Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Mulhussey
Centre ID:	OSV-0002967
Centre county:	Meath
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:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

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 inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
25 January 2017 11:00	25 January 2017 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
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 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was the third inspection of the centre. The inspection, prior to this, was conducted in November 2015 following an application by the provider to register the centre under the Health Act 2007. At this time, significant failings were identified with the regulations. This inspection was conducted to ensure the planned actions were addressing the identified issues and having a positive impact for the residents.

How we gathered our evidence:
As part of this inspection, the inspector met three residents. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre is one house located in Co. Meath. Services were provided to male and female residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:
The findings of this inspection demonstrated that improvement had occurred in the practice of the centre. There had been changes to the management structure and staff spoke positively regarding the impact this had on the service provided to residents. Residents were observed to be comfortable within their home and staff were observed to engage with residents in a respectful and dignified manner. The inspector determined that additional work was required to ensure compliance with the regulations.

Overall there was an absence of appropriate assessment and plans of care for some residents. Improvements were also required to the medication management practices in the centre and the training provided to staff to ensure that they were competent to assess the supports residents required. The inspector also found that while the provider had applied for the centre to be registered for 5 residents, there was not a full complement of staffing to ensure that the needs of 4 residents could be met. As a result staff from an external provider were required on a regular basis.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The centre had policies and procedures in place for the receipt and management of complaints. There was a person nominated for the receipt of complaints and their details were displayed in a prominent position. There was also a person nominated for the oversight of complaints and a clear pathway of escalation within the organisation if a complaint could not be resolved at a local level. A review of records demonstrated that complaints were appropriately managed in line with Regulation 34.

Each of the residents had their own bedroom which enabled personal activities to be undertaken in private. Staff were observed to engage with residents in a dignified and respectful manner and be familiar with the communication needs of residents. Residents had intimate care plans which guided practice on how residents' needs could be met.

Weekly residents meetings were conducted in the centre to support residents to be involved in the day to day operations of the centre.

Residents were supported to engage in activities internal to and external to the centre.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
In November 2015, internet access was not available during the inspection. This had been rectified and was utilised as a forum of communication between the person in charge to update staff on relevant information. For example, if there were actions arising as a result of an adverse event, staff were informed via their work email.

Residents had been assessed by the relevant Allied Health Professional in respect of their communication needs and there were guidelines in place to support staff in understanding the communication needs of residents. This included the use of adapted sign language. Not all staff had received training in this however the person in charge demonstrated that there was training planned in the coming months. The inspector observed staff to communicate effectively with residents during the inspection and to be aware of their individual communication needs.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
There had been no new admissions to the centre since the last inspection. However, the Statement of Purpose did not clearly set out the specific care and support needs that the designated centre is intended to meet and there was currently a vacancy in the centre.

The inspector found that each resident had a written agreement which outlined the terms and conditions of the service provided and the fees to be paid. However the

inspector found that not all of the agreements had been signed by or on behalf of the resident by the appropriate representative or in other instances by the provider. Therefore the failing from the previous inspection is repeated at the end of this report.

Judgment:
Non Compliant - Moderate

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

Findings:
The inspector identified that there had been improvements to the social care needs of residents following the last inspection, however further work was required to ensure that residents' needs were appropriately assessed and that the supports residents required were clearly identified.

The provider had developed templates to guide staff in the completion of a comprehensive assessment of residents' health and social care needs. Following the identification of a need a plan/goal was to be developed. A review of personal plans however demonstrated that the quality of these plans varied particularly in relation to the health care needs of residents. For example, there was a health assessment document in a resident's plan which was dated July 2016. However it was not completed. Staff stated that they were unsure of how to complete it and were awaiting guidance.

The inspector also found that there was a disconnect between the different templates used for the assessment of residents' social care needs. For example, an assessment entitled 'Home and Community Assessment' had been completed for a resident which identified goals. However this document was not dated and therefore it was unclear when it had been completed. There had also been goals identified for the same resident by their key worker and another set of goals at a meeting with the family of the resident. However, they were not linked to the goals identified in the Home and Community Assessment. The inspector spoke with staff members who stated that some

of the goals were in progress and some had been discontinued due to them no longer being achievable. The personal plan of the resident had not been adequately reviewed following this. In another instance there were no goals identified.

