

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rivergrove
Centre ID:	OSV-0003010
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	4

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 January 2017 10:00	10 January 2017 18:00
11 January 2017 10:00	11 January 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to Inspection:

This was an unannounced two-day triggered inspection after the Health Information and Quality Authority (HIQA) received information from the centre highlighting concerns about the accommodation arrangements in place for two residents.

HIQA also received two anonymous pieces of information which highlighted concerns about that the privacy and dignity of the residents being compromised and concerns regarding the arrangements in place for some residents who were being supported to transition from the centre to a new service.

The centre was previously inspected in July 2015 as part of a larger service comprising two residential settings. However, since that inspection the centre had reconfigured and now consisted of one large detached seven bedroomed house which was supporting three residents with multiple and complex individual needs.

How we Gathered Evidence:

The inspector interviewed two staff members and spoke with all three residents over the course of this two day inspection. The team leader was also spoken with and the

person in charge and director of nursing were spoken with at length.

The inspector also spoke with the physiotherapist (who was in the centre on the day of inspection), met with two members of the pastoral team and spoke with a clinical nurse specialist in health promotion who was also the chair of the infection control committee of the service.

Policies and documents were also viewed as part of the process including the residents' health and social care plans, transitional plans, complaints log, health and safety documentation, risk assessments, residents' finances, staff files, training records and minutes of various meetings.

Description of the Service:

The centre comprised of a large detached two story building. It was located in a busy town in County Louth and was in walking distance to all local amenities such as churches, hotels, restaurants, barbers, pubs and shops.

The town had a regular bus service for trips further afield if and when required by the residents however, the centre also provided private transport facilities for the residents to avail of.

Overall Judgment of our Findings:

Overall significant levels of major non compliances were found across a number of outcomes assessed.

This inspection found that the privacy and dignity of some of the residents was significantly compromised in the centre, the complaints procedures were ineffective and not bringing about change, residents' finances had been inappropriately used (up as far as November 2016), areas related to the management of risk required immediate review and arrangements in place for the management of infection control were inadequate, also requiring immediate review.

It was also observed that the governance and management arrangements in place were not sufficient to ensure that the centre was being effectively monitored or supervised.

During the course of this inspection three immediate actions were issued to the centre in order to address serious issues related to the management of risk, management of infection control and staff training deficits.

On completion of this inspection the inspector found that residents were in receipt of a poor quality of service and the building was not fit for its stated purpose.

Of the ten outcomes assessed seven were found have major non compliances, one was found to have a moderate non compliance and two were found to be compliant. These were further discussed in the main body of 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):

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

Findings:

The inspector found that arrangements in place were inadequate to promote and ensure that the rights, privacy and dignity of the residents were protected. It was also observed that the complaints procedures were ineffective as complaints, while being logged, were not being addressed.

While policies and procedures were in place to ensure that the residents would be consulted with, and would participate in decisions about their care and about the organisation of the centre, the inspector observed that this was not the case in practice and these policies and procedures had little, if any impact on the residents daily lives.

For example, two residents were asked in October 2016 would they agree to share a bedroom on the ground floor (as one of those residents could no longer access their own bedroom upstairs due to mobility issues).

While both residents initially agreed to this temporary arrangement, the inspector observed that by January 2017 this agreement had completely broken down and both residents were no longer happy with the current situation. A number of notifications had also been received by HIQA relating to peer to peer verbal and physical aggression between both residents (This was further discussed under outcome 8: safeguarding and outcome 9: notification of incidents).

The inspector spoke with both residents and asked to see the shared bedroom, of which

both agreed. It was found that there was little natural light available in the room and that the two beds were head to head touching each other, only separated by a small screen.

It was also observed that the intimate and personal care needs of these two residents were compromised and staff informed the inspector that at times, they would have to wait until one resident had left the room to provide personal and intimate care support to the other.

Since November 2016 six complaints had been logged by or on behalf of the residents directly related to this room sharing arrangement.

By the end of December 2016, the person in charge had also made contact with two external advocacy agencies, (one of which visited the centre), the provider nominee on several occasions and a safeguarding officer in the Health Services Executive (HSE) expressing her concerns about this situation however, no resolution had been found and the situation remained on-going at the time of this inspection.

