

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002936
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Philomena Gray
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	Michael Keating
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	23
<b>Number of vacancies on the date of inspection:</b>	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: 08 June 2016 09:50 To: 08 June 2016 16:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
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 actions issued on the previous inspection. This was the fourth inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013.

The previous inspection of this designated centre took place on the 21 of September 2015 and as part of this inspection the inspector reviewed the actions the provider had undertaken since this previous inspection. This designated centre had been subject to regulatory escalation due to the concerns HIQA had about this centre based on inspections to date. On this inspection significant progress was found and most of the actions highlighted in the previous inspection had been satisfactorily addressed.

**How we gathered our evidence**

As part of the inspection, the inspectors met with and observed the residents who were present on the days of inspection. The residents presented as content and well cared for over the course of this inspection. Residents communicated with inspectors on their own terms and were observed to be comfortable with the staff on duty.

Residents were observed receiving a good quality of care and presented as content in their environment.

The inspectors spoke with and observed the practice of 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, staff files, audits, training records and policies and procedures. The person in charge and clinical nurse manager were met as part of this inspection. The residential programme manager and other members of the provider's management team attended preliminary feedback following this inspection.

#### Description of the service

The provider had a statement of purpose in place that explained the service they provided. In the areas inspected, the inspector found that the service was provided as it was described in this document. There were four internal locations/units within this designated centre that provided care for 23 residents at the time of inspection. The majority of residents were attending day programmes and involved in activities on the inspection day. One resident was preparing to be discharged to a nearby apartment at the time of inspection pending additional resource allocation from the Health Service Executive (HSE).

#### Overall judgment of our findings

Overall, the inspectors found that many issues that were identified on the previous inspection had been substantively addressed by the provider. This provider demonstrated appropriate engagement with HIQA and was found to be delivering appropriate care to the residents in this centre.

Good practice was identified in many of the outcomes that were inspected. Substantive improvement was found in this centre since the previous inspection with increased evidence of improved quality of care to residents.

However, the inspectors also found a number of areas that required minor improvement in accordance with the regulations and standards.

These areas are as follows:

- Admissions and Contracts for the Provision of Services (Outcome 4) - Some residents did not yet have signed contracts in place.
- Social Care Needs (Outcome 5) - Further detail was required in some residents social care plans and social goal setting.
- Safe and Suitable Premises (Outcome 6) - Environmental restrictions in place in this centre were not based on the assessed needs of all residents.
- Governance and Management (Outcome 14) - An annual review of the quality and safety of care and support was not yet completed.

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 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:**

Overall inspectors found there had been progress made in this centre since the previous inspection. Some internal resident transitions had occurred in this centre based on the welfare and protection of residents. Further transitions were also in process based on plans submitted to HIQA. One resident was due to transition to a nearby apartment based on his assessed needs.

Regarding contracts for the provision of services while the person in charge had sent these documents out to families, they all had not yet been signed and returned.

**Judgment:**

Substantially Compliant

**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:**

Inspectors found that each resident's wellbeing and welfare is maintained by a good standard of social care provision and practice. The standard of residents' individual assessments and personal plans had notably improved with an increased emphasis on social care needs and meaningful days apparent. Some minor improvement was required in the area of social care goal setting and the review of same.

The inspectors reviewed a number of resident's personal plans and found that residents engaged in activities such as going to the cinema, attending social clubs, attending musical events, massages, going for walks and socialising in the community. Inspectors reviewed resident's activity schedules over a number of months and found residents were appropriately supported to pursue needs, interest and capacities.

On the day of inspection, inspectors observed some residents coming and going from the centre in accordance with their individual plans. Residents presented as content and well supported by the staff members on duty.

Inspectors found that while the standard of social goal setting had improved and was documented in personal plans this area required further improvement regarding defined timeframes and frequency of activities/goals. For example, the word 'regular' or 'regularly' appeared in a lot of social care plans. Inspectors found this needed to be more definitive to evidence actually how often residents would be supported in certain parts of the social care plans. For example, the area of skills teaching.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspectors found that a lot of effort and work had taken place to make the living environment of this centre more homely. The building and premises was purpose

built in 2001 as an assessment and residential centre for persons displaying behaviours of concern and is therefore restrictive by design, location and layout. However a number of improvements were noted on this inspection.