Residents received one to one support from staff for the majority of the day and education/development and training was supported by residential staff. There was a day service building on the grounds of the centre which was used by residents for recreational activities such as arts and craft. Music sessions were also provided in the centre by an external service provider.

The inspector found that staff were committed to supporting residents to developing their skills and abilities, however due to the deficits in personal plans the inspector was unable to determine the benefits residents received from this commitment.

Family members were invited to and involved in personal planning meetings if they chose to be.

Residents were supported by a wide range of Allied Health Professionals including Occupational Therapy, Physiotherapy and Speech and Language.

Judgment:
Non Compliant - Moderate

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

Findings:
The centre is a six bedroom dormer bungalow located in Co. Meath. The centre was home to four residents, each with their own bedroom. One of the bedrooms was vacant as of the day of inspection and another bedroom was used as a staff office. Two of the bedrooms were en suite. There were also two sitting rooms, a dining room, two communal bathrooms, a large kitchen area and a small office downstairs.

The centre was clean and suitably decorated as of the day of inspection with sufficient heat and light. Residents' bedrooms were personalised and communal areas were reflective of the individuals residing there. Maintenance work was required in areas. However, the person in charge was clear on the timeframes for completion, including

adaptations to the en suite of a resident. Environmental audits had also been completed by the person in charge. There were appropriate adaptations made to appropriate parts of the house to promote accessibility such as handrails and ramps. Staff also demonstrated an ability to adapt the environment to ensure that it was in line with the needs of the residents on a day to day basis.

There were secure external grounds for residents and the inspector observed residents to be able to move freely within the grounds.

Judgment:
Compliant

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

Findings:
There were policies and procedures in place for the health and safety of residents, staff and visitors. This included a safety statement and the assessment of risks within the centre with control measures in place. The inspector reviewed a sample of risk assessments and found that they were reviewed at appropriate intervals and reduced the risks in the centre. Staff also demonstrated a clear understanding of the proactive measures which were to be implemented to prevent accident or injury to residents. The person in charge demonstrated to the inspector the process to be followed if an adverse event was to occur and the inspector found that it included a review of the circumstances which potentially led to the incident occurring. Learning from these reviews were communicated to staff at daily morning meetings and via email.

While the inspector observed that the centre was clean, improvement was required in the procedures to ensure that appropriate infection control practices were in place. The policy in place was generic and did not inform of the practice of the centre, particularly in relation to laundry. The inspector was provided with different accounts by staff.

There were systems in place for the management of fire. The centre was provided with appropriate measures such as fire doors in pertinent places and the provision of self closers. However the inspector found that final fire exits were key operated which increased the risk of a delay in the event of an evacuation being required. Emergency lighting, the fire alarm and extinguishers were serviced at appropriate intervals. Staff had also received training in fire management. Fire drills were occurring and staff were clear on the procedure to be followed in the event of a fire. However, the inspector

determined that additional assessment was required to ensure that all residents could be evacuated and the measures identified were effective, particularly in the event of a resident demonstrating that they do not want to leave in the event of a fire. For example, the personal plan of a resident stated that there were no concerns in relation to a resident evacuating in the event of a fire. However, in another document a fire consultant had stated that the resident would be safe in their room until emergency services arrived.

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 provider's policy for the prevention, detection and response to abuse was the national policy published by the Health Service Executive in December 2014. Staff had received training in what constitutes abuse and the procedure to be followed in the event of an allegation or suspicion of abuse. They were also able to clearly describe to inspectors the different definitions of abuse, how to recognise them and the action that they would take if required. HIQA had been notified of allegations or suspicions of abuse and the inspector found that they were responded to appropriately.

Positive behaviour support and restrictive practice was a requirement in the centre. Residents received regular input from allied health professionals in respect of this. Each resident also had a positive behaviour support plan in place which identified proactive and reactive strategies.

