



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

Name of designated centre:	Cuan Nua
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	22 May 2018
Centre ID:	OSV-0005704
Fieldwork ID:	MON-0021459

About the designated centre

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

An Cuan Nua provides a 24 hour care and support for people with intellectual disabilities in the moderate to severe range of disability. Care and support is provided for residents with epilepsy, behaviour of concern, dysphagia, communication needs, medical needs and mental health. An Cuan Nua is a spacious detached bungalow house with attic conversion and large double garage. It has 4 bedrooms, 2 with bathrooms en-suite and 1 also has an en-suite dressing room. There is also a spacious sitting room, large kitchen/ dining room and conservatory with access from sitting room and kitchen/ dining room. Upstairs consists of a large games room, study and toilet. It has large front and rear gardens and cobble lock drive. The double garage is converted into large living space with kitchenette and toilet and shower. An Cuan Nua has transport available to access local amenities.

The following information outlines some additional data on this centre.

Current registration end date:	05/03/2021
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
22 May 2018	13:30hrs to 20:30hrs	Andrew Mooney	Lead

Views of people who use the service

The inspector met with all four residents and spoke to them at different stages during the day of the inspection. Residents indicated they were very happy with their new home and were happy to show the inspector around it. Residents appeared to enjoy their new living arrangements, particularly the amount of space that it afforded them.

They told the inspector about the activities they engaged in, both within their home and in the wider community. This included going for walks, activity clubs, eating out and having a drink in the local pub. They also spoke about how they were supported to maintain important relationships with family and friends. Residents appeared very comfortable in the company of each other and with the staff.

Capacity and capability

Overall, the centre had the capacity and capability to support residents in the centre. Care and support was found to be person-centred and in line with residents' choices, needs, and wishes. However, some staff training had not been completed as required.

There were clearly defined management structures which identified the lines of authority and accountability in the centre. The staff team reported to the house manager and in turn they reported to the person in charge. Residents and staff could clearly identify how they would report any concerns about the quality of care and support in the centre. The provider had arrangements in place to monitor the quality of care and support in the centre, through the regular updating of a quality improvement plan. A number of audits were completed in the centre, including fire and medication. There was a written statement of purpose in the centre which accurately and clearly described the services provided in the centre.

There was enough staff with the right qualifications and experience to meet the assessed needs of residents. The inspector spoke to a number of staff in the centre who could clearly identify the care and support needs of residents. Staff were observed to treat residents with respect and warmth.

Staff in the centre had access to training and refresher training in line with the statement of purpose. However, a review of training records indicated that not all staff training had been completed. For example only 50% of staff had received Dysphagia training which was required to support the assessed needs of some residents. Additionally, only 50% of staff had completed fire safety refresher

training.

Regulation 15: Staffing

There was enough staff with the right skills, qualification and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

Regulation 16: Training and staff development

A training programme was in place for staff. However, some staff had not received all mandatory refresher training. Additionally, some staff had not received appropriate training to support residents with their assessed healthcare needs.

Judgment: Not compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule.

Judgment: Compliant

Quality and safety

The designated centres quality and safety was negatively affected as a result of the poor implementation of some organisational systems. Residents were safe but their assessed needs were not being met consistently.

Each resident had a comprehensive assessment of need and an appropriate personal plan. However, aspects of residents personal plans were not implemented effectively. In one instance this led to a residents assessed health needs not being appropriately monitored. A residents personal plan noted that the residents condition required ongoing assessment but there was no evidence that this was done as required. Furthermore, there were instances where environmental restrictions were introduced, despite there being no clear rational. Presses within the utility were locked despite any specific risk being identified. Additionally, staff intermittently used a double seat belt when a resident went on the bus. This was done without a clear assessment and was not prescribed by a allied healthcare professional. Furthermore, a review of recommendations made by a residents behaviour support team, highlighted that the majority of agreed actions were not implemented in a timely manner. Identified sensory equipment was not bought and certain therapeutic interventions were not implemented.

The practice relating to the ordering, receipt, prescribing, storing and administration of medicines was appropriate. Furthermore, all staff had recently completed safe administration of medication training. However, not all staff were currently able to administer medication as they had not conducted their required competency assessments. This was normally negated by the inclusion of trained staff with untrained staff, so that residents medication needs could be met. However, on at least one occasion untrained staff were scheduled to work together at night and would have been unable to administer emergency medication if it had been required. This was discussed with the manager during the inspection and the inspector was assured that this practice would not be repeated.

The centre had appropriate fire-fighting equipment, fire alarm, emergency lighting and fire safety checks in place. The centre carried out regular fire drills and followed up on any learning identified from these drills. However, during the inspection the inspector observed a fire door kept wedged open. Furthermore, the fire evacuation procedure present was not in keeping with the practice within the centre and required review.

Risk was generally managed appropriately and there were policies and procedures in place to support this. The provider had initiated reasonable measures to prevent accidents. All staff had received appropriate safeguarding training. Additionally, all incidents were appropriately investigated and residents were safeguarded against all forms of abuse.

Regulation 26: Risk management procedures

There were systems in place within the designated centre for the assessment, management and ongoing review of risk, including a system for responding to

emergencies.
Judgment: Compliant
Regulation 28: Fire precautions
The inspector observed a fire door wedged open during the inspection. The evacuation procedure within the house required review.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
Arrangements were not made to ensure that all prescribed medicines could be administered in accordance with advice provided by the pharmacist. Furthermore, there was insufficient guidance provided to staff, in the administration of some PRN medication.
Judgment: Not compliant
Regulation 5: Individual assessment and personal plan
The centre had a comprehensive assessment of need in place and effective personal plans.
Judgment: Compliant
Regulation 6: Health care
It was unclear if some residents health needs were being met as personal plans were not implemented into practice.
Judgment: Not compliant
Regulation 7: Positive behavioural support

Restrictive procedures have not been applied in line with national policy on restraint and evidence based practice. Furthermore, recommendations from the positive behaviour support team were not implemented in a timely manner.

Judgment: Not compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where any resident was harmed or suffered abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cuan Nua OSV-0005704

Inspection ID: MON-0021459

Date of inspection: 22/05/2018

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All non-registered staff in Cuan Nua have now completed training in administration of Buccal Midazolam.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Site Specific fire training was completed by all staff on 07.06.2018. In addition, at staff meeting on 07/06/2018, staff were informed by Person In Charge about being prohibited from keeping fire doors open.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PRN Protocol was reviewed and revised on 23.05.2018 on the day following the Hiqa inspection	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The health plan had been reviewed prior to the Hiqa inspection, but had not been placed in Ipp, and older plan archived. The correct health plan was placed in the residents Personal Plan on 22/05/2018	

Regulation 7: Positive behavioural support	Not Compliant
<p data-bbox="172 248 1294 320">Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p data-bbox="172 360 1385 472">In the event that restrictive procedures are deemed necessary to best meet residents assessed needs, authorisation will be sought for same by the GRIC (Governance of Restrictive Interventions Committee).</p> <p data-bbox="172 477 1390 589">Recommendations from the Positive Behaviour Sub-Group Committee will be implemented in a timely manner if the Person In Charge in consultation with the staff team and residents representatives deems such recommendations as suitable. </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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	18.06.2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	07.06.2018
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire	Not Compliant	Orange	07.06.2018

	alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	23.05.2018
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Not Compliant	Orange	23.05.2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to	Not Compliant	Orange	26.08.2018

	support residents to manage their behaviour.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	26.08.2018