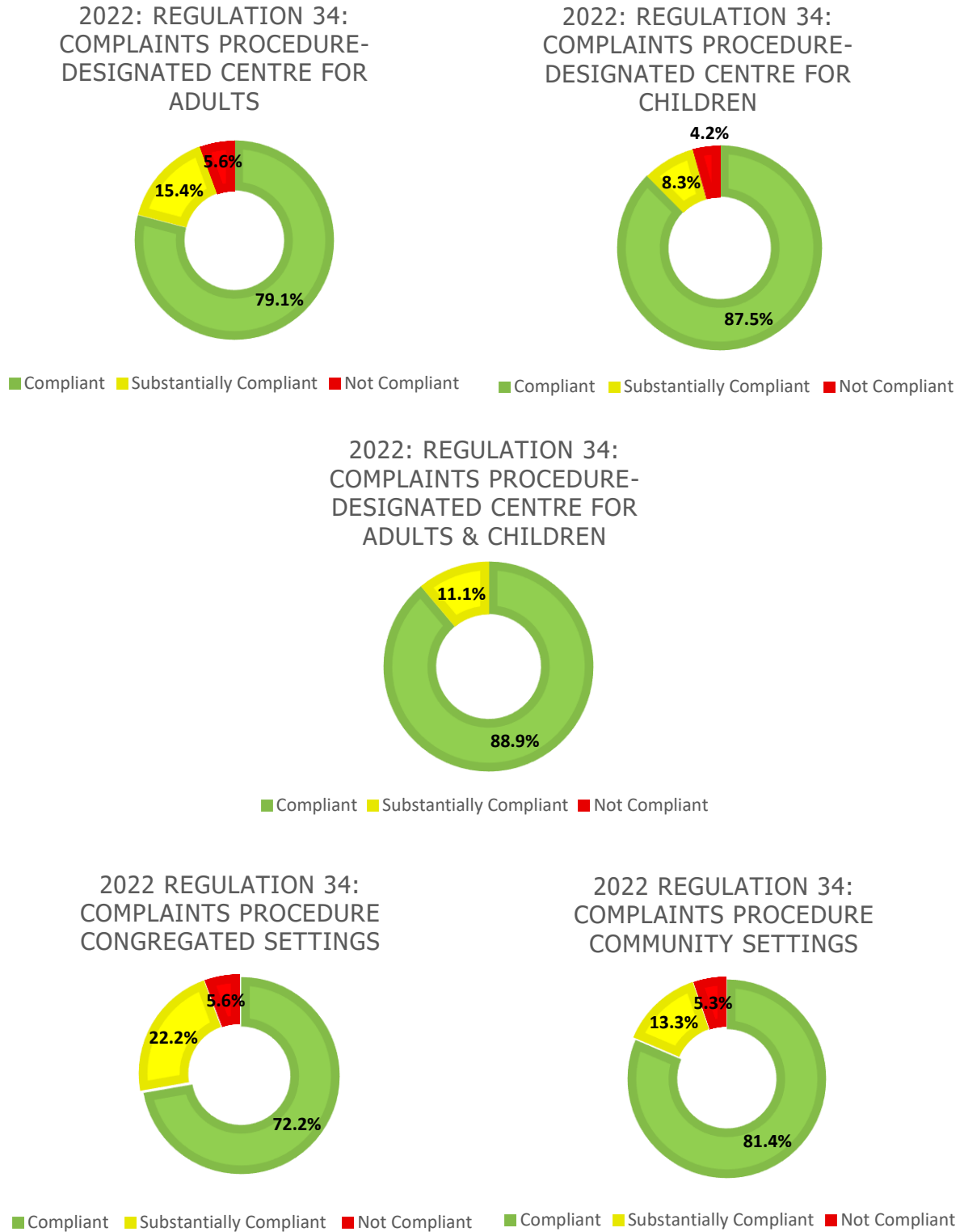


Figure 5.27. Compliance levels for Regulation 34: Complaints Procedure 2022



"The inspector spoke with residents after their meal and one resident brought the inspector to show them their bedroom. Immediately upon entering the room the resident pointed out the mould on the ceiling to the inspector and told them it was dirty and they didn't like it."

"The resident had a TV in their room and when they asked if they enjoyed it they told the inspector they couldn't watch it as it was over their head and they couldn't see the TV."