The inspector reviewed a number of records of incidents which had occurred in the centre. Post incident reviews occurred and considered contributing factors to the incident occurring, as well as reactive strategies to ensure the least restrictive alternative was used within the management of an incident. The person in charge and staff were also clearly able to outline the supports residents required and demonstrated the measures employed to ensure that all physical intervention was in line with the personal plan of the resident and a last resort. However, a recently prescribed p.r.n (as

required) medication did not have clear guidance to support the administration of this medication. The person in charge informed the inspector that they were aware of this and it would not be administered until the guidance was in place.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
A review of a sample of accident and incident records demonstrated that all incidents had been reported to HIQA as required by Regulation 31.

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

Findings:
Records demonstrated that residents had regular access to their General Practitioner (GP) if required. Residents were also supported to access allied health professionals. However, improvements were required in the day to day practice of the centre to ensure that residents' healthcare needs were adequately assessed and met.

A review of residents' personal plans found, as stated in Outcome 5, some residents' healthcare needs were not adequately assessed. Therefore it was unclear what supports

they required. However, the inspector also found that if a need was identified, there was an absence of some plans of care to identify the supports residents required. For example, for a diagnosis of epilepsy. Due to the absence of effective reviews, there was an instance in which an appointment for a chiropodist had not been followed up on. There were was also deficits identified in the supports residents were provided regarding monitoring their weight. However monthly weights were not recorded since October 2016.

Additional improvement was required to ensure that the nutritional requirements of residents were met. For example, meals were planned on a weekly basis. However residents had different requirements. For example some residents required a low calorie diet and other residents required a high calorie diet. Staff described some of the adaptations which were used such as low calorie butter or full fat butter. Records of food intake were recorded in the daily records of residents. The records did not account for the pre mentioned or portion size, therefore there was no effective monitoring occurring to ensure that nutritional needs of residents were being met.

The inspector observed that there were sufficient staff available to support residents with their meals and that residents were supported in line with their assessed needs and wishes.

Judgment:
Non Compliant - Moderate

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

Findings:
There were policies and procedures in place for medication management practices however the inspector found that practices in the centre were not consistently supported by policy.

The inspector confirmed that all staff administering medication had training in the safe administration of medication. Medication was stored in a secure location with the dedicated staff holding the keys for the duration of their shift. Medication was supplied, in the main, in compliance aids. There was a system in place in which medication stock was checked on a nightly basis.

A review of a sample of prescription records demonstrated that they contained the necessary information, including the name, date of birth and address of the resident. There was also a signature of the prescriber for each individual medication.

However p.r.n medication was not supported by the appropriate assessment and plan. For example, there was an absence of an appropriate pain assessment tool for the administration of pain relief.

Also the inspector found improvements were required in the system for transcribing medication. For example, on the morning of the inspection, the person in charge had been verbally informed that the medication for a resident could be crushed and administered covertly. However the procedure for the receipt of prescriptions over the telephone had not been adhered to. The inspector was also informed by staff that medication was crushed and disposed of in the centre if rejected by a resident. However this was not supported by policy or recorded.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

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:
The provider submitted copy of the Statement of Purpose to HIQA following the inspection at the request of the inspector. The Statement of Purpose contained the majority of information as required by Schedule 1 of the regulations. However, the inspector found that the floor plans did adequately describe the centre in terms of the size and function of the rooms.

Judgment:
Substantially 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 inspector found improvements in the governance and management systems in the centre. Notwithstanding this, improvements were still required to ensure that audits conducted in the centre identified all deficits in practice and that appropriate action was taken in an appropriate timeframe.

The designated centre had a clear management structure in place. The management team of the centre had changed since the last inspection and the initial application to register the centre was submitted.

The person in charge commenced their role in August 2016 and was present for the inspection. The person in charge met the requirements of regulation 14 and demonstrated sufficient knowledge of their statutory responsibility. The person in charge was supernumerary and actively involved in the operation of the centre. The person in charge demonstrated that they were familiar with the needs of residents and residents appeared comfortable in their presence. Staff spoke positively regarding the support they had received from the person in charge since they had commenced their post and the positive changes which have occurred to the service provided.

