

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003651
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 15 March 2016 10:45 To: 15 March 2016 20:00

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

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

Summary of findings from this inspection

This was an unannounced monitoring inspection of a designated centre owned and operated by St. John of God Community Services Limited (hereafter called the provider). The designated centre comprised of two locations based in County Louth that were rented/owned and operated by the provider.

The purpose of this inspection was to monitor compliance and inform a registration decision under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the standards).

There were 10 residents residing in the designated centre at the time of inspection. This was this designated centres first time to be inspected in its current configuration however, part of this designated centre had been inspected previously before the centre was reconfigured by the provider.

As part of this inspection, the inspector met with the person in charge, managers, staff and residents. The inspector observed practice and reviewed documentation such as personal plans, healthcare plans, accident and incident records, risk assessments, medication records, behavioural support plans, meeting minutes, policies, procedures and protocols, safeguarding management, governance and

management documentation and staff records.

The inspector found that there were both positive and negative findings in terms of this centres compliance with the Regulations and Standards. There was evidence of good practice and care provided in the areas of healthcare provision, medications management and staffing.

However, the inspector found that areas of personal planning and individualised assessment, risk management and governance and management required further improvement. The inspector found that the systems in place regarding safeguarding and safety were not effective.

All areas of compliance and non compliance are discussed within the report and accompanying action plan.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there was some good evidence of social care provision within the designated centre. The inspector found some residents were provided with activities and opportunities to pursue interests and preferences. However further improvement was required in the standard of some residents' personal planning to ensure goals and objectives were being achieved for all residents.

The inspector observed that some residents went on outings over the course of inspection. The inspector found that some residents' enjoyed going for long walks while others enjoyed pantomimes and gardening. Other residents had attended recent music concerts, pub visits, aerobics and socialising in the community.

In reviewing a number of residents' personal plans, the inspector found an inconsistent standard of planning, review and implementation. For example, whereby certain goals had not been achieved for residents' e.g. specific activities, social trips and holidays. The provider operated from a personal outcome measures approach however the inspector found instances whereby these were not completed or implemented for some residents. The standard of annual planning and goal setting for residents also required improvement. There was not sufficient oversight in all elements of personal planning as some resident's plans were completed and others were not.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

While the inspector found some good systems in place regarding the health, safety and risk management this area required further review to ensure that all risks and hazards within the centre were appropriately identified, assessed and control measures were in place.

The inspector found that the centre had conducted a thorough analysis (following contact from HIQA) due to the high number of falls occurring in the centre. The provider had demonstrated that through the provision of further supports, increased supervision, equipment installation and a better knowledge and awareness of this falls issue, they have noted a reduction in the area of falls. The inspector found evidence of follow up to incidents that occurred in the centre such as minor injuries to residents and behaviours of concern.

The inspector found multiple risk assessment templates in operation within the centre which was found to pose some confusion. The centre had also recently changed its systems for monitoring and recording accidents, incidents and near misses. There were not risk assessments in place for all areas of risks identified for example in the areas of dysphagia and behavioural risks. This was not in line with organisational policy or regulatory requirements.

Regarding fire safety, the inspector found that there were procedures in place and supports for residents who required assistance to evacuate. Each resident had a personal evacuation egress plan in place. Residents support needs were clearly articulated in these plans and appropriate support equipment was available e.g. wheelchairs. The inspector found arrangements in place regarding fire fighting, detection and evacuation equipment provided in the centre. However there was not an emergency lighting system in the designated centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found some systems in place regarding the safeguarding and safety of residents. However in reviewing safeguarding practices, the inspector was not satisfied that these systems were appropriately robust.

The inspector found that there was a safeguarding policy in place and was informed the centre operated within the national safeguarding vulnerable persons at risk of abuse policy. Staff training was provided in the area of protection and safeguarding vulnerable adults. Staff demonstrated adequate understanding of types of abuse and how to report this. Details of two designated liaison persons were displayed in the designated centre.