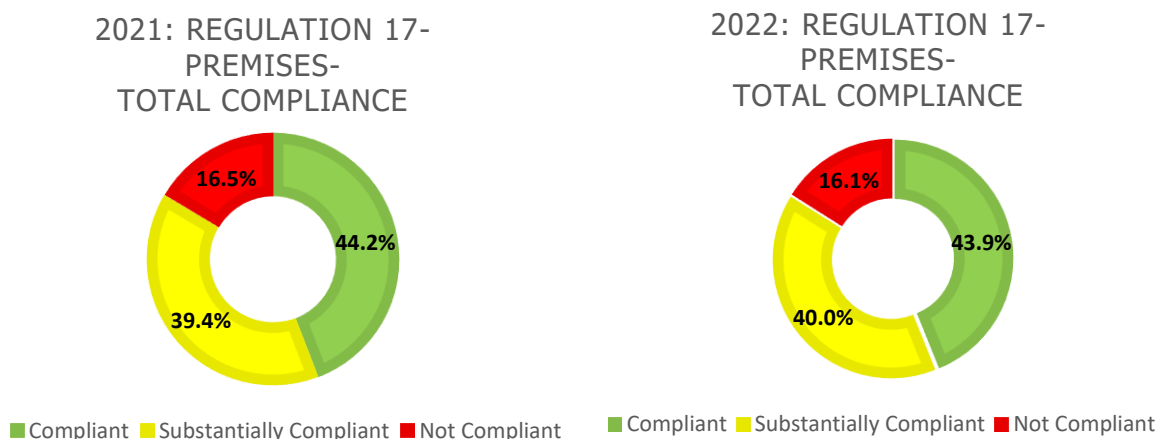
5.12 Regulation 17: Premises

This regulation requires providers to ensure that the size and layout of the centre meets the needs of the residents. It outlines the importance of maintenance and upkeep of the centre, and where children are accommodated, that they have access to age appropriate play and recreation spaces. Ultimately, providers should be assured that all aspects of the centre meet the needs of the residents.

"The provider had not ensured that the centre met the full needs of residents, and that it was kept in a good state of repair . . . Some residents reported as part of the annual review that they were unhappy with the location of their bedrooms, and this matter had not been addressed."

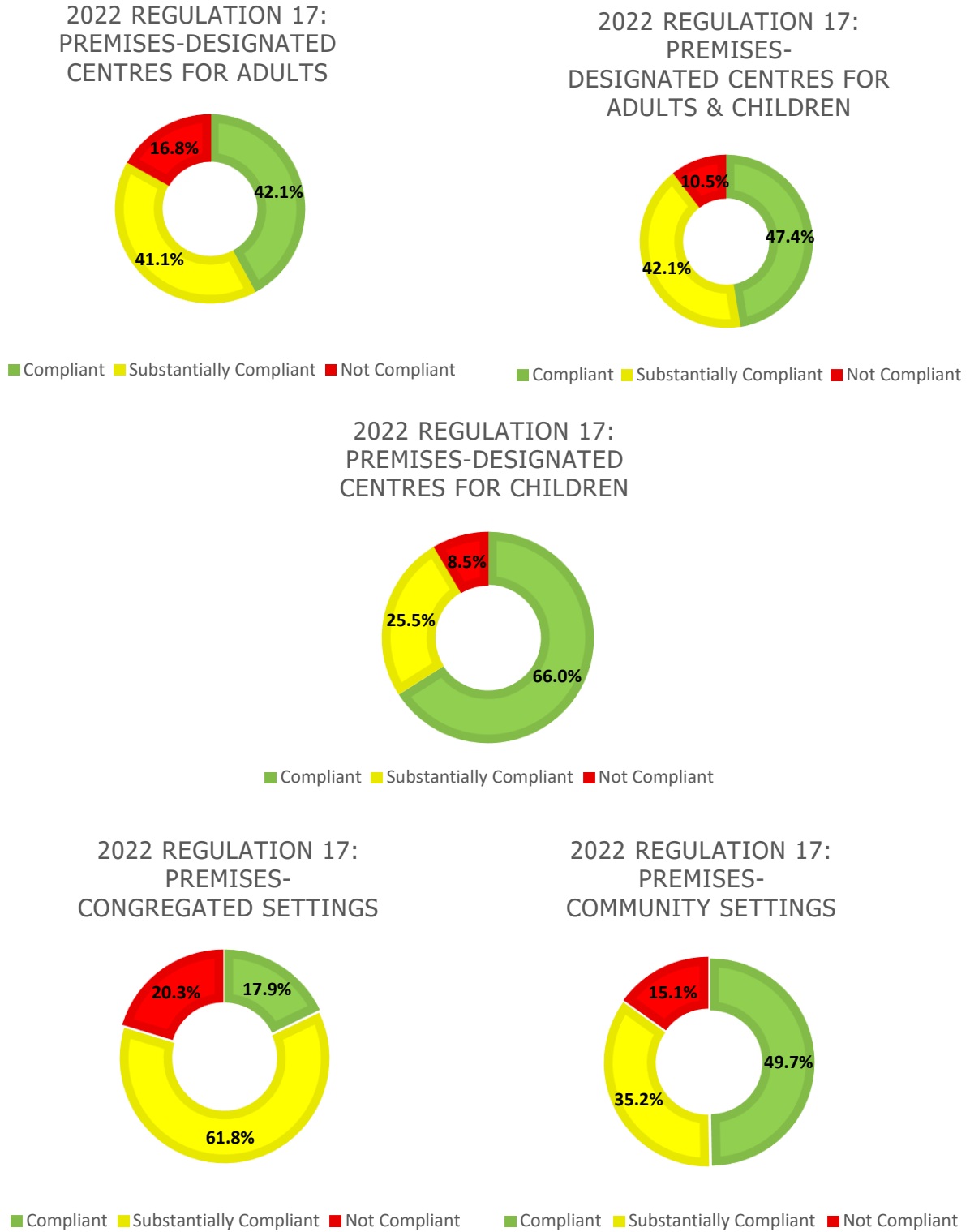
"There was a lovely garden to the rear of the house which had play equipment such as a swing, slide and a sand pit for children to use.... Children and their families reported enjoying the back garden"

