Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003591
Centre county:	Dublin 8
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Bernadette Shevlin
Lead inspector:	Helen Lindsey
Support inspector(s):	Liam Strahan
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
07 November 2014 09:30	07 November 2014 16:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspectors visited the houses that made up the designated centre and met the residents and staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures and staff files.

As this was a monitoring inspection, not all outcomes were fully assessed, however these will be followed up on the next inspection.

The centre is run specifically to meet the needs of people who either have complex medical needs, or need support around their behaviour.

The centre is made up of three units.:

· A single storey building with 13 single bedrooms, a kitchen, a dining room, a family room and a sitting room. This building homed 13 residents;

· A single bedded apartment which contained a kitchen/diner/living room and a single en suite bedroom, and a separate bathroom. One resident lives there;

· A single storey building with five bedrooms, a sitting room, a dining room and a

kitchen. Currently, one resident lives there.

In each of the different units staff were seen to be aware of the communication needs of the residents, and responding to them in a positive way. There were staff teams to support the two different areas of need, and the person in charge informed inspectors that their training would depend on which area of the centre they were working in. For example, staff supporting residents with behaviour that challenges would receive training about how to respond to residents.

Overall the inspectors found residents' health and social care needs were being assessed, and met by a range of relevant professionals. There were systems in place to identify risks, and systems in place to manage them. Safeguarding policies gave clear details of action staff needed to take if they suspected, witnessed or were informed of an allegation of abuse. There were also clear medication policies and procedures in place that staff were seen to follow. The management structure was clear, and all staff were aware of what role they had and when to refer to their line managers,

Areas of non compliance related to fully recording all areas of restraint used in the centre, providing clear guidance to staff on approved restraint protocols and the lack of detail in the emergency plan.

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

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 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):
This was the centre's first inspection by the Authority.

Findings:
The arrangements to meet each resident's assessed needs were set out in a personal plan that reflected both their needs and interests.

Each resident had a personal support plan that identified their needs, preferences and choices. The inspectors reviewed a sample of them and found they included information 'about me', personal routines, 'my world', 'my dreams' including any goals they want to achieve, communication needs and personal relationships.

Inspectors noted that in one case the records were not up to date with the residents' current needs. This was due to an unexpected admission. However the regulations allow 28 days for this information to be completed, and work was carried out by the staff team to ensure there was clear guidance to staff on the day of the inspection.

Records showed that where possible residents had been involved in developing their personal plans. There was also evidence that relatives were involved, especially where residents did not have capacity to make decisions for themselves.

The inspectors saw that there was a system for identifying future aims with residents. The identified goal was recorded and a person was identified to take it forward. For some residents short term goals were identified to support them to make achievements. For others there were longer term goals for them to plan and look forward to. Residents and staff spoke of how some of the aims for residents had been achieved, for example attending sporting events, and day trips away.

Many of the residents attended a day service, and took part in a range of activities depending on their skills. Other residents had staff to support them to take part in activities of their choice or preference. Others were independent and went out in to the local community. On the day of the inspection one resident went out shopping to buy ingredients to make a cake, others were listening to music, and another was going out shopping with a staff member. The service had a process to ensure all residents were engaged in activities that interested them, they called this identifying a 'meaningful day'.

Inspectors saw records of the reviews that were carried out of the care and support residents received. This happened depending on the needs of the residents. In more than one case it was happening on a weekly basis to ensure current needs were identified and met.

A range of professionals were seen to be involved in meeting resident's needs. Assessments were seen from speech and language therapy, physiotherapy, and clinical psychology. Other professionals were involved with the centre as needed, for example psychiatry.

Inspectors were able to see there was a process for admissions to the centre that considered the needs of the potential resident and the existing ones. A resident had recently moved in to the service, and transition plan had been developed. However due to circumstances beyond the provider's control this had not happened as planned. The person in charge had responded to the needs of the resident, and was ensuring they had staff with them from their previous service who knew their needs well. The staff felt the resident was benefiting from this arrangement.

