| Centre name: | A designated centre for people with disabilities operated by St John of God Community Services Limited |
| 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: | Sharon Balmaine |
| Lead inspector: | Siobhan Kennedy |
| Support inspector(s): | Ciara McShane; |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 14 |
| 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 following notification of a significant incident or event. 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:
14 July 2015 12:00 14 July 2015 18:00
15 July 2015 09:00 15 July 2015 19:00

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

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Summary of findings from this inspection
The designated centre was previously inspected as part of a larger group, but subsequently has been reconfigured and now consists of two detached houses, accommodating 14 residents (7 in each house). Residents are assessed with a diagnosis of intellectual disability.

The purpose of the inspection was to determine the appropriateness of the staff numbers to meet the assessed needs of residents and the provision of the safe delivery of services to residents, following receipt by the Authority of unsolicited information.

There was evidence that improvements had been brought about as a result of the organisation’s investigation of the concerns received by the Authority, for example, a new manager for the centre had been appointed, a review of some residents' accommodation and care needs, had taken place, which initiated appropriate transitional arrangements between services and referrals to specialist professionals were made for further assessments/diagnosis of some residents' conditions.
However, inspectors found that the designated centre was in contravention of the Health Act 2007, as amended, with major non-compliance in a number of the regulations examined. This resulted in the initiation of Regulatory Enforcement Proceedings by the Authority and the issuing of 8 immediate action plans to the person operating in the absence of the provider nominee at the post inspection meeting.

The immediate action plans identified the failings in the regulations. These related to the following matters: –

• Management systems were not in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.
• Residents were not protected from all forms of abuse due to the unsafe mix of residents being accommodated in one of the houses.
• All alternative measures were not considered before a restrictive measure was used.
• All measures required for improvement in response to a complaint had not been put in place.
• The number of staff, (day and night) was not appropriate to the number and assessed needs of the residents, the statement of purpose, and the size and layout of the designated centre.
• Adequate arrangements were not in place in respect of fire safety.
• Adequate systems were not in place for the management of risks.

Completion dates were set by the Authority to address the above failings as appropriate action had to be taken as a matter of urgency.

As the part of the regulatory enforcement proceedings, following the inspection a regulatory meeting has been convened between the Authority and the Organisation to further discuss the actions to be taken to address the above failings and to bring about improved governance and management of the centre.

Residents and staff welcomed the inspectors to the centre, and inspectors saw that good relationships existed between residents and staff whereby residents were treated with dignity and respect. Staff were knowledgeable regarding residents' conditions and communication methods and the arrangements to meet residents' assessed needs were set out in individual personal plans that reflected their interests and capacities.

The premises provides spatial accommodation for residents, is well maintained and fitted with modern, bright furnishings, however, the inspectors noted that some aspects of the premises were not suitable in meeting residents' needs.

The action plan of this report further identifies the areas requiring to be addressed by the provider nominee and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
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):
No actions were required from the previous inspection.

Findings:
Unsolicited information received by the Authority highlighted concerns in relation to the appropriateness of the staff numbers and skill mix to meet the assessed needs of residents and the provision of the safe delivery of services to residents.

From an examination of documentation, discussions with staff and relatives the following information was obtained:
• There was a complaints policy and procedure which was translated into an understandable format for those residents who had the capacity to understand it.
• Relatives during the inspection confirmed that they were aware of the complaints procedures.
• Scrutiny of recent complaints identified that while there was a system in place for investigating, recording and implementing changes, as a result of complaints management had failed to take the necessary action to fully resolve the occurrence of incidents with in the resident group in one of the houses which were terrifying and distressing for some of the residents living in the designated centre. This necessitated the issuing of an immediate action plan.

There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, house meetings have been convened in order to work out menus for meals.

The inspectors observed staff engaging with residents in a manner that was respectful. Some of the staff confirmed that they had worked with in the service for many years and other staff recently appointed were familiar with the residents’ needs, capabilities,
their life histories and family support circles.

The inspectors were welcomed by staff and residents and inspectors saw residents’ private bedroom accommodation. This was a mixture of single and twin bedrooms and these bedrooms were spacious, accommodating in the main, modern bedroom furniture and ample storage space for personal possessions. Residents’ bedrooms were pleasantly decorated and reflected their personalities and interests, by having mementos, photographs of families and friends and their interests in social activities displayed.

The inspectors saw that in one of the houses there were insufficient staff on duty to assist residents to participate in activities of their choice and to engage residents in meaningful retirement activities. See outcome 10 for further details and outcome 17 for action plan regarding staffing.

**Judgment:**
Non Compliant - Major

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### Outcome 04: Admissions and Contract for the Provision of Services

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Inspectors heard about the successful transition of a resident from one of the houses on the 11 May 2015 and saw the preparatory work being undertaken to assist another resident to transition to another designated centre which was assessed and considered to be more suitable in meeting the resident’s needs.

While there was evidence that the centre’s admission and discharge process considered the wishes, needs and safety of individual residents, appropriate action had not been taken following information gathered and analysed from ongoing internal review, which highlighted that the current group living situation in one of the houses of the designated centre was no longer functioning to provide optimum quality of care for each individual resident and did not take account of the need to protect residents from abuse by their peers. Further details regarding the unsafe mix of residents being accommodated in one of the houses of the designated centre are outlined in outcome 8.