Figure 5.28. Comparison of Compliance for Regulation 17: Premises 2021 and 2022



We also found that where children lived in the centres, or availed of respite, there were higher levels of compliance with regards to premises.

Figure 5.29. Compliance levels for Regulation 17: Premises 2022



Chapter 6. Escalation and Enforcement

6.1 How escalated activity protects residents

During 2022, in the majority of centres, providers achieved good levels of compliance. However, where providers did not ensure this and where there was a negative impact of the rights of residents, the Chief Inspector took escalated action.

The Health Act 2007 gives the Chief Inspector a range of legal powers to be used when there are significant levels of non-compliance that adversely impact on the quality of residents' lives. The Chief Inspector is conscious of the impact of exercising those powers and the distress it can cause for residents and their loved ones. Therefore, the Chief Inspector only exercises those powers in a proportionate and measured manner, and has a number of actions that can be taken prior to exercising those powers such as requiring providers to set out how they will address shortcomings in a compliance plan, having a cautionary meeting with a provider or issuing a formal warning to a provider that unless they address the shortcomings, the Chief Inspector will exercise her legal powers.

The legal powers available to the Chief Inspector, as set out in the Health Act 2007, include prosecution, attaching restrictive conditions to the registration of a centre and cancelling the registration of the centre.

6.2 Provider cautionary meetings

In situations where inspectors find increasing levels of non-compliance that impact on the rights of residents, they may require the provider to attend a cautionary meeting. At this meeting, the inspectors present the areas of non-compliance and caution the provider that further regulatory action will be taken if they do not address the issues. The provider has an opportunity to inform the Chief Inspector about their actions to improve the quality of care and support to residents. The provider is required to submit a robust compliance plan and inspectors will verify the impact of the provider's actions, usually through a follow up inspection.

In 2022, 45 cautionary meetings were held with 19 providers.

6.3 Provider warning meetings

The purpose of a warning letter, and a corresponding warning meeting, is to clearly set out the specific areas of concern identified by inspectors. When issuing a warning letter, the Chief Inspector will identify the regulatory power or powers that will be considered, should the provider fail to address these matters.

In 2022, 31 warning letters were issued to 19 providers. Most of these resulted in positive action being taken and where this was not the case, the Chief Inspector took further regulatory action.

6.4 Attaching conditions of registration

All registered designated centres have three permissive conditions relating to the type of service, number and age range of residents. When the Chief Inspector is sufficiently concerned about a provider's ability to come into compliance with specific regulations, additional restrictive conditions may be applied to a centre's registration. These are often time bound and specify regulation(s) that the provider must come into compliance with. Examples of restrictive conditions include limiting the admission of new residents, reducing the number of residents who can reside at the centre or specific action to be taken with regards to fire precautions, premises and governance and management.

Providers are often required to submit updates on progress with the matters referred to in the restrictive condition. Once the Chief Inspector is satisfied that the issues have been addressed, the restrictive condition can be removed. An inspection may be undertaken to verify compliance with the restrictive condition before it is removed.

By the end of 2022, 51 centres had restrictive conditions applied to their registration.

6.5 Notices of proposed decision and notices of decision to cancel registration

The process for cancelling the registration or refusing to renew the registration of a designated centre is set out in the Health Act 2007, as amended. This requires the Chief Inspector to issue a notice of proposed decision and gives the provider 28 days to make a representation to the Chief Inspector setting out why the registration should not be cancelled.

Upon consideration of the representation and of all of the evidence available, the Chief Inspector can either decide not to proceed with the cancellation, register the centre with restrictive conditions or make a final decision to cancel the registration. If the Chief Inspector decides to cancel the registration, the Health Act 2007 then gives the provider a right to appeal the decision to the District Court.

