

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Broomfield 2 - Respite
Centre ID:	OSV-0003989
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Declan Moore
Lead inspector:	Raymond Lynch
Support inspector(s):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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: 17 May 2017 09:00 To: 17 May 2017 13:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out following the Health Information and Quality Authority (HIQA) issuing the provider, St John of God's Community Services, with a notice of proposal to refuse and cancel the registration of the designated centre on 09 February 2017.

This measure was taken due to a number of serious breaches of the Regulations, some of which were recurring, found on an inspection carried out on 02 February 2017.

While it was found that some issues remained regarding the suitability of the premises, this inspection found that the provider had addressed (or was in the process of addressing) the majority of concerns raised by HIQA since the last inspection. A quality enhancement plan had been developed by the provider to address deficits and inspectors found that it was being implemented. Of the nine outcomes assessed, seven were now found to be compliant, one was substantially compliant and one was assessed as moderately non compliant.

How we gathered our evidence:

As part of the inspection, the inspectors met with three residents and spoke with one

of them who was on an extended respite break in the centre. The inspectors also met and spoke with the person in charge at length over the course of this inspection as well as the director of services and the director of care and support.

Documentation such as residents' care plans, positive behavioural support plans, risk assessments, staff rosters, hygiene audits, the annual review of the quality and safety of care and training records were also viewed.

Description of the service:

The centre provided respite breaks to children and adults with disabilities. Adults and children were accommodated separately on all respite breaks.

The centre comprised of one single storey, seven bedroomed house on a campus based setting belonging to St. John of Gods Services in County Louth. At the time of this inspection one bedroom had been decommissioned and was now used as a storage facility. This in turn meant the centre could only provide accommodation to six residents at any one time.

There were a range of small villages and towns in close proximity to the centre however, due to its rural location private transport was required to access these amenities.

Overall judgment of our findings:

Overall, inspectors found that management and staff had addressed (or were in the process of addressing) the majority of concerns raised in the inspection on 02 February 2017.

Of the nine outcomes assessed seven were found to be compliant including Residents' Rights, Dignity and Consultation, Risk Management, Safeguarding, Medication Management and Governance and Management.

Workforce was found to be substantially compliant, while Safe and Suitable Premises were assessed as having a moderate non compliance.

These are further discussed in this report and in the action plan at the end.

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):

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

Findings:

The last inspection found that the centre was not meeting or supporting the rights, choice, privacy and dignity of the residents that availed of respite services in this house. However, this inspection found that those issues had been addressed satisfactorily.

The previous inspection found that the privacy and dignity of residents was compromised, complaints were not being addressed satisfactorily and there was no access to independent advocacy services. By the time of this inspection the centre had taken a number of steps to address these concerns as raised by HIQA.

It was found that two complaints had been made so far in 2017. Documentation read by the inspectors informed that one of those complaints had been addressed to the satisfaction of the complainant and the other one (which was recently made) was in progress.

Where required access to independent advocacy services was now supported and provided for in the centre. A sample of files informed that one resident had a number of visits from an independent advocate, the last one being May 2017.

In order to promote each residents' dignity and respect, all residents were supported with their intimate care and support needs prior to breakfast being served. It was also observed that one bedroom previously considered too small and compromised the privacy of residents in the way it was used was decommissioned.

Booking arrangements and admissions had been carefully reconsidered since the last inspection. This was to ensure that residents were compatible and would get along with

each other when on their respite breaks in the centre. This intervention resulted in a significant reduction in the number of adverse incidents occurring in the centre.

From a sample of files viewed it was also observed that each resident had their social care plans reviewed and updated. These plans detailed what social outings the residents liked and chose to participate in.

Overall the inspectors found that that management and staff had addressed the serious concerns regarding residents' rights, privacy and dignity as raised by HIQA in the previous inspection on 02 February 2017.

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):

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

Findings:

The last inspection found that the admissions policy was ineffective as residents were not being safeguarded from adverse incidents occurring in the centre.