Overall the inspector found that while both residents had initially agreed to share a bedroom as a temporary arrangement, this situation was no longer tenable. The room was dark and cluttered and the two beds were head to head (touching each other). Staff also informed the inspector that prior to this arrangements both residents liked to spend time alone in their individual bedrooms to relax. This option was no longer available to either resident.

The provision of personal and intimate care to both residents was compromised, the residents individual choice was not being respected, complaints were not being actioned and despite the person in charge bringing her concerns to the provider nominee, the HSE and two externals advocacy agencies, the situation remained as it was and neither residents' voices were being heard or their wishes respected in this centre.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

While the inspector found that the assessed health and social care needs of the residents were being supported with the input of multidisciplinary support as required, some personal plans were not being reviewed in a timely manner. It was also found that some residents' transitional plans also required review.

The inspector found that individual care plans were informative of important information relating to the resident such as their background, family members, important people in their lives, hobbies, likes, dislikes and communication needs.

Staff informed the inspector that they support the residents to identify goals that were important to them and use the local amenities such as local pubs, shops, cafes and restaurants.

From a small sample of files viewed the inspector observed that circle of support meeting were being supported, with input from the residents, staff members, key workers and where required allied health care professionals.

Plans also contained goals that were important to each resident and the actions required to achieve these goals.

For example, as part of their goals residents were being supported to go to pop concerts and or football matches. There were also being supported to use their local community facilities. One resident, as part of their individual plans was also being supported to celebrate an upcoming milestone birthday.

However, and as stated above, some plans required updating and were past their review date.

While transitional plans for two residents who had recently moved from the centre were informative of the supports available during the transition process, the inspector found that some of the documentation in these plans also required review and updating.

For example, a number of visits and overnight stays were arranged for each resident in their new home prior to transitioning to their new home.

However, there was no information available to the inspector to inform if these visits and overnight stays had been facilitated or how each resident was progressing as the section in their plans where this information was to be recorded and updated, was not filled in.

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 inspector found that the design and layout of the centre was not suitable for its stated purpose and it was not meeting the resident's needs in a safe or dignified manner.

The centre comprised of a large seven bedroomed detached two storey house in a busy town in County Louth. It was in close proximity to shops, restaurants, pubs, barbers, cafes and local churches.

Currently there were three residents residing in the centre however, because of mobility issues none of these residents could access the first floor of the house. This meant that the five bedrooms upstairs were unoccupied, which left two bedrooms downstairs for three residents. It was observed that two residents had no alternative but to share a bedroom of which neither were satisfied with.

It was also observed that their beds were in very close proximity to each other with only a small screen to protect their privacy and dignity. While all residents had their own personal belongings and photographs of loved ones on display in their bedrooms, the inspector observed that the rooms required cleaning, there was a mal odour in one bedroom, some furniture items were broken and there was little natural light available.

The centre was generally untidy and not in a good state of repair throughout. Most fixtures and fittings were dusty, the carpet required cleaning, the kitchen required a deep clean and some of the surface area on the kitchen counter tops needed to be repaired.

Because of the very nature of this centre the inspector observed that a separate utility facility was required for the laundering of clothes and bed linen. However, this task was taking place in the kitchen as no other facility was available. It was also observed that in order to access the kitchen with soiled linen, staff had to pass through the dining room.

The inspector issued an immediate action concerning this issue and before the end of day two of this inspection, a separate utility room had been installed on the first floor of the centre, complete with a washing machine, tumble dryer and operational sink.

While there was adequate storage room available throughout the centre, it was

observed that storage spaces required tidying and cleaning as they were cluttered and dusty.

It was also observed that there was a large spacious sitting room where residents could see visitors in private, a well equipped kitchen and separate dining room. However and as stated above, the kitchen required a deep clean as did the dining room. It was also observed that the storage facility for mops and buckets was inadequate.

Management of the centre assured the inspector prior to the end of this inspection that a deep clean of the entire house would be facilitated by an external contractor on Friday 13th 2017. The inspector also observed that a cleaning schedule had been updated and the importance of same would be discussed at the next house meeting. A new facility for the storage of mops was also secured.