The Chief Inspector is mindful of the anxiety and distress that issuing a notice of proposed decision to cancel the registration can cause for residents and their loved ones. This action is only taken where there is immediate risk to residents or where the provider has failed to address ongoing non-compliances that impact on the safety and rights of residents.

In 2022, the Chief Inspector issued notices of proposed decision to cancel or refuse the registration of 13 centres. Out of the 13 notices issued, providers for 12 of the centres submitted acceptable representation and the Chief Inspector decided not to proceed with the cancellation of the centres' registration. For one of these centres the registration was cancelled, a centre operated by Cumas New Ross as the provider failed to address the issues of concern that were impacting on the safety of residents. The registration of their centre was cancelled and the HSE took over the

operation of this centre under Section 64 of the Health Act 2007. At the end of 2022, the HSE were operating two designated centres under Section 64 of the Health Act 2007, whose previous registration had been cancelled.

6.6 Escalated regulatory activity and improvement plans

When the Chief Inspector is concerned about a trend of non-compliance at provider-level, and in particular where a number of the provider's centres are at risk of having their registration cancelled due to poor compliance levels, the provider may be required to submit an organisation-wide governance improvement plan and give a specified timeframe to ensure that the plan impacts positively on the quality of life of people with disabilities living in designated centres. During this timeframe, the provider is required to meet monthly with a representative of the Chief Inspector to provide progress reports on their governance improvement plan and inspectors undertake inspections to verify the information that the provider has submitted.

In 2022, a total of two providers were involved in such programmes.

COPE Foundation, a large Section 38 provider was experiencing ongoing and significant levels of non-compliance in a cohort of its centres that was impacting the quality and safety of support and care for residents. The provider was required to submit a six-month governance improvement plan that commenced in October 2022. The associated monthly meetings and inspections were commenced in 2022 and continued into 2023. Similarly due to poor findings as a result of inspections, at the end of 2022, Western Care Association was engaged in an escalated regulatory programme that commenced in early 2023.

Inspectors also undertook an escalated regulatory programme of HSE-operated centres for people with disabilities in Co. Donegal. The outcome of that programme is provided in the next chapter of this report.

6.7 Overcoming the obstacles; a case study of one provider, Stewarts Care Limited, into the impact of incremental governance improvements on compliance and quality outcomes for residents.

A consistent theme throughout all of our regulatory activities is the critical importance of good governance and management when providing a service. The following is a case study of where the Chief Inspector engaged with Stewarts Care Limited and where the provider's focus and actions to improve its governance drove significant improvements in the quality of life for people with disabilities.

Over a series of inspections of a range of the provider's designated centres, inspectors found that residents' right to a safe place to live and good quality of life were not being upheld. Inspectors found high levels of institutionalised practices that were focused on managing large groups of residents rather than supporting each person to live their best life or ensuring that the service provided was underpinned by a human rights-based approach. These practices included residents' daily routine

being determined by staff rosters rather than the wishes of residents, residents living in overcrowded situations, a failure to respond to the healthcare and social care needs of residents and a failure to support residents to participate in their local community. In addition, safeguarding issues and ones that impeded on residents' rights were not identified as such and therefore residents were not at all times experiencing the right to make choices, the right to be heard or live a life of their choosing.

The Chief Inspector required Stewarts Care Limited to review their governance from the Board of Directors through to local management and to undertake actions to significantly improve the effectiveness of their governance arrangements and improve the safety and quality of life for residents. Inspectors undertook a series of inspections during this time to verify that the provider was implementing their action plan and that the actions were driving an improved quality of life for people with disabilities living in their designated centres.

The first round of inspections, across a number of designated centres, showed minimal improvements but as the provider's actions began to be embedded, inspectors noted incremental improvements in the quality of life for residents. What became apparent during this time was that the Senior Executive Team and the Board of Directors of the organisation were working together in a focused manner which drove change throughout the organisation's management framework.

While it took some time for these changes to make an impact, that impact has been very effective and inspectors are now finding high levels of compliance in the majority of the provider's centres, and these levels of compliance are reflected in the good quality of life for people with disabilities living in those centres. Staff are now proud to show how they and the organisation prioritise and uphold the rights of residents. The provider has also incrementally provided more suitable arrangements for residents to live, and has supported residents to make choices about who they wished to live with. They have also supported a number of residents to move from a congregated setting into their local community which inspectors have found has had a significantly positive impact on their quality of life.

Over the past five years, Stewarts Care Limited has made significant changes at all levels of the organisation which has enhanced and strengthened their governance and oversight. The provider continues to not only sustain the improvements they have made, but they also continue to learn and make further improvements, the consequence of which means residents' needs are being met and their quality of life is being impacted positively.