Since the previous inspections of this centre the provider and person in charge had made a number of changes. For example:

- Bedroom numbers had been reduced
- Kitchens and dining areas had been renovated and redecorated - the hatch system that was in place was removed
- A new bathroom, supported bath, overhead hoisting system had been installed
- Sitting rooms/communal spaces for visitors had increased
- Perspex and restrictive glass/cage panelling had been removed
- New furnishings, televisions and decorations were a feature throughout the centre
- Corridors and internal decoration had been updated, painted and personalised with pictures and paintings of residents preferences hung throughout the centre
- Thumb locks had been implemented on some external doors (old locks removed) to permit free access for residents to their garden

All of these improvements have led to this premises improving residents quality of life in terms of their home environment. The centre was found to be hygienic and clean throughout the course of this inspection.

However, inspectors did find that the restrictive nature of these premises was not based on the assessed needs of all residents living there. For example, all residents did not require the levels of restrictions and locked doors that were apparent and operational in this centre. These residents were having their home environment needs curtailed due to the needs of the residents they were living with.

**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:**

The inspectors found that the health, safety and risk management procedures in this centre met the requirements of the regulations and standards.

Risk management policies and procedures were in place and the person in charge had good systems of audit and review. An incident, accident and near miss reporting and

recording system was reviewed. There were risk management systems in place to identify, risk rate and implement control measures within this centre. Risk management plans reviewed were up to date and completed in accordance with policy.

A risk register was in place that included risks such as resident falls, dysphasia, behaviours of concern and fire. Staff were found to be aware of the risks that were prevalent in the centre.

There were fire safety procedures in place and the centre was equipped with fire safety, fire fighting, fire detection and monitoring equipment. Fire evacuation drills had taken place and there were personal emergency evacuation plans in place for all residents.

There was a good system of auditing in place regarding health and safety, infection control and incident review. In reviewing previous month's incident inspectors noted that the changes that had taken place in accordance with the implementation of control measures and risk management plans there was a decrease of incidents in this centre.

**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 inspectors found there were measures in place to protect residents being harmed or suffering abuse and appropriate action whereby allegations, disclosures or suspected abuse occurs. Inspectors found that due to planned and completed transitions and the changing of resident mix in some parts of the designated centre improvements were evident in this area.

The inspectors found that the provider was operating from Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures (2014). The person in charge was supported by a social work team in the preliminary and full investigation of allegations, disclosures or suspected abuse. There had been a marked reduction in incidents of reported peer/peer abusive interactions.

The person in charge and staff demonstrated good knowledge of the process and reporting of concerns. Staff were trained in the area of safeguarding vulnerable adults and were all found knowledgeable regarding the types of abuse and how to report same.

A new updated policy was in place regarding the management of behaviours of concern. Multi-element behavioural support plans were in place for residents determined as requiring same and staff were found to be knowledgeable regarding resident's specific behavioural support needs. A log of all forms of restraints was in place and each resident was found to have privacy and dignity plans in place in their individual folders.

**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:**

Inspectors were satisfied that residents in this designated centre were well supported to achieve best possible health.

Residents had good access to allied health professionals such as general practitioner, speech and language therapy, psychiatry and psychology. Personal plans contained evidence of good multidisciplinary input and consultation.

An onsite speech and language therapist (recruited since the previous inspection) was observed and a number of residents had detailed eating, drinking and swallowing assessments completed in addition to guidance regarding their modified dietary requirements.

Residents had annual health checks, calendars of appointments (medical/health) and regular weights and dietary reviews. Inspectors found evidence of good health care plans and documentation reviewed demonstrated good access to dental care, eye clinic/optician, chiropody and nursing care. Residents had detailed support plans in place regarding personal support and intimate care needs.

Inspectors found an increased emphasis on choice at mealtimes and improvements to kitchen facilities supported staff in assisting resident's involvement in meal preparation. Residents had ample access to food and beverages and personalised presses had been introduced for some residents.

**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:**

Inspectors found that the practices regarding medicines management met the requirements of the regulations and standards. Issues identified on the previous inspection regarding PRN (as required) medicines documentation and medicines variance/errors follow up had been satisfactorily addressed.

Inspectors found that there were written and operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were in place and appropriately implemented and reviewed. Staff were knowledgeable in this area and professionally trained nurses were a feature on this centres roster.

A system was in place for the effective review and monitoring of safe medicines management practices. An audit conducted in September 2015 identified a number of areas for improvement and an action plan was generated which addressed the identified issues.

