



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Rivergrove
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	05 June 2018
Centre ID:	OSV-0003010
Fieldwork ID:	MON-0024134

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Rivergrove is a large four bedroom two storey detached house located in a village in Co Louth. There is a large garden to the back of the property. The centre is within walking distance of all community amenities and a bus is available for residents to travel to other towns and areas. An additional bus is also available at weekends and in the evening times.

The centre supports four male adults some of whom have mental health issues and require supports with positive behaviour support. All of the residents had transitioned to the centre last year. One resident attended a formal day placement and the other residents were supported by staff in the centre to have meaningful activities during the day. Supports are well planned for and were done in collaboration with the staff team and allied health professionals.

The person in charge is suitably qualified and is supported in their role by a social care leader. Both of whom have responsibilities for other centres. The skill mix in the centre includes social care workers, nurses and health care assistants. Three staff are on duty during the day and two staff are on duty at night time in order to support residents.

The following information outlines some additional data on this centre.

Current registration end date:	21/01/2021
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
05 June 2018	11:10hrs to 18:20hrs	Anna Doyle	Lead

Views of people who use the service

The inspector met with all of the residents in the centre. One engaged briefly with the inspector and with the support of staff told the inspector about activities they were involved in or were planning to be involved in. For example, the resident was planning to get some chickens, spoke about mowing the lawn and going swimming in a nearby leisure centre.

Other residents were not able to inform the inspector about their views on the quality of services provided in the centre.

The inspector was shared a meal with the residents present. This was observed to be relaxed and informal and one resident was smiling at the conversation around the table.

Capacity and capability

This centre was well-resourced, supportive and responsive in meeting the individual and assessed needs of the residents.

There was a clearly defined management structure in place with clear lines of authority and accountability. There was a qualified and experienced person in charge who worked on a full time basis but had responsibility for three other centres under the remit of the provider. They were supported in their role by a social leader. The inspector found that this arrangement was not impacting on the quality of services provided in the centre at the time of this inspection.

The person in charge who had been appointed in since the last inspection was a qualified nurse with a qualification in management. They provided good leadership along with the social care leader to their staff team and ensured the centre was adequately resourced to meet the individual and assessed needs of the residents.

Both the person in charge and the social care leader facilitated supervision for all staff and ensured that staff were appropriately trained in order to meet the assessed needs of the residents. For example, on review of the training records the inspector found that all staff's training records were up to date with the exception of one new staff. However, in situations where new staff had commenced and had not yet being trained the person in charge had put systems in place on the rota to ensure that the

staff was always rostered on with a member of staff who was trained in the area.

Regular staff meetings were held in the centre. A sample of minutes viewed found them to be comprehensive and areas of concern were regularly discussed. For example, safeguarding measures and incidents that had occurred in the centre were discussed at all meetings.

The staff demonstrated a very good knowledge of the residents needs in the centre and reported that they felt supported by the person in charge and the social care leader. A planned and actual rota was maintained in the centre. An experienced staff member was assigned as the shift leader each day and night in the centre. It was their responsibility to ensure that concerns were raised to senior managers if required and oversee the planned activities and supports in the centre.

The inspector found that there were strong governance structures in place. Both the person in charge and the social care leader were aware of the residents needs and demonstrated a commitment to improving the lives of the residents living in the centre since their transition.

The person in charge reported to the director of nursing care and support who in turn reported to the regional director of services. They ensured the centre was monitored and audited as required by the regulations. For example, an unannounced quality and safety review had been completed in January 2018, the findings of which demonstrated that good services were being provided in the centre. One area of improvement identified had been addressed by the person in charge.

An annual review for 2017 had also been completed which included the feedback from residents representatives. The findings indicated from the feedback received that they were satisfied with the services being provided in the centre.

A range of other audits were also completed in the centre including medication management practices, residents' finances and infection control. A schedule had been set up for the year to ensure that these audits were completed. The provider had also introduced a quality initiative in this area to ensure greater transparency by ensuring that audits were now completed by staff who were not employed in the centre.

The findings from all audits completed were collated onto a quality enhancement plan. The inspector found that areas of improvement identified were being addressed by the person in charge in a timely manner.

Four residents had transferred to the centre since the last inspection. Three of the residents had transferred from a large campus based setting. The inspector reviewed a sample of the transition plans in place for the residents. They were found to be comprehensive, considered the staffing supports based on the residents needs and any changes to the environment that were required. Transitions were well planned for residents. For example, one resident had visited the centre 17 times prior to them moving in. Residents' representatives were also given the opportunity

to visit the centre.