“Two residents spoke with the inspector. The first resident said that they liked their bedroom, the house, their housemates, and staff in the centre. They enjoyed their day service and spoke about their favourite activities such as gardening and visiting family. They had baked cookies earlier in the day, and the inspector observed them being involved in the cooking of their dinner. The other resident told the inspector that they too liked the house and their housemates, and said the "staff are good to me". They had a very active and busy social life, and sat on the provider's service user council. They were looking forward to a holiday with their key worker the following month.”



6.7.1 Actions taken by the provider at board level

- A Board commissioned competency-based review of the membership of the board and their skillset and knowledge
- Appointment of new members to the board
- Creation of new committees of the board that engage with the executive team more regularly, for example a Governance, Nomination and Remuneration Committee and a Quality, Safety, Risk and Policy Committee which oversaw compliance
- Improved pathways for the gathering of validated information about designated centres and escalation pathways to ensure relevant information is provided to the committees of the board for oversight
- Creation of a long-term strategic plan for the organisation.

6.7.2 Actions taken by the provider at executive and senior management level

- Competency-based review and appointment of executives and managers to drive improvement and oversee service and organisational performance
- Introduction of a Serious Incident Review Committee to ensure any serious incidents have a systematic review and actions are taken to prevent re-occurrence
- Review of management structure and communication framework for management
- Review of all roles and responsibilities at different levels of the organisation and review of job descriptions to ensure roles are clearly defined
- Significant focus on continuous professional development alongside a rapid expansion of social care roles across services
- Revised communication framework for multidisciplinary teams to ensure a holistic approach to residents' needs

- Revised arrangements for monitoring services to ensure reliable and validated information through audits
- Improved accountability structures to ensure actions identified through audits and reviews are assigned to the relevant person and are discussed at monthly meetings and supervision meetings
- Shared learning structures embedded, with periodic learning meetings for persons in charge across the organisation
- Commitment to a culture that embraces positive risk, learning, and continuous improvement
- Focus on organisational renewal and culture through quality improvement programmes, team performance, and organisational re-engineering.

6.7.3 Actions taken by the provider at designated centre level

- Review of the remit and responsibilities of persons in charge
- Enhanced training and support for persons in charge and persons participating in management
- Increased number of designated safeguarding officers for the organisation in relation to the safeguarding of vulnerable adults
- Improved arrangements for training, supervision and performance review of persons in charge
- Increased mandatory training to cover wider areas of person-centred supports and skills, for example, training in supportive communication
- Review of the skill-mix of staff teams at centre level, including a more social care and rights based focus
- Support and development opportunities for staff members to take on supervisory and auditing responsibilities to assist the person in charge
- Incremental reduction in the number of residents living together in overcrowded designated centres.

“The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre with a clear management structure and management systems of oversight to monitor the quality of the care and support in the designated centre. There had been a change in the role of person in charge since the previous inspection, and this had been notified as required. The person in charge was a clinical nurse manager, worked full-time and was responsible for two designated centres. They were suitably skilled, experienced and qualified. The provider had enhanced the clinical oversight in the designated centre, with the appointment of the role of enhanced nurse practitioner within the staff team.”



“The inspector met many residents during the inspection, and some chose to speak with the inspector. In the first house, a resident told the inspector that they loved living in the centre, liked their housemates, and found the staff to be very nice. They were very happy with the renovations to the house, particularly their bedroom. They liked the food in the house, and often had their favourite meals. They were planning to go out for coffee that day and were going to visit their family at the weekend. They told the inspector that they were looking forward to an upcoming Christmas pantomime and party. They felt safe in the house and said that they would talk to their family or staff if they were unhappy about anything.”



Chapter 7. Focused 12 month inspection programme of HSE operated centres in Co. Donegal

7.1 Introduction

In 2021, the Chief Inspector became increasingly concerned about the safety and quality of care provided in HSE-operated designated centres in Co. Donegal. While there had been previous improvements in some centres, the HSE had failed to sustain those improvements. Such was the level of concern that the Chief Inspector wrote to the HSE's Interim National Director Community Operations to express concerns and undertook an intensive inspection programme over two weeks in January 2022. Between September 2021 and January 2022, all of the HSE-operated centres in Co. Donegal were inspected and the outcome of that inspection programme was a finding that risks to residents were increased because of poor management and oversight by the HSE in Co. Donegal.

The HSE was required to submit a governance improvement plan that included actions to address deficits in their safeguarding arrangements. The inspection findings and the HSE's response were published in *Overview Report of Governance and Safeguarding in HSE Designated Centres for People with Disabilities in Donegal* on HIQA's website in April 2022.

7.2 Inspection programme

Following receipt of the HSE's plan to improve safeguarding, governance and management in its Donegal centres, inspectors undertook a programme of focused inspections to verify that the HSE were implementing their plan and that the plan was improving the safety and quality of life for people with disabilities living in the 31 registered centres operated by the HSE in Co. Donegal.