There was a large conservatory to the back of the house, which also required cleaning and the inspector observed that this room was poorly lit and cold.

There were well maintained gardens to the back and front of the house, private parking was available to the centre as was adequate on street parking.

Overall the inspector found that this house was not suitable for its stated purpose and was not meeting the needs of the residents in a safe or dignified manner.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Procedures for the management of risk in the centre were not adequate and serious issues were identified with the management of infection control. These findings concerned the inspector and the centre was issued with three immediate actions in order mitigate the level of risk and address the issues pertaining to the issues found with infection control.

While policies and procedures were in place regarding health, safety and the management of risk in the centre, the inspector observed that some areas of risk management and assessment required further review.

For example (and as discussed earlier in this report), two residents had no alternative but to share a bedroom. It was observed that at times these residents did not get on with each other and documentation informed the inspector that since November 2016 there had been six recorded incidents of one resident being verbally aggressive towards the other in this bedroom.

The inspector also observed that while a risk assessment was in place concerning this issue, it did not include or contain sufficient detail regarding the level of risk this situation posed or the steps in place to mitigate the level of risk.

The inspector issued the centre with an immediate action pertaining to this matter requiring the steps to be taken to ensure the safety of the residents while this sharing arrangement continued. The person in charge, the house manager and director of nursing completed a comprehensive risk assessment, identifying the hazards and put additional controls in place to mitigate the level of risk to both residents prior to the completion of this inspection.

It was also observed in two other risk assessments that two residents had dysphasia. One of the mitigating factors recorded on both assessments so as to keep residents safe, was for staff to have specialised training in dysphasia. However, on inspecting a number of staff training records the inspector observed that some staff did not have this required training.

Serious concerns were also identified regarding the management of infection control. The centre was supporting residents with multiple, complex, individual and medical needs. To ensure best possible and optimum health for all residents and staff, it was crucial that they were adequately protected from risks associated with healthcare infection.

However, the inspector observed that the centre required cleaning throughout, bedrooms were dusty, some personal hygiene equipment was not stored appropriately, floors were dirty, a malodour was present in one of the bedrooms, a mattress required replacing, hand sanitizing gels/liquid soaps were not available in some bathrooms or in the kitchen and staff had no alternative but to launder soiled bed linen in the kitchen as there was no other facility available.

A second immediate action was issued to the centre regarding this issue as the inspector was not satisfied that the registered provider was adequately protecting the residents and staff from the risks of associated healthcare infection.

By the end of this inspection the centre had responded by installing a separate utility room on the first floor containing a washing machine, dryer, sink and external fan. They had also secured a clinical nurse specialist (CNS) in health promotion, from within the organisation, to undertake an infection control audit which resulted in an associated action plan which was being implemented by the close of this inspection.

On completion of this audit the centre immediately sourced a new mattress for one of the bedrooms, purchased new mops and buckets and revised and updated the cleaning schedule so as to ensure that standards related to hygiene matters would be maintained

in the centre.

An external company was also booked to undertake a deep clean of the entire centre, scheduled for Friday 13th 2017 and the CNS in health promotion also assured the inspector that an unannounced hygiene audit would be carried out in the coming weeks to ensure that the centre was complying with the policies and procedures related to infection control.

The inspector found that that a fire register was being maintained in the centre and was up to date. Fire equipment such as fire blankets and fire extinguishers were installed as were fire doors and emergency signage lighting (placed over external doors). The inspector observed that fire equipment had been checked by an external consultancy company in June 2016 and the fire alarm checked in January 2017.

Documentation read by the inspector informed that staff did weekly checks on manual call points, emergency lighting and fire equipment. Fire drills were also carried out routinely and each resident had an individual personal emergency evacuation plan in place. The last fire drill was facilitated in January 2017

Of a sample of files viewed, all staff had the required training in fire safety and manual handling however and as identified above, gaps were noted in training for dysphasia and infection control. (Training deficits are discussed in greater detail under outcome 17: workforce).

Judgment:

Non Compliant - Major

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):

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

Findings:

Overall this inspection found that the systems in place to protect residents from all forms of abuse across the centre were inadequate and ineffective.