Judgment:
Compliant

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):
This was the centre's first inspection by the Authority.

Findings:
Systems were in place to promote the health and safety of residents, visitors and staff, however improvements were needed to the emergency plan, and individual risk assessments.

Inspectors found that the centre had policies and procedures which informed health and safety practice, and there was an up-to-date health and safety statement.

Satisfactory procedures were also seen in relation to the prevention and control of infection. Staff were seen to be putting this into practice using personal protective clothing and hand gel as well as respecting areas in the home where specific infection control procedures were in place.

Inspectors read the emergency plan however improvements were required to detail how an evacuation procedure would be conducted. It was understood from speaking with management that this is under review with regards to when horizontal evacuations would be appropriately conducted instead of full evacuations.

While training records were not part of this inspection staff were seen to be working in teams for moving and handling of residents, and using hoists where required.

Inspectors saw both a risk ,management policy and a risk register, both of which were up to date and contained the information required by regulations.

As part of the risk assessment process there were individual risk assessments for residents. Where these were in place they provided useful information about how to reduce the risk, however it was noted that a number of risks that were present for a resident had not been included. Staff were working to address this as soon as it was identified by the inspectors.

Inspectors found that the centre had suitable fire equipment. While training records were not examined the person in charge informed inspectors that refresher fire training was to be scheduled in the short-term for some staff members. Staff spoken with were aware of the fire procedures in place.

Fire equipment, alarm and emergency lighting were seen to be inspected and certified annually. Fire procedures were clearly displayed and residents spoken with were knowledgeable about responding in the event of a fire. Inspectors read a personal evacuation plan for one resident and records of a fire training course conducted for another resident. Inspectors saw records of fire drills conducted quarterly.

Judgment:
Non Compliant - Moderate

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):
This was the centre's first inspection by the Authority.

Findings:
The provider had put arrangements in place to safeguard and protect residents. However not all documentation around behaviour management and associated risks were sufficient to guide the practice of staff.

The inspectors observed that there was a policy and procedure on the prevention, detection and response to abuse. It included information on the types of abuse, what action to take if abuse is suspected reported or witnessed, and also the roles of staff responsible to deal with the information.

Staff training for the protection of vulnerable adults was not looked at during this inspection, and will be followed up at the next inspection. however, staff spoken with were knowledgeable about what to do if they witness, suspected or had it reported to them. The inspectors asked staff what signs they would look for as residents may not be able to communicate if something had happened to them they were unhappy about. They described they would look for physical signs and also changes in mood and behaviours. The person in charge also understood the role they would need to take in any investigation.

Inspectors observed that staff interacted with residents in a calm and respectful way and the residents appeared to have a good relationship with staff on duty.

Any incidents, allegations or suspicions of abuse had been recorded, the Authority had been notified and a follow up process was completed to ensure the resident was safeguarded.

There was a clear behaviour policy that set out roles and responsibilities, and the procedures to follow. The document also covered the use of restraint in the centre, and highlighted any restraint used must be the least restrictive for the shortest period of time.

Inspectors saw that there were behaviour plans in place for residents where it was identified as a need, and they were developed with a multidisciplinary team. The plans included information about the best environment and best way to interact with the residents to support them to manage their response to a range of situations.

Where some form of restraint was identified as being needed it was documented, however it would be improved by being specific about exactly what form the agreed restraint would take, for example agreed steps staff can take to prevent a resident from stepping out in to a road. Although staff were clear what action to take, the records would not guide their practice.

The staff spoken with were knowledgeable about the plans, and gave examples of when they had been put in to practice. Incident reports showed clear detail of incidents relating to behaviour, and there was analysis of what lead to the incident. A psychologist

was also working closely with residents, staff and families to assess behaviour, and support the development of appropriate plans.