Over the course of 12 months, 44 inspections were completed across the 31 designated centres. The reports for these inspections have been published on the HIQA website. Because of poor findings following their initial inspection, 11 centres had a second inspection while a further two centres had a third inspection during 2022.

One centre was found to have very high levels of non-compliance which were having a significantly negative impact on the quality of life for residents living in the centre. The provider was issued with a warning letter in relation to this centre. While it would have been better had the provider's own monitoring of

their centres identified the issues, in a follow-up inspection, inspectors found that the provider responded speedily and effectively and the residents had a much improved quality of life.

During 2022, the HSE registered three further centres in CH01, Co Donegal, but these were not inspected during 2022 as the residents had not yet moved in.

7.3 Inspections completed in 2022 following the intensive inspection programme

Centre name	Centre ID	Inspection dates		
Dunwiley	OSV-0005489	21/02/2022	07/09/2022	
Cloghan	OSV-0008154	21/02/2022	20/07/2022	27/09/2022
Dreenan Ard Greine Court	OSV-0005490	28/02/2022	20/07/2022	28/09/2022
Edencrest & Cloghan Flat	OSV-0005487	09/03/2022	10/10/2022	
Riverside	OSV-0008152	09/03/2022	10/10/2022	
Railway View	OSV-0005488	29/03/2022	18/10/2022	
Finnside	OSV-0008153	29/03/2022	19/10/2022	
Mol na Oige	OSV-0008151	05/04/2022	26/10/2022	
Tus Nua	OSV-0008146	29/04/2022		
Abbey Village Group Homes	OSV-0005250	18/05/2022		
Sliabh Glas	OSV-0002518	24/05/2022		
Ballytrim House	OSV-0002523	26/05/2022		
James Connolly Memorial Residential Unit	OSV-0002502	29/06/2022	07/12/2022	
Eske House	OSV-0008147	01/06/2022	06/10/2022	
Ballyduff Park	OSV-0002519	05/07/2022		
Ballymacool Respite House	OSV-0002517	05/07/2022		
St Anne's - Naomh Áine's	OSV-0007235	13/07/2022		
St Martins House CGH	OSV-0002508	25/07/2022		
Riverwalk Respite House	OSV-0002501	24/08/2022		
Teach Sona	OSV-0007991	29/08/2022		
Drumboe Respite House	OSV-0002531	18/10/2022		
Dunshenny House	OSV-0007987	25/10/2022		
Fernhill Respite House	OSV-0003338	03/11/2022		
Dungloe Services	OSV-0003331	14/11/2022		
Inbhear Na Mara	OSV-0002496	15/11/2022		
Ard Clochar Community Group Homes	OSV-0005248	15/11/2022		
Teach Iarnroid	OSV-0008273	16/11/2022		
Moville Residential Group Home	OSV-0003339	16/11/2022		
Dungloe Services 2	OSV-0002506	05/12/2022		
Cill Aoibhinn CGH	OSV-0002503	11/02/2022	07/12/2022	
Saimer View Community Group Home	OSV-0002495	07/12/2022		

While 11 centres required more than one inspection during the programme, overall inspectors found that the provider was implementing their improvement programme and the actions of the provider resulted in improvements in the majority of centres by the end of the programme. This included improvements in provider oversight and improved quality of care and support for residents, especially in relation to opportunities to access their local community and

opportunities to participate in daily activities that reflected their interests and preferences.

While the targeted 2022 inspection programme focused on a range of regulations, all of the inspections included three specific regulations which had been examined during the two week intensive inspection programme in January 2022:

- Regulation 23: Governance and Management
- Regulation 7: Positive Behaviour Support
- Regulation 8: Protection (from risk of abuse)

The findings in relation to these three regulations over the course of the 2022 inspection programme are discussed in the remainder of this chapter.

7.4 Regulation 23: Governance and Management

The HSE's improvement plan in response to the findings of the Chief Inspector's Overview Report, set out the actions they intended to take to improve the management and oversight of their centres, to improve the safety and quality of life of residents, to ensure shared learning among their designated centres and to improve their compliance levels in each of the centres.

The HSE proposed to reconfigure and enhance their senior and middle management team in Co. Donegal. As part of that reconfiguration, clearer accountability was established through having their Quality, Risk and Service User Safety managers reporting directly to the Regional Director of Nursing (RDON).

The focus of the reconfigured Quality, Risk and Service User Safety Team lead by the RDON was to provide increased external oversight in respect of governance and safeguarding in designated centres.