While there was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff on how to protect residents in the centre, the inspector observed a serious situation where one resident was vulnerable to abuse from another resident and an issue with regard to the safeguarding of residents finances was also found.

As identified earlier in this report, two residents in this centre had no alternative but to share a bedroom. Over a number of months this situation had become untenable and both residents had explicitly stated via the complaints procedures that they were not happy with the situation.

The inspector also observed one of these residents had been subject to six incidents of verbal aggression and intimidation by the other resident over the last two months. However, even though management and staff were concerned and aware of this situation, and the provider nominee had also been made aware of this situation, no alternative accommodation for either resident had been secured to date.

The inspector observed that there was a policy for the provision of behavioural support and where required residents had a positive behavioural support plan in place. From viewing a sample of these plans, the inspector found them to be informative on how best to support a resident with behaviours of concern in a proactive manner.

Staff spoken with were also able to verbalise how to put the positive behavioural support plan into action. Positive behavioural support plans were also reviewed as required by a clinical nurse specialist on regular basis and support was provided from other allied health care professionals such as a psychiatrist if and when required.

The inspector also observed that from a sample of staff files viewed, all staff had the required training in the management of challenging behaviour.

A serious issue was identified regarding the safeguarding of residents finances during the course of this inspection. An inspection of documentation found that similar to other centres operated by St. John of Gods Services, residents in this centre had been inappropriately charged for a number of medical treatments and devices such as dexa scans and hip protectors.

For example, one resident had been charged €150 for two dexa scans in 2013 and 2015 respectively. Another resident was also charged €150 for dexa scans in 2014 and 2016 respectively.

While the centre was aware of these inappropriate charges and had undertaken an audit of residents' finances in order to reimburse residents who had been inappropriately charged, the inspector found that no resident had been reimbursed any monies into their bank accounts at the time of inspection and two audits were found to be incomplete.

HIQA brought the issue of residents being inappropriately charged for services to the attention of the chief executive officer (CEO) and provider of St. John of Gods services in September 2016 who provided assurances that this practice would stop and an

independent audit of residents' finances would be conducted across the organisation.

However, the inspector found that two months after HIQA brought this issue to the attention of the CEO of St. John of Gods Services, a resident in this centre had been inappropriately charged €54 for a medical device that should have been provided by the service.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the arrangements in place were not adequate in ensuring a record of all incidents occurring in the designated centre were recorded or maintained sufficiently. It was also observed that some notifiable incidents were not being notified to the Chief Inspector in a timely manner.

On reading the complaints log in the centre, the inspector observed that since October 2016, six incidents logged as complaints should have been notified to HIQA as incidents of verbal/psychological abuse. These incidents related directly to the two residents having no option but to share a bedroom.

It was also observed that a situation regarding the inappropriate use of a residents finances had not been reported to the HIQA as an incidence of financial abuse.

When the inspector made the director of nursing aware of this situation, all appropriate documentation was forwarded to HIQA the day after this inspection, January 12th 2017.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that arrangements were in place to ensure that resident's health care needs were regularly reviewed with appropriate input from allied health care professionals as and when required.

From viewing a sample of relevant documentation the inspector observed that healthcare plans were informative of how the resident would be supported to experience best possible health regarding personal hygiene, dental care, mobility, and positive mental health.

The inspector found that monitoring documents was also maintained in the centre. From viewing this documentation, the inspector was satisfied that GP check-ups were being facilitated as and when required and clinical observations and treatments were being provided for.

Consultations with the dentist were also facilitated as were consultation with the dietician, chiropodist, and the inspector observed that all healthcare and hospital appointments were also facilitated.

Residents also had access to a clinical nurse specialist in health promotion who conducted an annual in-depth health assessment with each resident. Residents were also supported to attend a men's health clinic to ensure best possible health.

Positive mental health was also provided for and where required the residents had access to support for their mental health and wellbeing. Where required residents had a positive behavioural support plan in place which was reviewed and updated as required.

The resident's health care plans were informative of how best to manage special conditions such as mobility issues. On the first day of this inspection the inspector met with a visiting physiotherapist. This allied healthcare professional informed the inspector that they were satisfied that once they put a recommendation into place for a resident it was being followed through on.