Inspectors were told that senior staff members were the trainers for the protocol for using physical restraint in the service. Where it was identified that residents may require some form of physical intervention to support their safety, staff were trained specifically about how to work with that resident. They were in the process of moving over from one restraint protocol to another that they felt was more appropriate for the residents using the service.

Staff spoke to the inspectors about the procedure for identifying where a restriction on a resident was needed as a matter of health or safety. There was a committee in place to approve any restrictions, and meet on a monthly basis. Any restriction approved was subject to review by a Human Rights Committee. The people who sat on the committee were in the process of changing, but referrals were being held till their next meeting.

There was a document that staff needed to complete that set out the restriction that had been assessed as being needed. This would also support the review of the restraint to ensure it remained necessary and to be sure no less restrictive option was available. Examples were seen of these, but it was noted that some restrictions were in place that had not been signed off, for example locking of some doors. Also the form did not include the use of chemical restraint.

Judgment:
Non Compliant - Minor

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):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals as needed.

Records showed contact with GP, who visited regularly, or as needed. Residents also had a regular health check. There was evidence that residents accessed other health professionals such as occupational therapy, speech and language therapy, and specialist for specific medical conditions such as epilepsy. Letters, assessments and medical reports were available as part of the residents records.

Records also showed that residents had regular dental checkups and tests in relation to national screening programmes.

Many of the residents had complex care needs, and staff spoken with were very clear about what support they were required to provide. Clear records were maintained of checks on personal medical devices supporting individuals, and the cleaning routines. For example oxygen therapy and catheter care. There were also protocols for the use of oxygen, PEG and catheter care.

There were registered nurses on duty, in management roles and working directly with the residents.

Inspectors saw very detailed end of life care plans in place for residents that recorded their wishes or the wishes of family where they did not have the capacity to express them. The form was sensitive and presented the questions about what their preferences were in a clear way.

The inspectors spoke to staff who were aware of a healthy diet when supporting residents. Some residents liked to cook or support the cooking of meals. On the day of the inspection residents were seen to be making choices around their breakfast.

Meals were sent over from the main kitchen and then heated in the centre. Staff reported that residents had a good appetite and seemed to enjoy the meals served.

For those with specialist and modified diets, detail was available in the service to ensure those needs were met. There were placemats that gave clear information about what diet residents were on, and how they should receive their food and drinks.
Where residents received nutrition and hydration through a percutaneous endoscopic gastrostomy (PEG) this was seen to be done in line with their prescription.

Snacks and drinks were available to the residents at all times in line with their dietary requirements.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspectors found there were policies and procedures around the safe administration of medication, and they were implemented by the staff.

There was a policy in place for the administration of medication which covered key areas such as receipt, safe administration, storage, audit and disposal of medication. The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration and disposal. Only nursing staff administered medication, and those spoken to confirmed they had completed medication training through an online refresher course.

The inspectors spoke with nursing staff who were clear on what nursing care they could provide, and when they needed to alert other professionals. For example managing a change of catheter, but reporting a blockage of a PEG.

Where crushing of medication was required, it was clearly indicated on the medication record and signed off by the prescriber. This was also the case where residents were receiving oxygen.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete.

The inspectors observed that the medication storage was in the office in the houses. It was either a cupboard or medication trolley that locked securely. A staff member kept the keys at all times. One resident was self administering their medication, and the inspectors saw that they had secure storage for their medication. The resident had completed a risk assessment about their ability to manage their own medication, and signed a declaration to agree to follow the centres policies about storage and taking their medication. This was in line with the comprehensive policy in place on self administration of medication.

Where residents had medical conditions there were guidelines about how these were to be managed, and emergency medications administered. All staff spoken with were very clear of what action they would need to take, and who was responsible.

Staff reported that the pharmacist was available to provide support if they needed it. They also undertook a review of the practice of the staff and regular audits of the system.

The management team reviewed the audits, and also undertook an audit of the use of any of the as required medication (PRN) to ensure use was in line with good practice.