Furthermore, the HSE instituted a range of governance forums to promote stronger governance and management both at county, regional and centre levels. These forums included:

- Donegal regulation, monitoring and governance meetings
- Donegal person in charge (PIC) meetings
- Donegal disability governance meetings
- Governance for quality, safety and service improvement meetings
- Human rights committee meetings
- Policy, procedure, protocol, guidelines (pppg) development group
- Governance for quality safety service improvement meetings

- Safeguarding review meetings
- Individual person in charge (PIC) Meetings with Director of Nursing and or Area Coordinator
- Staff governance meetings within centres.

The HSE further committed to a review of all auditing arrangements to ensure their effectiveness, coupled with increased training to improve the monitoring of designated centres and ensure areas for improvement were identified and acted upon.

The 2022 inspection programme consistently found that the revised governance arrangements were effective in supporting managers and staff to bring about improvements in their centres. Staff spoke of the benefits of increased governance meetings, and how this had fostered greater opportunities for communication and shared learning. Inspectors found that these opportunities had led to improvements across the majority of designated centres resulting in enhanced quality of care and support for residents. These findings are set out in the published inspection reports.

For example, in the designated centres located within the Ard Greine Court campus, and in response to inspections in September 2021 and the findings of the January 2022 intensive inspection programme, the four existing designated centres were reconfigured into seven distinct centres with their own person in charge as a means to improve oversight and manage change within the centres. Subsequent inspections found this action had been effective in improving the management of centres and that the provider was achieving a more person-centred service that resulted in increasingly greater opportunities for residents to access the local community and achieve personal goals.

Inspectors also further found that revised auditing systems were fit for purpose, with areas for service improvement being identified in a much timelier manner and actions being taken to improve the quality of support provided to people with disabilities living in those centres. Persons in charge were involved in the audit reviews and spoke about how audits could be tailored to the specific needs of their designated centre and improve the quality of care and support provided.

7.5 Regulation 7: Positive Behaviour Support

The HSE committed to improving its response to behaviours that challenge through the recruitment of additional multidisciplinary supports in the areas of psychology, speech and language therapy and social work. The HSE also planned to improve behavioural supports for residents through a review and implementation of training for staff as well as increased monitoring to ensure

behavioural interventions were fully understood and consistently implemented. Furthermore, due to the use of temporary agency staff, the HSE committed to improving its induction processes for the onboarding of staff and ensure a consistency of approach in meeting residents' needs.

By the end of the 2022 inspection programme, inspectors found that the HSE had implemented their behaviour support improvement plans and over the course of the year, this had resulted in more effective and timely responses to the needs of residents with challenging behaviour. Newly recruited healthcare professionals had ensured greater and timelier access to support for residents as well as regular reviews of behaviour support plans ensuring their relevance and effectiveness.

Inspectors found that staff had access to increased opportunities for training relating to the positive behaviour support as well as meeting the specific needs of residents such as Autism training.

While the HSE continued to rely on the use of temporary agency workers, inspectors found that comprehensive induction supports, information packs and supervision arrangements were in place to ensure that new staff fully understood the needs of residents. Furthermore, inspectors also noted that where agency staff were required, efforts were made to have the same agency staff assigned consistently to the same centres in support of familiarity with residents and their needs. Enhanced governance audits ensured that induction programmes were being completed with new staff and that the competency of new staff was being validated.

Furthermore, enhanced governance audits ensured that induction programmes were being completed with new staff and that the competency of new staff was being validated.

In response to the needs of specific residents, the HSE undertook service developments resulting in new designated centres being opened in 2022 to better meet the needs of residents. Inspectors visited those new centres and found that the quality of life for the residents who moved to the new centres had improved significantly, as had the quality of life for residents that they used to live with in their former centres.

7.6 Regulation 8: Protection

The HSE committed to both enhance their monitoring of safeguarding plans and increase staff awareness through training initiatives. In addition, they undertook to implement quarterly safeguarding plan reviews to enhance oversight, identify

trends and escalate where required.

Inspectors found that by the end of 2022, the HSE had effectively implemented their arrangements in the majority of designated centres and there was an increased awareness of safeguarding, with appropriate interventions being implemented to ensure the wellbeing of residents. Staff spoke about training they had accessed and its benefits to their knowledge in supporting residents and keeping them safe. Across the majority of inspections, inspectors found that safeguarding plans were now subject to regular review by multi-disciplinary professionals in conjunction with staff ensuring both effective and timely responses. Furthermore, in response to identified risks further policy developments had occurred specifically regarding the protection of residents when using the internet.

7.7 Non-compliances found during the inspection programme

Although there were improvements in care and support in the majority of the 31 HSE operated designated centres inspected in CH01, Co. Donegal, this was not the case in all centres.