The person in charge reported to the co-ordinator of Community Residential Services, who in turn reported to the programme manager. The programme manager reported to the regional director who reported to the Chief Executive Officer. The regional director was the person nominated on behalf of the provider for the purposes of engaging with HIQA. There were additional governance structures in place including human resources and allied health professionals inclusive of physiotherapy, occupational therapy and social work.

There had been audits completed in the centre including environmental audits, dysphasia audits and the mealtime experience for residents. There had also been an unannounced visit completed by the provider and a report, inclusive of an action plan, had been generated from the visit. The inspector found that while the audits did identify deficits in service delivery, inconsistent action had been taken to address the findings. For example, deficits in the health care assessments of residents had been identified in September 2016 but had not been addressed. The absence of p.r.n guidance had also been identified at this time and had also not been addressed as of the day of inspection.

There had been an annual review of the quality and safety of care in the centre completed for 2015. The inspector was informed that the 2016 review was in progress. The 2015 review was presented in an accessible format and facilitated the views of residents and/or their representatives. However, the inspector noted that the annual review identified that not all aspects of service delivery had been reviewed in 2015 including areas such as workforce, medication management and health and safety. There was also data missing in respect of the number of adverse incidents in the centre and the effectiveness of the risk management systems in responding to this.

Judgment:
Non Compliant - Moderate

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The inspection in November 2015 identified that the centre had not been sufficiently resourced to ensure the effective delivery of care and support to residents. The inspector confirmed on this inspection that the workforce had stabilized. However, there still remained one shift per week which could not be met with the current staffing levels. In the event of a staff member being unavailable due to leave, familiar staff from an external provider was available.

However, notwithstanding this improvement, the inspector was not assured regarding the application to provide services for 5 residents. The needs of the current residents required specific supports including an environment which was not overtly stimulating and had sufficient space. Furthermore while improvement had occurred, there remained deficits in service delivery in terms of the assessment of the residents' current needs. Due to the broad criteria for admission, the inspector was not assured that the needs of five residents could be met. Therefore the inspector requested that the provider complete a review of their original application.

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

Findings:
The inspector observed staff to engage in a dignified and respectful manner with residents. The staff that inspectors met expressed a commitment to ensure a safe and effective service delivery to the residents that they supported. A review of a sample of rosters, demonstrated that there was four staff members on duty during the day and two waking staff at night. Residents appeared to be comfortable and familiar with the staff supporting them on the day of inspection.

Staff had received mandatory training and the person in charge had developed a training schedule to ensure that staff received refresher training at appropriate intervals. Staff had also received formal appraisals and a schedule of formal supervision had been developed but yet to commence. In the interim, the person in charge was present in the centre on a Monday to Friday basis and scheduled in working at the weekends at regular intervals. Formal handovers had also been developed as a forum for update and debriefing staff following adverse events. The person in charge also met with individual staff if required. Due to the deficits identified in the assessment of residents' needs and subsequent personal plans, the inspector found that additional training was required to ensure that staff had the competency to ensure that residents' needs were met.

Judgment:
Substantially 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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0002967
Date of Inspection:	25 January 2017
Date of response:	07 April 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review was required of the admission criteria of the designated centre to ensure that it was based on transparent criteria and in line with the needs of the current residents.

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 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The Statement of Purpose will be reviewed to include the care and support needs that the designated centre is intended to meet.

The A2 from has been amended and submitted to reduce the numbers of residents from 5 to 4, therefore leaving no vacancy in the designated centre.

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The written agreements in place were not consistently signed by the resident, their representative and/or the provider.

2. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
All written agreements have been signed by the provider. There is also an accessible version currently in place. Reminders have been sent out to the families regarding the same. Families will be asked again to sign them during their next visits.

Proposed Timescale: 21/04/2017

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:
There was an absence of appropriate assessment for the needs of some residents.

3. Action Required:
Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

All health assessments are now in place. One section is due to be signed off by the doctor during a house call March 21st 2017 as one resident chose not to visit the health care centre.

Proposed Timescale: 26/03/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not clearly identify the needs and wishes of residents to ensure that residents were supported to develop their potential.

4. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the residents' personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
Circle of support meetings to be scheduled with families, key workers & the resident to discuss and develop their needs and wishes. This will help identify the goals for each resident. The goals will then be added into the new Person Directed Plan.