The provider also had a quality initiative in place in the wider organisation to assess and review the impact and quality of life experiences on residents who had transitioned from the large campus setting to community settings.

The inspector was informed that there were no complaints made in the centre. Volunteers were not employed in the centre.

Regulation 14: Persons in charge

The person in charge was suitably qualified and demonstrated a very good knowledge of the regulations and the needs of the residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

The centre was well resourced and included a varied skill mix to meet the assessed needs of the residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with appropriate training to meet the assessed needs of the residents. There were plans in place to complete refresher training for staff where required. The person in charge and the social care leader facilitated supervision for all staff in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. There were mechanisms in place to monitor and review the quality and safety of care provided in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Transitions for residents had been well planned for in the centre. Contract of care were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied that all incidents had been reported to HIQA where required under the regulations.

Judgment: Compliant

Quality and safety

The inspectors observed that the quality of care provided to the residents was to a good standard. However, improvements were required to the fire management systems in place and some risk management practices.

The centre was homely and residents' bedrooms were spacious, well decorated and personalised. The centre was for the most part clean. The inspector found that areas of improvement identified on the inspection had already been identified by the person in charge and there was a plan in place to address this. For example, some of the carpets in the centre required a deep clean; this had been put on hold until other structural jobs had been completed in the centre and was planned to take place in the coming weeks.

There were systems in place to ensure that the centre was maintained. For example, weekly maintenance lists which were compiled by staff and submitted to the maintenance department for their attention.

Residents were being supported with their communication needs and there were numerous examples observed by the inspector. For example, staff were observed

practicing Lamh signs with residents. While residents had been referred for support from allied health professionals to enhance their communication supports, the inspector was informed that access to speech and language therapists was limited at the moment due to other organisational priorities. The inspector found that the provider had implemented proactive measures in response to this. For example, in the interim a number of staff in the centre were being trained by a speech and language therapist to complete communication assessments' for residents. This assessment will be completed in conjunction with the staff team. From this the speech and language therapists will meet staff to formulate a communication plan based on their assessed needs.

Some residents were being supported to Skype family members and use electronic tablets to communicate their needs.

Each resident had a personal plan which included an up to date assessment of need. Residents also had a copy of their plans completed in a pictorial format for them.

Support plans were in place for identified health care needs to guide practice which were regularly reviewed. It was evident from one resident's plans that supports provided had a positive outcome in relation to their assessed health needs since transitioning to the centre.

Residents had timely access to a wide range of allied health professionals including clinic nurse specialists in health promotion and positive behaviour, GP, psychiatry and occupational therapy.

Residents had developed goals which were also in a pictorial version in their rooms. Some goals included going on holidays, linking in with old friends or joining different community groups. Residents were also being supported to have valued social roles. For example, one resident was volunteering in a local charity shop.

Daily activity plans were in place for residents who did not have a formal day placement. The staff team were exploring other meaningful activities for residents. For example, a place had recently been secured for residents in a nearby centre where they will engage in growing their own vegetables. All residents were observed to be engaged in planned activities on the day of the inspection.

Where a resident had a particular interest the inspector saw that it was facilitated. For example, one resident liked gardening and was supported by staff to mow the grass in the centre.

The meals provided in the centre were nutritious, varied and in line with residents personal preferences. Menu plans were completed weekly and then on a daily basis were displayed in a pictorial version for residents. There were no residents in the centre requiring specialist diets that required intervention from a speech and language therapist. Residents who required support around healthy eating had plans in place to support this.

Positive behaviour support training had been provided to all staff and residents had support plans to guide practice and ensure consistency of care in this area.

Incidents were well managed and the inspector found that some residents' behaviours of concern had reduced and in some cases diminished since transitioning to the centre.

There were some restrictive practices in the centre in response to risks. They had been reviewed and there were systems in place to ensure that they were used for the least amount of time. The person in charge informed the inspector that one restriction was being reviewed at the next team meeting to consider if it could be removed altogether. While improvements were required to the records maintained to guide practice the inspector was satisfied that staff were aware of the procedure to follow and other records verified that the use of the restriction had reduced in frequency in the last month.