The inspector reviewed a number of incidents and found an inconsistent response to safeguarding was evident in this centre. For example, some preliminary screening was reviewed but did not offer conclusions or recommendations. There were no full investigations/assessments conducted/evident in the cases reviewed and safeguarding plans were not formalised or generated where this was prescribed.

In addition, correspondence regarding safeguarding practices within the centre were reviewed by the inspector and did not offer assurance that safeguarding referrals were being managed in accordance to national policy. This did not assure the inspector that safe practices were operating in this centre in respect to safeguarding vulnerable adults.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found good systems and evidence of residents who were supported on an individual basis to enjoy best possible health. The staff demonstrated very good knowledge of resident's healthcare needs and had developed comprehensive healthcare care plans and guidance regarding matters pertaining to health.

The inspector found that residents had appropriate access to allied health professionals. There were medical and healthcare calendars of appointments in place. Residents were found to have access to specialist care and hospital appointments facilitated and provided. The inspector found good recordings and monitoring of baseline observations, resident weights, modified diets and immunisation history.

The inspector found access to specialist nursing, psychology, dental, audiology, dermatology and chiropody. Nursing staff demonstrated good knowledge of residents needs and healthcare requirement. The inspector reviewed up to date health assessments for a variety of issues prevalent within the designated centre. For example, residents who required support with anxiety, reflux, skin conditions, dietetic support needs, mobility and dementia. There were epilepsy management plans in place for residents requiring support with their epilepsy and the inspector found good evidence of monitoring of blood work and scans for any concerning symptoms.

Regarding food and nutrition the inspector observed home cooked meals in both locations on this inspection. Residents were eating roast chicken with carrot, parsnip and potatoes. Residents informed the inspector the food was good in the centre and choice was offered and facilitated at all times. There was plenty of food and fluids available to residents observed throughout this inspection.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that each resident was protected by the designated centres' policies and procedures for medication management. Medication policies and protocols were in place and there were systems in place to monitor medication practices.

For example the inspector found:

- There was a clear policy for medication management.
- There were clear and effective procedures for prescribing and administration of medication.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription, transcribing and administration of medications within the designated centre.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.
- Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- There were PRN (as required) guidelines for medications requiring same.
- There were no controlled medications in the designated centre.
- There was clear information regarding all medication so as staff and residents were clear in terms of what the medication was and possible side effects.
- Medication was observed to be administered to residents in a professional and caring manner.
- The inspector found medication auditing of a good standard within the centre.
- There were medication variance forms in place and appropriate systems for following up on medication errors.

Overall the inspector found staff professionally knowledgeable and competent regarding the safe medication management practices within the designated centre.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that while governance and management arrangements were in place and there was some good evidence of managerial oversight, further improvements were required in this area.

There was a person in charge in place who worked full time, possessed qualifications in nursing in intellectual disability, behavioural management and developmental disability. The person in charge was found to have worked in the area of management since 1996 and had satisfactory knowledge of the regulations and standards. The person in charge was found to be supported by a clinical nurse manager (CNM 2) in the management of the two locations in this designated centre.

The inspector reviewed auditing and managerial review of a number of areas including resident finances, infection control and fire safety. The inspector reviewed quality enhancement planning and unannounced visits (by the provider) and found different parts of the provider's management structure and quality team conducted such audits. There were some good examples whereby auditing highlighted areas that were followed up, such as staffing and rosters. However there were also areas that were marked as audited and made recommendations that were not implemented. For example, all individual personal plans were to be audited monthly by the person in charge. Evidence gathered on inspection did not find this was completed.

The inspector found on this inspection that the person in charge (who was responsible for four centres across seven locations) was not appropriately involved in the effective monitoring of the service to the required level. This is evidenced by the number of non compliances found with the regulations. The fact that the person in charge was managing centres in Co. Louth and Co. Monaghan was a contributory factor to this issue. The inspector found that the person in charge was over reliant on the CNM 2 in terms of knowledge of the centre and elements of oversight and auditing of quality and safe care.