Proposed Timescale:
Families contacted for meetings by April 7th 2017
Meetings to take place by May 31st 2017

Proposed Timescale: 31/05/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not adequately reviewed.

5. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
Personal plans are currently being reviewed by the PIC.
Audits of Personal Plans have been scheduled for April and September to ensure their effectiveness.

Proposed Timescale:
April 30th 2017

September 30th 2017

Proposed Timescale: 30/09/2017

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:
Improvement was required in the procedures to ensure that appropriate infection control practices were in place.

6. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
The infection control guidelines are currently under review by a committee led by the clinical nurse specialist in health promotion.

Once this is launched, a local procedure will be drafted to support infection control practices in the designated centre.

Proposed Timescale:
30th June 2017
31st July 2017

Proposed Timescale: 31/07/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Additional assessment was required to ensure that all residents could be evacuated and the measures identified were effective, particularly in the event of a resident demonstrating that they do not want to leave in the event of a fire

7. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
A review of the fire evacuation procedures will take place in the DC to support the resident to evacuate.
Additional assessment & support will be sought from the Group lead for health & safety.

Proposed Timescale:
7th April 2017
12th May 2017

Proposed Timescale: 12/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident was recently prescribed p.r.n (as required) medication as a reactive strategy however the circumstances in which it was to be administered were not clear.

8. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
Going forward any PRN medication will have a protocol written up on the day of the Kardex being updated.

The restriction register & residents personal plan will also be updated with the relevant information.

Proposed Timescale: 24/03/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required in the day to day practices in the centre to ensure that the health care needs of residents were met.

9. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
All Health Assessments have been completed.

One section of GP assessment needs to be signed off by the doctor as one resident chose not to visit the health care clinic. The doctor is due to do a house call 21st March 2017

All care interventions will be complete and in place.

Proposed Timescale: 31/03/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was insufficient over sight of the food provided to residents to ensure that it was in line with their needs.

10. Action Required:
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

Please state the actions you have taken or are planning to take:
All staff are aware and familiar with the resident's diet plans. The staff will commence recording more accurate details of the residents meal times and dietary intake in line with their plans.

Proposed Timescale: 03/04/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The procedures regarding the disposal of medication was not in line with policy.

11. Action Required:
Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
Local procedure to be reviewed in relation to the disposal of medication. Additional advice will be sought from the pharmacy to assist in the correct disposal of crushed medication.

Proposed Timescale: 03/04/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
The procedure for changes to residents' prescriptions were not in line with policy. The administration of p.r.n medication was not supported by appropriate assessment.

12. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
Staff will be re-inducted into the policy in relation to changes in residents medication & emergency prescribing.
Protocols for the use of PRN medication will be drafted on the day of prescription
Kardex will be changed and signed off within 72 hours in emergency situations as per policy.
Appropriate care plans will be drafted to support the resident and guide practice on the day of the amendments or as the needs of the resident changes.

Proposed Timescale: 03/04/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The floor plans did adequately describe the centre in terms of the size and function of the rooms.

13. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
A written description of each room of the house has been added to the pictorial floor plans in the statement of purpose.

Proposed Timescale: 04/04/2017

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 annual review of the quality and safety of care did not address all areas of service

delivery.

14. Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
The format of the 2016 annual review of quality and safety was amended to address all areas of service delivery in line with HIQA guidance.

Proposed Timescale: 28/02/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Deficits identified in service delivery had not been consistently addressed. There were some deficits in service delivery which were not identified in the auditing system.

15. 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:
All deficits identified within the auditing system will be added to the Quality Enhancement Plan going forward.

Proposed Timescale: 24/03/2017

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The findings of this inspection did not support that the application to accommodate 5 residents in the centre was appropriate.

16. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The A2 form has been amended to accommodate 4 residents and was resubmitted to the Authority.

Proposed Timescale: 24/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Additional training was required to ensure that all staff had the competency to adequately assess residents' needs and identify the supports required once a need was identified.

17. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
PIC and Residential Co-ordinator will develop a schedule to meet with each keyworker group to provide support & guidance in specific areas identified by the team.

Proposed Timescale: 19/04/2017