This inspection found that this issue had been addressed and each application for admission to the centre was now determined on the basis of transparent criteria in accordance with the centres updated Statement of Purpose.

Since the last inspection the service had completed a compatibility assessment of all service users. Staff explained to inspectors that each service user and their families had been issued with a compatibility assessment questionnaire, which was to be completed in conjunction with staff from the centre.

This was to ensure that there would be no compatibility issues between residents and that each resident would experience a positive and safe respite break during their stay in the centre.

At the time of inspection a number of these questionnaires had been returned and staff informed inspectors that all completed forms would be returned by the start date of each service user's next stay.

On this inspection the inspectors viewed a compatibility matrix which reflected all known compatibility issues. This had been reviewed and updated to ensure that they encapsulated up-to-date information regarding the compatibility of residents using the centre.

It was found that since this matrix had been completed and put into use in the centre, the number of adverse incidents occurring between residents was negligible.

The centre was also providing respite breaks at times for reduced numbers of residents based on information sourced from the compatibility matrix. The person in charge informed the inspectors that the new, updated system was working very well and on the day of this inspection residents were seen to be relaxing and enjoying their break in the centre.

Overall this inspection found that the admissions process had been reviewed and updated and because of this the number of adverse incidents occurring between residents had significantly reduced.

Judgment:
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 inspectors found that while some issues remained regarding the suitability of the premises, some improvements had been made in order to meet the collective and individual needs of the residents in a dignified and person centred manner.

Overall improvements had been made to the premises so as to support the privacy and dignity of residents using this centre. However, communal space was limited and five of the bedrooms were small and narrow. It was also observed that there was only one showering facility to meet the needs of up to six residents.

The centre now comprised of five small bedrooms, one larger bedroom, a storage room, sitting room cum dining room, a kitchen small office and bathing/toileting facilities. It

was observed on the day of this inspection that it was clean throughout, warm and bright.

In order to provide additional storage space one of the bedrooms which was considered unsuited for its stated purpose and use had been decommissioned.

Bedrooms were seen to be well aired, clean and bright and the one resident that spent three weeks out of every four week in the centre, now had their own bedroom with some personal belongings on display.

The centre remained challenged by the limited communal space available to both residents and staff and five of the bedrooms were viewed to be small and narrow (with limited storage space for residents to avail of).

An outdoor area was available to the front of the premises for residents' use. The inspectors found at the last inspection that this was not appropriate for use by children. However, by the time of this inspection a play house had been repaired and the inspectors observed that the centre had secured a specialised trampoline and a set of specialised swings for children to avail of on their respite breaks.

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):

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

Findings:

Significant issues with regard to the management of risk and infection control were found on the last inspection however, by the time of this inspection those issues had been addressed satisfactorily.

The system of risk management in this centre was now viewed as being comprehensive and was keeping residents safe. The number of serious notifications sent to HIQA regarding this centre had reduced also significantly since the last inspection.

This was because the centre had reviewed the booking procedures and they were now based on compatibility of residents and individualised risk assessments. Where a resident posed a risk to other residents, they were now availing of respite on their own or with significantly reduced numbers.

It was observed that there were no peer to peer issues since the last inspection. Risk assessments had been updated and now provided adequate detail on how to manage an adverse should one occur in the centre

It was also observed that learning was now taking place after an adverse incident. For example, a resident recently went missing from the centre when out for a walk with staff. The Missing Persons Policy was put into the action and the resident was found a short time later safe and well.

The person in charge reported the incident to HIQA as required, and also discussed it at a staff meeting where it was decided to take extra precautions to ensure all residents safety when out for walks. It was decided and agreed upon to use an unobtrusive radio communication system so as staff could make immediate contact with each other if required when out with the residents.

The inspectors saw the radio system that was in use in order to more effectively manage the risk of a resident going missing in the centre.

A risk register, which formed part of the centres risk management procedures, had also been updated since the last inspection. It was observed that this was a live document and was updated as and when required.