For example, the physiotherapist has recommended a specific intervention for one resident with mobility issues. The inspector observed that this intervention was in place and in use in the centre.

It was also observed that the pastoral care of the residents was being actively supported. During the course of this inspection two members of the pastoral team called to the centre and the inspector observed that residents knew them well and were delighted to see them.

The inspector found that arrangements were in place to ensure residents' nutritional needs were being met. Where required weights were being recorded and monitored on a regular basis.

It was observed that individual choice was respected with regard to the resident's individual preferences for food. There was a varied range of healthy food options to choose from and the inspector observed staff consulting with residents about what they would like to have for dinner.

Meal times in the centre appeared relaxed and to be a social occasion and the inspector observed that at regular intervals throughout the day, staff made time to sit and chat with the residents over a cup of tea.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the medication management policies were satisfactory and that the medication practices described by the social care worker and staff nurse were suitable and safe.

The inspector was satisfied that there were appropriate procedures in place for the ordering, handling, administration and disposal of unused medicines in the centre. An individual medication plan was also in place for each resident and medications were reviewed regularly and in line with the resident's individual personal plan.

A locked drug press secured in the hallway was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. The inspector observed that all non nursing staff were trained in the safe administration of medication in the centre.

There were no controlled drugs in use in the centre. Medicines were routinely checked and audited so as that all medication in use in the centre could be accurately accounted for at all times.

Systems were found to be in place for reviewing and monitoring safe medicines

management practices. For example, the inspector observed that there were systems in place to record any drug errors made and for learning from such incidents if and when they might occur.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall the inspector found that the current systems of governance and management were not adequate to ensure the centre was being managed and monitored effectively.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was being supported in her role by an experienced and qualified house manager. Both were qualified nursing staff with significant experience of working in and managing services for people with disabilities.

From speaking with the person in charge and house manager it was evident that they had an in-depth knowledge of the individual needs and supports of the residents living in this centre. However, the person in charge had a significant management remit, as she was person in charge for four centres comprising five individual residential houses.

The inspector was also made aware that the house manager was managing three centres comprising of three individual residential houses. On discussing this with both the person in charge and house manager the inspector was made aware that while both were very aware of some of the issues in the centre, they felt they did not have adequate protected management time to effectively manage and monitor this particular centre.

While both the person in charge and the house manager were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in the management of the centre and to their remit to the Health

Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, they also expressed frustration at not having the time to monitor the centre effectively.

For example, the person in charge was seen to provide good support, leadership and direction to her staff team and staff spoken with spoke very positively about her. However, both she and the house manager informed the inspector that they were behind with the process of staff supervision meetings and were actively trying to address this issue.

The person in charge also informed the inspector that she was aware that some personal plans required review and updating but had not found the time to ensure that this work had been completed.

The inspector observed that the provider nominee did not make arrangements to facilitate an annual review of the quality and safety of care of the service as required by the regulations in 2015 and this task had been delegated to the person in charge for 2016 who had just commenced the process. The inspector was not satisfied that the service was being adequately monitored from a government and management perspective.

Systems were also in place to facilitate announced and unannounced visits and audits of the centre. The person in charge informed the inspector that the service quality enhancement team facilitated these visits and audits. The inspector observed a sample of these audits and saw that while they were thorough, the actions arising from them were not being implemented.

For example and as highlighted earlier in this report, issues related to the two residents having no choice but to share a bedrooms and issues pertaining to the complaints procedures were identified as requiring urgent review in a recent audit. However, neither of these issues had been addressed at the time of this inspection.

Judgment:

Non Compliant - Major

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:

While the skill set and mix of staff in place to support the residents was appropriate, the inspector observed that the staffing arrangements at weekends in the centre required review to ensure the safe delivery of services. It was also observed that there were gaps in staff training that needed to be addressed urgently.

The centre was staffed by a mixture of qualified nursing staff, social care workers and qualified health care assistants who were providing care and support to three residents. However, one of these residents was supported on a one-to-one basis at all times in the centre and another resident required significant levels of support at specific times throughout the day.

The inspector observed that at weekends there were two staff on duty at any given time. One of these staff members were required to provide continuous one-to-one support and supervision with one resident.