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):
This was the centre's first inspection by the Authority.

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. These systems supported and promoted the delivery of safe care services.

During the inspection the inspectors met the person in charge, who worked full time, but also covers two other designated centres. They are supported in this role by a manager of the two service types covered by this designated centre, nursing care and challenging behaviour.

The inspectors observed that the main person in charge was involved in the governance, operational management and administration of the centre and had appropriate experience for covering the role. He had worked for the organisation for a number of years, and was familiar with the needs of the residents, and the organisational systems he needed to work within.

He showed a good knowledge of the legislation he needed to operate under, and was doing reviews with other senior colleagues to identify areas where they needed to improve in order to meet the requirement of the regulations. Feedback given during the inspection was responded to very quickly, for example updating the individual risk assessments.

In the houses there was a manager, nurses, and care staff team. Staff spoken with were very clear about their roles and responsibilities, and where decisions needed to be made by other people.

Other areas of governance and management were not looked at as part of this inspection. Areas such as reviewing systems in place to support the person in charge and provider to assure themselves of the quality of the service, and reviews of any accidents and incidents will be carried out as part of the next inspection.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspectors observed that there was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection. Some residents had one to one staff, and they confirmed they were given clear guidance about how to support the resident.

Residents were seen to receive any support they needed in a respectful and timely manner. Residents were seen to respond to staff in a positive way. Where residents were able to give feedback about the staff it was positive.

Inspectors reviewed the staffing rota and it was seen to match the actual staff working on the day of the inspection.

The staff training records will be reviewed as part of the next inspection, as will the staff recruitment records, policies and procedures and arrangement for supervision and appraisal.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003591
Date of Inspection:	7 November 2014
Date of response:	5 December 2014

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 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:
The emergency plan did not contain sufficient information on the systems in place for completing an evacuation.

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

Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
All staff will receive training in how to use the fire blankets in the event of a fire. Training has also been arranged for staff so they know when and how to conduct horizontal evacuations.

The evacuation procedure will be reviewed by our fire safety officer.

The emergency plan will be amended to detail how the evacuation procedure will be conducted. This will include specific details for each individual in relation to evacuation.

Refresher fire training has been scheduled for all staff.

Proposed Timescale:

Training on fire blankets and horizontal evacuation will be completed by January 31st 2015

The evacuation procedure will be reviewed by February 28th 2015

The emergency plan will be amended by February 28th 2015

Refresher fire training for all staff will be completed by February 28th 2015. The first training session has been arranged and will take place on the 11th of December 2014.

Proposed Timescale: 28/02/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all behaviour support plans provided specific guidance about how to carry out the approved restraint.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
This has been rectified and the behaviour support plan explicitly details how and when to carry out approved restraints. This has been reviewed by the positive behaviour

support committee and communicated to all staff. We are currently working with an external HSE agency to consider a more appropriate placement for one individual.

A review of all Positive Behaviour Support Plans will be completed to ensure there are specific guidelines recorded that details how to carry out the approved restraint.

Proposed Timescale: 28/02/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all restrictions that were in place were recorded.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
A rights restriction assessment will be conducted with all residents to identify any restrictions that are in place for the individual. All restrictions will be actively worked on to remove the restriction. Where it is not possible to remove the rights restriction a rights referral form will be sent to the Human Rights Committee. A copy of this assessment and referral will be kept on the individuals form.

The reactive strategy details when the restriction can be used. This has been updated to clearly identify when and how to apply the restriction.

Restrictions from a behavioural viewpoint are reviewed at the Positive Behaviour Support Committee which meets on a monthly basis. This committee approves any restrictions from a behavioural viewpoint (chemical/environmental/physical). The frequency of the restrictive procedures used with any individual is reviewed monthly at these meetings.

All restrictions are referred to the human rights committee. This committee are in the process of changing their board.

Proposed Timescale: 01/02/2015