All residents had a falls risk assessment on file and from a sample viewed, they were found to have been updated since the last inspection.

Systems to manage infection control had also significantly improved since the last inspection. An in-depth hygiene audit had been carried out and the actions arising from that audit had been implemented (or where in the process of being implemented).

There were now robust cleaning schedules in place which were signed off daily (or as required) by the housekeeper. The house was seen to be bright, well aired and clean, the medication fridge was clean and some new furniture had been secured.

The person in charge and/or clinical nurse manager 1 (CNM I) also conducted a weekly walk-through of the centre in order to identify any hygiene and/or environmental risk that may need to be addressed and actioned. It was also observed that there were adequate hand sanitizing gels and warm water throughout the centre.

Fire logs and fire fighting equipment were not checked as part of this inspection.

Judgment:

Compliant

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 previous inspection found that residents were not adequately safeguarded or protected in this centre and that some staff did not have essential training in Children's First. This inspection found that those concerns as expressed by HIQA had now been addressed.

It was found that where required residents that use this facility had their positive behavioural support plans updated (or where in the process of doing so) and once staff had read and understood the plans they were required to sign off on them.

From a sample of file viewed, positive behavioural support plans were informative of how best to support a resident with behaviours of concern in a dignified and positive manner.

Booking arrangements, compatibility assessments and risk assessments had also been reviewed and updated so as to ensure that no safeguarding issues would occur between residents sharing the house on respite breaks.

From a sample of files viewed, it was also observed that the training deficits in Children's First training had been addressed. Contact details of the safeguarding officer were on display in the centre and were also kept on each resident's individual plan (in an easy to read format). Where required, access to independent advocacy also formed part of the service.

Intimate care plans were also viewed and it was found that they were informative of how best to support each resident with their intimate and personal care in a dignified and appropriate manner.

The inspectors spoke with one resident for a short period of time during the course of this inspection. The resident appeared happy to be at the centre and was very much at ease interacting with the person in charge and staff members.

From a sample of files viewed, staff had training in safeguarding of vulnerable adults, Children's First and manual handling.

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):

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

Findings:

The last inspection found that medication practices in the centre were unsafe and required review. The inspectors found that on this inspection the medication management policies were satisfactory implemented and that medication practices described by the person in charge were now suitable and safe.

The inspectors were satisfied that there were now appropriate practices and procedures in place for the handling, administration and disposal of unused medicines in the centre.

A locked drug press secured in the centre was in place and medication prescription sheets provided sufficient detail to ensure safe prescription, administration and recording standards. It was also observed that only nursing staff administered medication in the centre.

Medication records were completed on admission and discharge of each resident in the centre and an issue regarding the administration of rescue medication had since been addressed satisfactorily.

As this was a respite centre, the person in charge had mailed family members of all residents to update them on the requirements for medications coming in and out of the centre so as to ensure safe practices across the centre.

Documentation was now checked and verified on each residents admission to the centre so as to ensure that all medications tallied with their prescriptions. This inspection also found that prescription records were now complete and all medications administered were now signed off by a registered nurse.

Systems were found to be in place for reviewing and monitoring safe medicines management practices. Medication management plans had been updated and protocols for the administration of p.r.n. medicines (to include rescue medication) were now in place.

Judgment:

Compliant

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):

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

Findings:

The last inspection found that the statement of purpose had not been reviewed or updated to reflect the intake of residents in this centre.

This inspection found that the centre now had a statement of purpose which outlined the aims, objectives and ethos of the respite house and the services and facilities to be provided to residents.

The centre had a statement of purpose and arrangements were in place for it to be reviewed annually or sooner if required. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013 and had been updated since the last inspection in February 2017.

The statement of purpose was now found to be a comprehensive document which detailed the services to be provided to the residents.

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):

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

Findings:

The last inspection found that the systems of governance and management required urgent review as they were not adequate to ensure a safe delivery of service to the residents. It was also found that there was no designated person in charge for the centre at that time.