However, the other two residents also required a lot of support which meant that at times, the staff member on one-to-one supervision, was also required to provide support to one of the other residents, when the second staff member was busy.

The inspector was not satisfied that this practice was safe and informed management of the centre that this arrangement required review.

While it was observed that all staff had mandatory training in manual handling, fire safety and where required the safe administration of medication, serious gaps were found in some staff training requirements.

For example, because of the very nature of this centre and the complex needs of the residents living there, it was critical for all staff to have up-to-date training in infection control.

However, from a sample of files viewed, some staff did not have this required training. This resulted in a third immediate action being issued to the centre in order to address this issues. Management of the centre responded by committing to providing this training for all staff working in the centre on Monday January 16th 2017.

The inspector spoke with the clinical nurse specialist in health promotion who also confirmed that this training would be prioritised and facilitated on January 16th 2017.

It was also observed that in two risk assessments all staff were required to have training in dysphasia as some residents presented with this condition. Again the inspector observed that there were gaps in this training. However, the director of nursing assured the inspector that at all times there was always a staff member on duty with this training. She also said that she would prioritise the facilitation of this training as a matter of urgency for all staff that required it.

From a sample of files viewed, all staff were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

It was observed that the person in charge and house manager met with their staff on a regular basis and undertook annual appraisals with them. However and as identified earlier in this report, because of the vast remit of the person in charge she was not up to date with the supervision of her staff team.

At all times throughout the inspection the inspector noted that management and staff spoken with, were very respectful towards the residents and knew their care support requirements at an intimate level. They also interacted with the residents in a respectful and dignified manner.

Judgment:
Non Compliant - Major

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

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003010
Date of Inspection:	10 and 11 January 2017
Date of response:	07 February 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Two residents were not being listened to regarding decisions about their care. They no longer wanted to share a bedroom and had made their wishes known to management and staff via the complaints procedures. However, no progress had been made to date to support either resident with this concern.

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

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

1. Based on the concerns raised by two residents the Service had commenced a transition programme for one of the residents at his request. This resident was been transitioned into another house at the time of inspection, and he has now fully transitioned to the new house and is free from peer to peer aggression in his new accommodation.

2. The second resident sharing the room has now a bedroom of his own and no longer shares this space with anyone.

Proposed Timescale:

1. 16.01.17
2. 16.01.17

Proposed Timescale: 16/01/2017

Theme: Individualised Supports and Care

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

Elements of care being provided to two residents in this centre were not appropriate, not in accordance with evidence-based practice and did not take into account the residents assessed needs or individual wishes. Intimate and personal care support was being compromised for both residents.

2. Action Required:

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

1. The Service was aware that the intimate and personal care was compromised due to both residents sharing a bedroom. The Service was addressing this matter by the transition of one resident to another house at the time of inspection. This resident has now transitioned to another house and only one resident remains in the bedroom. This offers the resident dignity and privacy for personal care.

2. The resident who transitioned to another house has a bedroom with ensuite providing him dignity and respect in personal care.

Proposed Timescale:

1. 16.01.17
2. 16.01.17

Proposed Timescale: 16/01/2017

Theme: Individualised Supports and Care

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

The complaints procedures in this centre were not effective and did not bring about change. A number of serious complaints had been logged regarding two residents sharing a bedroom since November 2016 however, the status quo remained despite this situation impacting negatively on both residents.

3. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

1. The complaints were acknowledged by the service at the time and the Service was addressing the complaint by commencing a transition process for one resident.. At the time of the inspection the residents concerned were in the middle of the transition process to the other house. This resident has now fully transitioned to the new house and is free from peer to peer aggression in his new accommodation.
2. The Service commissioned a Planning committee to address the issue of the property and its usage going forward. This committee had 2 meetings prior to the inspection; the 3rd meeting is scheduled for 6th February 2017. This committee is reviewing the property and the site with a view to redesign / restructuring in the long term. All recommendations will be fed back to the Provider Nominee and Board of Management.

Proposed Timescale:

1. 16.01.17
2. 30.08.17

Proposed Timescale: 30/08/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Complaints were not being investigated properly or in a timely manner in this centre.

4. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

1. A full review of all complaints in the complaints log has been conducted.
2. All complaints which had not been addressed have been brought to a conclusion and documented in the complaints log.

Proposed Timescale:

1. 21.01.17
2. 03.02.17

Proposed Timescale: 03/02/2017

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:

Some residents personal plans required review and updating

5. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

1. A full review and audit of the residents' personal plan was conducted.

Proposed Timescale:

1. 10.02.17

Proposed Timescale: 10/02/2017

Theme: Effective Services

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

Some of the information regarding the services and supports available to residents who

were transitioning from the centre was not being recorded or updated as required.

6. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

1. All residents' transition plans have been reviewed and updated to ensure that they are signed off.
2. Missing information in the transition plans will be addressed.

Proposed Timescale:

1. 06.02.17
2. 28.02.17

Proposed Timescale: 28/02/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises were not suitable for their stated purpose and were not meeting the needs of the residents residing there

7. 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 Service acknowledges that the property did not meet the needs of the residents hence it had commenced a transition programme with one resident which was in mid-stream when the inspection occurred. This resident completed his transition to another more suitable house on 16.01.17
2. A second resident has now began his transitions to a house catering for people who are medically fragile and this will be completed on 06.02.17
3. The third resident who remains in the property is the subject of further review to identify the most appropriate placement to meet his stated needs.

Proposed Timescale:

1. 16.01.17
2. 06.02.17
3. 30.03.17

Proposed Timescale: 30/03/2017

Theme: Effective Services

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

Some parts of the premises were not in a good state of repair. The covering on some of the kitchen counter tops was broken, external doors required painting, the back conservatory was cold and the centre provided little natural light.

8. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

1. The kitchen top will be repaired.
2. The External two doors will be painted.
3. The heating system will be checked and the outcome recorded in the maintenance log and addressed.
4. The Lighting will be reviewed and additional lighting will be provided where necessary.

Proposed Timescale:

1. 10.03.17
2. 10.03.17
3. 10.03.17
4. 10.03.17

Proposed Timescale: 10/03/2017

Theme: Effective Services

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

The premises required a deep clean throughout.

9. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

1. A deep clean of the premises occurred on 13th Jan 2017
2. The cleaning schedule was revised and circulated and discussed with all staff on 13.01.17 and again at their house meeting 16.01.17.
3. The importance of cleanliness was outlined to all staff at a staff meeting on 16.01.17

Proposed Timescale:

1. 13.01.17
2. 13.01.17
3. 16.01.17

Proposed Timescale: 16/01/2017

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:

A risk assessment in place to keep two residents safe did not contain adequate detail as to how this specific risk was being managed and or mitigated.

10. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. The risk assessment was reviewed and amended at the time of the inspection visit to reflect the risks and control measures in place within the centre.
2. This risk has since been eliminated as the residents no longer share a bedroom.

Proposed Timescale:

1. 11.01.17
2. 16.01.17

Proposed Timescale: 16/01/2017

Theme: Effective Services

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

Some of the actions recommended to control the risks identified in some risk assessments were not being implemented. For example, two risks assessments informed that all staff required specific training in dysphasia. The inspector observed that not all staff had this training.

11. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

1. Dysphagia training took place on 13.01.17
2. Infection control training occurred on 16.01.17

Proposed Timescale:

1. 13.01.17
2. 16.01.17

Proposed Timescale: 16/01/2017

Theme: Effective Services

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

The systems in place to manage infection control were significantly inadequate and required urgent attention and review.

12. 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:

1. Systems have been put in place to manage infection control. The facilities to provide laundering of residents clothing had been moved to a more suitable location during the inspection process.

Proposed Timescale:

1. 11.01.17

Proposed Timescale: 11/01/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One resident was susceptible to incidents of peer to peer aggression from another resident.

13. Action Required:

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

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

1. The resident concerned was in the process of being transitioned into another house at the time of inspection; this resident has now fully transitioned to the new house and is free from peer to peer aggression in his new accommodation.
2. All staff were re-inducted into the safeguarding policy at a staff meeting held on 16.01.17

Proposed Timescale:

1. 16.01.17
2. 16.01.17

Proposed Timescale: 16/01/2017

Theme: Safe Services

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

Residents in this centre were not adequately protected from financial abuse.