An annual review was given to the inspector on inspection however this was not fully completed and much of the data was not inputted. For example, residents' responses and satisfaction levels and action plan implementation.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. The inspector found that residents received continuity of care by a competent staff team. Staff were found to have up-to-date mandatory training and access to appropriate education and training to meet the needs of residents. The inspector found that:

- Staff were continually provided with training and refresher training in areas such as basic life support, fire safety, safe manual handling practices, safeguarding vulnerable adults, managing behaviours that challenge, dysphagia, infection control and hand hygiene.
- Staff meetings were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster in place as is required by the regulations. Rosters were reviewed and the inspector found consistent and continuity in terms of service provision.
- Staff spoken to were competent and professional in their knowledge of their own role and regulatory requirements.

Overall the inspector found that the staffing, staff training and development met the requirements of the Regulations and Standards. Staff presented as knowing residents well. Residents presented as comfortable with the staff on duty at the time of inspection.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003651
Date of Inspection:	15 March 2016
Date of response:	20 May 2016

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

All components of some residents social care planning were not comprehensive, fully completed or implemented.

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

1. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

1. All Personal Outcome assessments have been completed & reviewed for all residents. 12/5/16
2. Meaningful goals have been identified for all residents following on from the Personal Outcome Assessments. 31/5/16
3. A schedule is in place to ensure that all Personal Outcome Assessments and Person Centred Planning will be audited four times a year by Person In Charge / Clinical Nurse Manager to ensure that all goals are achieved. 30/6/16

Proposed Timescale: 30/06/2016**Theme: Effective Services****The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Social care planning was not completed to a standard whereby personal outcome measures were in line with goals for some residents. There was not evidence of appropriate follow up and accountability in some residents planning which was incomplete or not fully reviewed/implemented.

2. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

1. All Personal Outcome assessments will be completed annually. 30.06.16
2. Person Centre Planning meetings will be held for all residents annually with input from the resident's families. 31.08.16
3. All documentation in relation to Person centred plans will be reviewed every 3 months with dates of progress for all goals listed within timeframes. 31.05.16

Proposed Timescale: 31/08/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Some areas of risk were not appropriately identified, assessed and controlled in line with organisational policy.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. Risk assessments have been completed on all areas of risks identified e.g. dysphasia and behavioural risks. 12/5/16
2. Risk register has been completed on all identified Risks. 31/5/16
3. All risk assessment to be completed/ reviewed on the current Core policies templates. 30/6/16

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

There was no emergency lighting evident within the centre.

4. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

1. Emergency lighting will be installed in the designated centre.

Proposed Timescale: 14/06/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The systems reviewed on this inspection did not appropriately protect residents from abuse or respond to abuse in line with national policy.

5. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

1. All incidents of safeguarding are now in the new HSE template format. 30.05.16
2. All incidents of safeguarding are reviewed by the Designated Officer and managed and reported in accordance with the National Safeguarding policy and reported to the regional HSE Safeguarding Office as appropriate. 18.05.16

Proposed Timescale: 30/05/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge was responsible for four designated centres across seven locations. These spanned across a large geographical area. The arrangement did not ensure the effective governance, operational management and administration of the designated centres concerned.

6. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

1. All areas highlighted on Quality Enhancement plan will be completed within timeframes listed on the plan. 31/05/16
2. The organisation are restructuring their management structures to ensure effective governance, operational management and administration of this designated centre and reduce the number of designated centres the Person In Charge has responsibility for. 31/07/16

Proposed Timescale: 31/07/2016

Theme: Leadership, Governance and Management

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

While a partially completed annual review for 2015 was found. All necessary data and information was not provided in this report.

7. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

1. Annual review has been completed

Proposed Timescale: 31/05/2016