Inspectors found that residents were appropriately protected by good practices in medicines management in this centre.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Inspectors found there were there effective management systems in place in this designated centre. The person in charge was full time and was no longer managing two designated centres. The person in charge demonstrated good systems in place to support and promote the delivery of safe, quality care services. The person in charge was supported by a clinical nurse manager onsite and demonstrated good knowledge of the regulations and standards.

Inspectors found a very good standard of auditing and review in areas of medicines management, premises/environment, infection control, staff training, healthcare plans, social care plans and resident finances. Audits reviewed included input from residents and families which demonstrated good levels of consultation.

Quality enhancement planning and action plans were reviewed and provider unannounced visits were correlated directly with the requirements of the regulations and standards. There was not yet an annual review report completed however given the levels of auditing and review that were evident this was found to be a minor non compliance. The person in charge stated this review was a work in progress.

**Judgment:**

Substantially 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):**

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

**Findings:**

Inspectors found that there were appropriate numbers and skill mix of staff on duty to meet the needs of the residents in the designated centre.

A planned and actual roster was found in place that reflected the staff working in this centre. Staff allocation was spread across the four units within this centre and was allocated based on residents needs. For example, the unit with the most complex health needs had the highest number of nursing staff.

The reliance on agency staff had decreased since the previous inspection and the core team structure that had only been established on the last inspection had been effectively implemented. A key worker system was in place which emphasised increased accountability within the centre for key tasks in supporting residents.

A review of staff training records found that all staff were provided with up to date training in fire safety and emergency evacuation, safe manual handling practices, safeguarding and dysphagia. Staff spoken to presented as caring and knowledgeable regarding their role and the residents they supported. Further centre specific training was taking place in the area of dementia, autism and positive behavioural supports.

**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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002936
<b>Date of Inspection:</b>	08 June 2016
<b>Date of response:</b>	07 July 2016

### Requirements

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

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

### Outcome 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:**

Some residents did not yet have signed contracts for the provision of services in place.

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

**1. 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:**

1. The Registered Provider/Representative will re issue the contract of care to the families identified. 22/07/2016
2. A letter offering assistance from the PIC/Residential Programme Manager/ Designated Social Worker will be included to support the families /representative. 22/07/2016
3. In the event that a family member / representative are not willingly to sign the contract as requested, a separate form will be enclosed, which the family /representative will need to sign to confirm that they have received the contract of care but are not willing to sign the contract and on return this will be placed in the residents' MPP with the contract of care. 19/08/2016
4. In the event a family member / representative confirms that they are not returning the contract, an Independent Advocate will be sought for the relevant resident. 19/09/2016

**Proposed Timescale:** 19/09/2016

**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 were not clear timeframes found in some personal plans reviewed regarding the pursuit of social goals and skill teaching activities.

**2. Action Required:**

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

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

1. The Person in Charge will ensure that a review of all Personal Plans will take place regarding the timeframes identified in the pursuit of social goals and skill teaching exercises. 29/08/2016
2. The Person in Charge will develop a system of documentation, that will capture the goals identified, context, timeframes involved and record of implementation and review. 29/10/2016

**Proposed Timescale:** 29/10/2016

## 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 not designed to meet the needs of some residents who did not require the levels of restriction and environmental control that were in operation.

### **3. 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. The Registered Provider / representative will ensure that does Residents identified as not requiring the level of support currently in place in the designated centre, are transitioned to community based homes as part of the Transforming Lives Project (H.S.E). 31/12/2016
2. An assessment tool will be sourced and completed by relevant members of the residents Multi-Disciplinary Team, identifying the supports needs required for the remaining residents. 29/08/2016
3. Assistive technology will be sourced and installed to reduce the impact of environmental restrictions and promote the ethos/culture of a restraint free environment. 29/08/2016
4. The system will be introduced in a phased and supported manner, ensuring the safety of all residents residing in the residential centre. 05/09/2016

**Proposed Timescale:** 31/12/2016

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

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

An annual review was not available.

### **4. Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

1. A template for quality and safety of care and support will be devised and agreed within the Organisation. 18/07/2016
2. All relevant data and information for the annual reports will be correlated. 22/08/2016

3. The annual report will be completed and copies made available to each residents and / or their representatives. 30/09/2016

**Proposed Timescale:** 30/09/2016