14. Action Required:

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

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

1. An audit has been carried out at the centre and any money used to purchase items for a resident from their personal finance, which the service should have purchased has been reimbursed and evidence of same presented to the Authority.
2. Financial safeguarding was discussed with all staff at the staff meeting on 16.01.17.

Proposed Timescale:

1. 03.02.17
2. 16.01.17

Proposed Timescale: 16/01/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Issues related to allegations of verbal/psychological and financial abuse had not been notified to HIQA as required by the Regulations.

15. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

1. Notifications of Abuse were forwarded to HIQA on 12.01.17 following the inspection

Proposed Timescale:

1. 12.01.17

Proposed Timescale: 12/01/2017

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 person in charge was responsible for the overall management of four centres comprising five individual residential houses. Because of this remit, some of the duties of the person in charge role were compromised in this centre.

16. Action Required:

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

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

1. The PIC is responsible as described above for 4 designated centres comprising of 19 residents in total. The PIC is supernumerary and does not work frontline however the Organisation is reviewing the management structures to improve efficient and effective supervision of all designated centres.
2. A review of the allocation of shift patterns for all PICs across the organisation will be undertaken with a view to providing a more robust management of all designated centres.

Proposed Timescale:

1. 30.08.17
2. 30.08.17

Proposed Timescale: 30/08/2017

Theme: Leadership, Governance and Management

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

The way in which the centre was being managed was not safe and required review

17. Action Required:

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

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

1. The Organisation is reviewing the management structures presently which will result in a more efficient and effective supervision of all Designated centres.

Proposed Timescale:

1. 30.08.17

Proposed Timescale: 30/08/2017

Theme: Leadership, Governance and Management

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

The person in charge did not have adequate protected management hours so as to provide adequate supervision and oversight of the centre.

18. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

1. The Person in Charge works 35 hrs per week in a Supernumerary Management position the person does not work as front line staff. A review of the allocation of shift patterns for all PICs across the organisation will be undertaken with a view to providing a more robust management of all designated centres

Proposed Timescale:

1. 30.08.17

Proposed Timescale: 30/08/2017

Theme: Leadership, Governance and Management

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

The provider nominee made no arrangements for an annual review of the quality and safety of the service in 2015. It was observed that this task was delegated to the person in charge for 2016. While the person in charge had commended this task the inspector was not satisfied that the centre was being effectively monitored.

19. 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:

1. The annual review is at final stage of completion and will be completed by 10.02.17

Proposed Timescale: 10/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing levels, particularly at weekends required review as the inspector was not satisfied that the arrangements in place were adequate to meet the residents needs safely.

20. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

1. One of the residents concerned was in the process of being transitioned into another house as per the Services transition policy at the time of inspection. This resident has now fully transitioned to the new house and is very happy in his new accommodation.
2. The remaining 2 residents were supported by sufficient staffing to meet their documented needs.
3. As of 6th Feb 2017 the house is only supporting one resident whose support needs are presently being reviewed.

Proposed Timescale:

1. 16.01.17
2. 16.01.17 to 06.01.17
3. 06.01.17

Proposed Timescale: 16/01/2017

Theme: Responsive Workforce

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

Gaps were identified in staff training. For example some staff required training in infection control, while others required training in dysphasia. This training was very important for the safe delivery of service to the residents.

21. 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:

1. Dysphagia training took place on 13.01.17 for those staff that was out of date.
2. Infection control training occurred on 16.01.17

Proposed Timescale:

1. 13.01.17
2. 16.01.17

Proposed Timescale: 16/01/2017

Theme: Responsive Workforce

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

While the process of supervision was being facilitated, it was observed that it was not up to date for all staff working in the centre.

22. 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. Performance, development & reviews will be completed for the 2 outstanding staff members.
2. A schedule has been drawn up to ensure that all staff have received supervision.
3. Staff that are due supervision meetings will complete them before the end of the month.

Proposed Timescale:

1. 28.02.17
2. 06.02.17
3. 28.02.17

Proposed Timescale: 28/02/2017