Overall the inspectors found that on this inspection there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was an experienced and registered nurse. From speaking with the person in charge in length over the course of this inspection it was evident he had an in-depth knowledge of the individual needs and support requirements of each resident availing of respite in the centre.

He made himself available to both inspectors throughout the course of this inspection despite the fact that he was due to go off duty at 10AM.

He was also supported in his role by a Director of Services (DON) and a Director of Care and Support, both of which attended the feedback at the end of the inspection process.

The person in charge was aware of his statutory obligations and responsibilities with regard to the role of person in charge and for the management of the centre. Apart from being a registered nurse, he had an honours degree in nursing studies and had attended training on the role of the person in charge.

The inspector found that appropriate management systems were in place for the absence of the person in charge as there was a Clinical Nurse Manager I working in the centre as team leader.

There was a number of qualified nursing staff and health care assistants on duty in the centre and one of the nursing staff would assume the role of shift leader in the absence of the person in charge or team leader. There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

A quality enhancement plan had been established for the centre since the last inspection and the inspectors found that it was steadily being reviewed and plans of action being put into place to address any deficits found. This was an on-going process and the person in charge explained to the inspectors that it was a live document.

The quality enhancement team made announced visits and unannounced visits to the centre and undertook audits as part of their remit. These audits included medication and hygiene audits and were found to be in-depth and also identified areas of compliance and non compliance, which were appropriately actioned and addressed.

The person in charge was committed to his own professional development and engaged in all required staff training in the centre. He held an accredited third level qualification

in nursing and had attended training related to the role of the person in charge and management training.

Throughout the course of the inspection the inspector observed that residents were very much at ease in the company of the person in charge and he knew their individual needs at an intimate level.

Judgment:

Compliant

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 last inspection found that the staffing arrangements in place required urgent review so as to ensure a safe delivery of service to the residents. Gaps were also identified in staff training and supervision of staff.

On this inspection the inspectors were satisfied that there were adequate staffing arrangements and skill mix in place to support the residents and to provide for the safe delivery of services. Gaps in staff training had been addressed however, the process of staff supervision was not up to date.

The centre was staffed by a mixture of qualified nursing staff, health care assistants and a household staff member. Inspectors spoke with one nurse, one healthcare assistant and the household staff over the course of this inspection and it was found that they were knowledgeable of the needs of the residents.

They were also viewed to interact with the residents in a professional yet warm and dignified manner.

The person in charge informed the inspector that all staff had now completed mandatory and relevant training in line with regulation such as Children's First training and safeguarding.

It was observed that the person in charge met with his staff on a regular basis and was in the process of undertaking annual appraisals with them.

However, while the process of individual staff supervision had commenced in the centre, this had not been completed for all staff members. The person in charge was aware of this and was actively engaged in the process of addressing the issue.

The person in charge was satisfied that there was good continuity of care in the centre and where required one to one support and/or additional staffing support was provided based on the individual assessed needs of the residents.

At all times throughout the inspection the inspectors noted that the person in charge and all staff spoke very respectfully about the residents and knew their care support requirements at an intimate level.

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:

Raymond Lynch
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-0003989
Date of Inspection:	17 May 2017
Date of response:	21 June 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 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 were small, with limited communal space and limited bathing facilities. Bedrooms were also found to be small and narrow.

1. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed

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

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. A second shower facility has been commissioned for resident use.
2. Renovations to provide a second room with adequate dimensions to facilitate residents who require the support of a hoist, subject to HSE funding approval and HIQA endorsement.

Proposed Timescale: 1. Complete, 2. 20/12/2017

Proposed Timescale: 20/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

While the process of staff supervision had commenced it was not up to date in the centre.

2. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

1. A schedule is in place to complete annual PDRs with all permanent and regular on call staff in the DC
2. A schedule is in place to complete supervision meetings with all permanent and regular on-call staff in the DC

Proposed Timescale: 1. 31st July 2017, 2. 31st July 2017

Proposed Timescale: 31/07/2017