

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	DC-3 (Naomh Brid)
Centre ID:	OSV-0002947
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Philomena Gray
Lead inspector:	Conor Brady
Support inspector(s):	Michael Keating
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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: 01 June 2017 08:15 To: 01 June 2017 14:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This unannounced inspection was carried out to monitor compliance with specific outcomes and follow up on assurance reports provided to the Chief Inspector as a result of regulatory non compliance in this centre since commencement. HIQA have had previous concerns regarding the registration of this centre (and other centres on this campus) following a series of inspections conducted 2015. This designated centre has not been registered by HIQA to date. This was the fourth inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013.

The last inspection of this centre was completed in July 2015. A number of action plans and transitional plans were submitted to HIQA following the 2015 inspections by the registered provider regarding this centre and the provider also indicated that the overall plan was to close the centre. This plan of closure was reiterated on this inspection. This inspection was focused specifically but not exclusively on assurances made by this provider to the Chief Inspector in 2017 that were to be implemented to improve the service provision and quality of life of residents living in this centre.

How we gathered our evidence:

As part of the inspection, the inspectors met with all residents who were present on the day of inspection. The centre provided care to nine residents. The inspector

spoke with and observed the practice of a clinical nurse manager, nurses and staff members who were on duty. The inspectors observed practices and reviewed documentation such as personal support plans, medical/healthcare records, a risk register and risk assessments, rosters, complaints, notifications, incidents/accidents, safeguarding reports, finances, staff files, audits, training records and policies and procedures.

Description of the service:

The provider had a statement of purpose in place that explained the service that they provided. There was one campus based location within this designated centre that provided full time residential care to nine male residents with intellectual disabilities. The building and premises in this service was not meeting the residents assessed needs and the provider indicated to HIQA their plan to close this centre. Four residents had transitioned into the community since the last inspections of this centre and a number of other residents were waiting to transfer at the time of this inspection (as their planned transitions had not yet happened). Some residents had complex healthcare and nursing support care needs in this designated centre.

Overall judgment of our findings:

Overall, the inspectors found that the centre was found to be non-compliant in four of the seven outcomes inspected against. This provider had identified some of these areas of non-compliance within their own assurance reports and quality enhancement planning. It was found that the person in charge and staff team had implemented various changes and improvements in this centre including improvements in personal planning, healthcare, some elements of risk management and safeguarding and safety. However from a governance perspective, the registered provider had not implemented all elements of residents transitional plans to move out of this centre and did not have a planned closure date for this centre. In addition, further improvements were required in certain areas of risk management, monitoring financial charges to residents and social care provision.

All findings regarding compliance and non-compliance are discussed in further detail within the inspection 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):

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

Findings:

The inspectors found good improvements in the area of social care provision and personal planning development. Personal plans were found to be of a much higher standard since the previous inspection with good evidence of review, follow up and implementation in many cases. Some further improvement was required to ensure all residents had equal opportunities to pursue 'off campus' activities and recreation.

Inspectors found there had been a good improvement in resident's social outlets, activities and holidays. There were regular reviews of resident's personal plans and higher levels of oversight regarding the continued monitoring and implementation of resident's personal plans.

In reviewing residents activity logs and contact records, inspectors examined the frequency of the resident's opportunities to leave the centre and campus for external activities. Inspectors found that this was inconsistent with some residents having a lot more opportunities than others. Inspectors found that the reduction of resident numbers in this centre has had a positive impact on care provision. Residents who were still awaiting transition highlighted this to the inspectors stating that they were looking forward to moving out to a new home. Some residents had been informed of where they were moving and were now awaiting same.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of the premises remains unsuitable for the number and assessed needs of the residents. The provider has indicated on a number of instances to HIQA that they are transitioning all residents out of this centre into 'suitable accommodation'.

The provider informed inspectors on this inspection that the plan remains to work towards the closure of this centre. While numbers of residents have decreased to date (from 13 to 9) in the centre, the planned transitions ceased (more residents were due to transition in October 2016) and have not occurred as per plans submitted to HIQA.

The inspectors noted that since the previous inspections and the departure of four residents that some bedrooms had been renovated and extended and further efforts to make the environment more homely had been made. In addition, the centre was found to be very clean on this inspection. However this building remained unsuitable for its stated purpose and function with residents requiring significant mobility supports and hoisting not having enough space to be supported in line with their needs.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspectors found improvements in the area of health, safety and risk management

in this centre. Staff were aware of risks prevalent in the centre and the evacuation procedures in the event of a fire or emergency. However hoisting practices, while risk assessed, remained in contravention with best practice regarding the safe transferring of residents.

There was a risk management policy in place that met the requirements of the Regulations. The inspector reviewed the incidents and accidents logs and found a number of incidents occurred in the centre that included falls, seizure activity, peer to peer incidents, unknown bruising and injury while transferring. Risk assessments were in place and the inspectors found evidence of control measure implementation and follow up post incident.

Inspectors observed residents being transferred in a hoist from their bedroom to a bathroom, which due to premises constraints cannot be carried out over the shortest duration. This was highlighted as a concern on the previous inspections.