Inspectors found that in two designated centres, there were non-compliances in positive behaviour support which impacted on the quality of life for residents. In one centre, there was an absence of positive behaviour plans and risk assessments to guide staff and ensure a consistent approach to supporting residents with challenging behaviour. This situation was further compounded by a lack of detail on when and how prescribed medication to support residents during incidents of challenging behaviour should be administered. In another centre where a resident required consistent support due to challenging behaviour, not all staff had completed the provider's positive behaviour management training and had the required knowledge to implement that consistent support. The inspector also found restrictive practices being used which were not the least restrictive in nature and they had not been subject to a full assessment prior to introduction. In both examples, the provider submitted a compliance plan and inspectors confirmed that action was taken to address the issues.

In a further two designated centres, improvements were needed to ensure the effectiveness of safeguarding arrangements. In one centre, safeguarding incidents had not been progressed in line with the provider's policies. The safeguarding plans were not available to inform staff practice and to ensure that the plans were being reviewed to ensure effectiveness.

In a newly registered designated centre referred to earlier in the report, the

provider had not ensured that staff had access to safeguarding policies or up-to-date intimate care plans and risk assessments. A designated safeguarding officer had not been identified for the centre and a review of training records found that all staff had not received up-to-date mandatory training in safeguarding. Due to concerns relating to the effectiveness of safeguarding procedures and other practices at this centre, a warning letter was issued to the provider informing them that if they did not take urgent action to address these issues, the registration of the centre may be cancelled. The provider responded quickly to the concerns of inspectors and on further inspection, inspectors found that the provider had taken effective action to address the issues.

In addition, inspectors found that within congregated settings in Donegal, although care and support had improved within the limitations of their living environment, the existing premises continued to be inappropriate in meeting the individual needs of residents and supporting their rights. Further actions are needed to progress the transition of residents to more suitable community-based accommodation. The HSE is actively pursuing transition opportunities to more suitable community-based accommodation, however it is acknowledged that the property sector is challenging in Co. Donegal.

7.8 Conclusion

The inspection programme undertaken in 2022 found that there was incremental but significant improvement in the quality of life for people with disabilities living in centres operated by the HSE in Co. Donegal. Inspectors found that the HSE was implementing its improvement plans. While there were a small number of centres that had poor compliance levels which were impacting on the rights of residents, inspectors found that the provider responded quickly and took effective action to improve the quality of support for residents in those centres.

As the inspection programme progressed, the commitment to improvement became more visible to inspectors, with clear examples of its positive impact on the day-to-day lives of residents. As a whole, inspectors have seen improvements in the designated centres operated by the HSE in Donegal. However, further improvements are required and inspectors will continue to monitor these centres to ensure the improvements brought about in 2022 are sustained and that they are further developed to ensure that people with disabilities living in designated centres have the quality of care and support that they are entitled to, with care and support that upholds their human rights.

Chapter 8. Concluding statement

Overall in 2022, inspections in designated centres for people with disabilities identified that while the majority of services were compliant with the regulations, compliance levels were deteriorating in other services which was impacting on the safety and quality of support for residents. A number of providers found it difficult to re-establish their pre COVID-19 governance and management arrangements. This meant that some providers were failing to identify when things went wrong in a range of their centres and were therefore unable to respond in a timely and effective manner. During the pandemic, providers relied heavily on remote oversight based on local, unvalidated reporting about the safety and quality of support for people with disabilities living in designated centres.

In 2023, we will continue to focus on the importance of strong governance and management in ensuring good oversight of designated centres and ensuring a high standard of support and care for people living in those centres. We intend focusing our provider engagement activity on raising awareness of the critical importance and value of the relationship between the board of directors and their executive team in establishing responsive and accountable oversight of designated centres which ensures that the rights of people with disabilities are upheld.

In 2022, we also continued to see a higher level of non-compliance in congregated settings when compared to community-based settings. Regulation will continue to focus on the actions of providers to ensure that people living in those settings have as good a quality of life as possible, while waiting to move out of their congregated setting. We will also prioritise applications to register centres that enable people to move out of congregated settings and will monitor the provider's support for residents to ensure that the needs and rights of people with disabilities are protected during that time of transition.

As we continue to enhance our own focus on a human rights-based approach, in 2023 we will seek to recognise and share learning about centres where staff have participated in human rights training and are implementing initiatives to ensure that protect the rights of residents. Where providers have undertaken this approach, we will reflect the outcome of that training in our inspection reports.

With the transition of the Disability function from the Department of Health to the Department of Children, Equality, Disability, Integration and Youth in 2023, we will continue to engage with these Government departments in relation to their work on regulatory reform. In particular, we will continue to engage on proposed provisions to address the legislative gap relating to responding to people with disabilities who need emergency accommodation and also in relation to any plans to review and update the regulations, which will be 10 years old in 2023.



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For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

Phone: +353 (0) 1 814 7400
info@hiqa.ie
www.hiqa.ie

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