There were systems in place to ensure that residents were safe in the centre. For example incidents that had occurred in the centre which all related to the impact of other residents behaviours of concern on other residents; were well managed and regularly reviewed by the staff team and steps were taken to mitigate the risk. For example, the person in charge had also assigned specific staff on duty to supervise residents to ensure that they were safe. All staff had completed training in safeguarding vulnerable adults and were knowledgeable amount what constituted abuse.

A new risk management policy was currently being implemented in the organisation. The inspector was not satisfied that this new policy met the requirements of the regulations or fully guided staff on the procedures to follow in the organisation. This was discussed with the regional director of services at the end of the inspection. The director agreed to bring this forward to the board of management for review.

However, from speaking to the person in charge and the social care leader the inspector found that they had good oversight over risk management in the centre. For example, all incidents were reviewed and assessed to see if additional controls were required. Individual risk assessments were in place for residents along with operational and environmental risk assessments which outlined the controls in place to mitigate risks. A risk register was also maintained in the centre. The inspector found that additional control measures were implemented; however the risk assessments were not always updated to reflect the positive actions taken by the team to mitigate the risks and one risk had been rated as a low risk even though there was a risk still posed. This related to fire in the centre which is outlined below in this report. This was discussed with the person in charge and the social care leader who intended to address this going forward.

There were fire safety systems in place to ensure that the equipment provided was serviced and maintained. However, a maintenance report completed in early April 2018 had recommended improvements to the fire sounders, emergency lighting and wiring issues with the alarm that had not been addressed. There also had been issues identified with three fire doors in the centre through staff weekly checks and although escalated, there were no records available to demonstrate how this was being addressed.

Fire drills had been completed which indicated that residents could be safely evacuated during the day. A recent night time drill had been completed where one resident had not evacuated the centre. This was the first time this had occurred for the resident. The inspector found that while some measures had been taken to address this including contacting the local fire department to identify this potential risk, not all options had been fully explored to support this resident. The fire evacuation procedure had also not been amended to include the measures to take in the event of an actual fire.

Residents were also being supported to respect each others privacy in the centre. For example, one resident had an intervention in place that included identifiable symbols indicating rooms they could enter and rooms that required them to knock before entering in order to respect other residents' privacy.

Regulation 10: Communication

Residents were being supported with their communication needs in the centre.

Judgment: Compliant

Regulation 17: Premises

There was plans in place to ensure that the premises were well maintained and clean at the time of the inspection. The centre was homely, spacious and residents bedrooms had been personalised in line with their preferences.

Judgment: Compliant

Regulation 18: Food and nutrition

The meals provided in the centre were nutritious, varied and in line with residents personal preferences. Residents who required support around healthy eating had plans in place to support this.

Judgment: Compliant

Regulation 26: Risk management procedures

The new risk management policy required review to ensure that it met the requirements of the regulations and outlined the procedures in place in the organisation in order to guide staff practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some improvements were required to ensure that one resident could be evacuated from the centre and that all options had been fully explored to support the resident with this. The measures taken to date had not been updated in the fire evacuation plan for the centre.

Improvements required to the fire sounders, emergency lighting and wiring issues with the alarm had not been addressed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which included an up to date assessment of need. Residents also had a copy of their plans completed in a pictorial format for them. An annual review was scheduled to take place for each resident this year.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve best possible health in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had received specific training in positive behavioural support. Residents had support plans in place to guide practice and had access to allied health professionals where required. Restrictive practices were being monitored and reviewed to ensure that they were used for the shortest duration and were only implemented in response to identified risks to the resident.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied that there were adequate measures were in place to protect the residents being harmed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were supported in the centre and an education intervention had been developed for one resident to respect other residents privacy in the centre. Residents were supported with their religious faiths and information was available throughout the centre in an accessible format for residents to ensure they knew who was on duty that day, what meals were being provided, what the planned activities for the day were and goals they had set to achieve. The provider had also commenced training for staff on the general data protection regulations.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rivergrove OSV-0003010

Inspection ID: MON-0024134

Date of inspection: 05/06/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Risk Management policy for the Designated centre has been revised to include the sections which were omitted on inspection.</p> <p> </p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A Complete revised risk assessment has been completed for the one resident who would not be evacuated from the centre during the deep sleep fire drills, additional control measures have been put in place to reduce the risk.</p> <p>An assessment has been conducted on additional improvements required to the fire sounders, emergency lighting as a result of the new regulations and all required works will be carried out.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Substantially Compliant	Yellow	26.06.2018
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	26.06.2018

Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31.08.18
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	26.06.2018