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):

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

Findings:

The area of safeguarding and safety had improved since the previous inspection. In addition, improvements were noted in the area of positive behavioural support plans and the centre was not found to be a restrictive environment.

There was a safeguarding policy in place and a designated liaison person was in post to support the person in charge. The inspector reviewed all safeguarding incidents and notified events that had occurred in the centre pertaining to resident safety. There were some peer to peer incidents (minor) that had occurred in the centre but there was evidence of follow up on each occasion. There were also cases of unknown causation of minor injuries and bruising that were investigated.

Residents who required therapeutic support were receiving same and the person in

charge maintained and reviewed a register of all practices that could be perceived as restrictive. For example, lap belts and bed-rails. The environment was not found to restrictive in this centre.

Judgment:

Compliant

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):

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

Findings:

The inspectors found that residents healthcare needs were well provided for in this centre and each resident was supported to enjoy good health.

Inspectors noted the findings from the previous inspection had been addressed by the provider and the healthcare provision in this centre had improved.

The inspectors found that residents had good access to multi-disciplinary input and allied health professionals. Complex healthcare needs such as epilepsy, frequent seizure activity, catheter care and nursing provision was found to be delivered to a good standard.

Residents were observed enjoying breakfast at the time of inspection in a calm and relaxed environment. Residents were observed having a choice of foods and being supported with textured and modified diets where required. Residents informed the inspector they were happy with the food provided in the centre and were well supported by the staff on duty in a caring and respectful manner.

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):

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

Findings:

Overall the inspectors found that local management and oversight had improved in the centre since the previous inspection. However from a registered provider perspective this centre was due to transition more residents out of this centre in October 2016 which did not occur. The provider informed the inspector on this inspection that the intention was to transition residents out of this centre and close the centre.

Inspectors found local auditing in key areas had improved. For example there was increased oversight in areas of risk management, safeguarding and safety, medicines management and resident's personal plans. Inspectors found evidence of improved outcomes for residents due to this increased management oversight at person in charge and local management level.

Inspectors found further managerial oversight was required regarding the review, monitoring and implementation of financial charges to residents in this centre in line with organisational policy and national requirements.

In addition, assurance reports submitted to HIQA highlighted on-going industrial dispute and WRC (Workplace Relations Commission) proceedings as preventing any further changes to the designated centre, management and staffing. From a regulatory perspective the most pertinent governance issue was the transitioning of residents to appropriate services in line with their assessed needs, wishes and preferences as has been submitted to HIQA previously.

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):

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

Findings:

The inspectors found an appropriate number and skill mix of staff were on duty in the centre at the time of inspection. In reviewing staff rosters, training records, induction records and probation review the inspector found good practices that were in line with the requirements of the Regulations.

The centre was found to be relaxed at the time of inspection and residents presented as very comfortable with the staff supporting them. Staff spoken with were knowledgeable regarding residents needs, wishes and preferences.

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 Company Limited By Guarantee
Centre ID:	OSV-0002947
Date of Inspection:	01 June 2017
Date of response:	07 July 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Residents were not provided with equal access and opportunity to community based social activity and recreation.

1. Action Required:

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

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- 1.PIC has reviewed the existing arrangements around facilitating social outings and accessing the community based activities.
- 2.PIC continue to ensure that all residents are provided with equal access to community based activities and opportunities that meet their assessed needs.
- 3.The review of community based activities will be completed on quarterly basis.

Proposed Timescale:

- 1.Completed on 5/7/2017
- 2.Completed on 5/7/2017
3. 01/10/2017

Proposed Timescale: 01/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises did not meet the assessed needs of the residents.

2. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

1. Three further Residents in DC will transition to community based residential house that meets the regulatory requirements.
2. An overall plan for the campus, that includes the transition of the remaining residents to community based houses, will be submitted to the Authority.

Proposed Timescale:

- 1 .31/3/2018
2. 31/9/2017

Proposed Timescale: 31/03/2018

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:

The management of hoisting and transferring residents is not being completed in line with best practice.

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. The existing hoisting practices have been reviewed by Manual Handling instructor and the recommendations will be considered.
2. PIC reviewed existing risk assessments and register in respect of management of hoisting and transferring residents.
3. Number of Residents in DC that require hoisting will transition to community based residential house that meets the regulatory requirements.

Proposed Timescale:

1. 31/7/2017
2. Completed 5/7/2017
3. 31/3/2018

Proposed Timescale: 31/03/2018

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:

Residents whom were assessed as requiring transition and informed of same have not yet been moved to appropriate service. In addition further monitoring of financial charges and implementation of same is required.

4. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. Three further Residents in DC will transition to community based residential house that meets the regulatory requirements.

2. Residential Support Services Maintenance and Accommodation Contribution Assessments have been completed.
3. The Management Team will review the assessment report and determine the most appropriate approach to implement the revised charges.
4. An overall plan for the campus, that includes the transition of the remaining residents to community based houses, will be submitted to the Authority.

Proposed Timescale:

1. 31/3/2018
2. Completed 30/6/2017
3. 31/7/2017
4. 31/9/2017

Proposed Timescale: 31/03/2018