**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:
The designated centre accommodates 14 residents (2 houses accommodating 7 residents each). All of the resident have an intellectual disability.

Each resident had an Individual Personal Plan (IPP) which showed assessments of residents’ individual needs including risk assessments and interventions/treatment plans to address those needs. The personal care plans addressed key aspects of the social, emotional, psychological and health care needs of the residents. Documentation showed that there was regular reviews of residents’ care plans in consultation with residents, multi-disciplinary professionals and or their next of kin/families. Written daily notes described the action taken in relation to objectives of care.

The inspectors saw that residents' communication needs were identified in the residents’ personal care plan and pictorial aids were used to assist the residents to understand the care planning process.

Staff in their communications with the inspectors demonstrated that they were knowledgeable of residents' needs and behaviour management plans were in place where necessary. See outcome 8 for further details.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The designated centre consists of two, two storied detached houses, one house is located in a small town, and the other house is found in the countryside.

The town accommodation has the following facilities:
- ground floor has a large sitting room, kitchen and dining area, conservatory to the rear of the house and 2 twin bedrooms, separate toilet and bathroom facilities.
- first floor has one twin bedroom and 4 single bedrooms, an office and 2 bathrooms and additional toilet. There are storage facilities in the grounds, and to the rear of the house. The house is surrounded by mature gardens and has a forecourt with car parking spaces.

The rural accommodation is as follows:
- ground floor has 3 bedrooms, one with ensuite facilities, 2 sitting rooms, open plan kitchen/dining, utility room and office
- first floor has 4 bedrooms, 3 of which have ensuite facilities and 1 has a dressing room.

The 2 houses of the designated centre provides spacious accommodation for residents and are well maintained. One of the houses is undergoing a refurbishment programme. Furnishings are modern and bright, and residents have been involved in choosing fabrics and fittings for their own private bedroom space.

Inspectors found that a stoned driveway leading to one of the houses made it difficult for residents to access the front of the house particularly if residents required the use of a wheelchair and a step up into a Jacuzzi bath was difficult for the 2 residents who like to have a bath.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
In some areas, the inspectors found that the health and safety of residents, visitors and staff was promoted and protected as there was a policy and procedure in respect of managing risk which included documentation in relation to recording and analysing risks, however, the policy/procedure had not been fully implemented throughout the designated centre as there were no temperature controls on the hot water outlets.

Fire equipment was easily accessible and prominently placed throughout the designated centre and servicing was up to date. The inspectors observed that fire exit doors had not been obstructed during the inspection. Staff were able to inform the inspectors of the procedure in the event of the fire alarm sounding or an emergency occurring.

The following fire safety risks were identified: –

- There is a step down on one of the final fire exits, located on the first floor exiting to the external stairway.
- The external stairway was not maintained.
- Fire doors were wedged open.
- A door closer on a resident’s bedroom was broken.
- Arrangements were not in place for the safe evacuation of all residents as the fire authority had not been informed that a resident would not leave the bedroom in the event of an emergency.
- Sufficient equipment was not made available for a resident with a hearing impairment to be alerted in the event of an emergency.
- Fire drills, particularly the drill which took place on the 23 February 2015 identified a delay in evacuating residents due to the insufficiency of staffing levels, the layout of the centre and the assessed needs of residents.

The above risks, in association with the insufficiency of the staffing levels necessitated the issuing of an immediate action plan.

Infection-control measures were in place for example, there were facilities available for hand hygiene, closed bins for disposal of hand towels, sufficient toilet rolls and holders in place, appropriate storage of toiletries and dental hygiene equipment.

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):
No actions were required from the previous inspection.

Findings:
The inspectors heard from staff that there was a policy and procedure in place for the prevention, detection and response to abuse and some staff demonstrated their knowledge of the procedures by explaining their duties and responsibilities regarding any suspicion, allegation or witnessed abuse. The inspectors reviewed the documentation in relation to a statutory notification received by the Authority of an incident which took place in the designated centre which involved an allegation of abuse made by an agency staff member. There was evidence that the incident was investigated in line with the centre's policy, national guidance and legislation and subsequent appropriate action taken.

However inspectors found that residents were not protected from abuse by their peers.

Inspectors learned that in the period from January to May 2015 there had been 193 recorded incidents of assault (86 related to residents and 107 related to staff) perpetrated by a resident being accommodated in the designated centre. In the main, these have been unprovoked attacks.

Staff and management in consultation with the resident’s next of kin have implemented a number of measures in an effort to minimise/control the incidents. These have included referrals to specialist professionals to assess possible causes for the behaviour, assessing possible triggers, providing additional one-to-one staff and providing the resident with an opportunity to attend a facility out with the residential home.

While these measures have reduced the incidences of aggression (verbal and physical) in the residential home, they have not fully controlled the situation and some residents still feel unsafe to the extent that they remain in their own private space.

The resident, when agreeable is removed from the residential home generally before breakfast, and is forced (in the interests of protecting other residents) to remain at an alternative location until late evening. All meals are provided and opportunities for activation are initiated from this location. The inspectors visited this location and found that the accommodation for the resident and staff member was akin to a bedsit. While it provided one of the requirements necessary for the resident’s lifestyle that is a quiet environment and had reduced the number of incidents of self injurious behaviour it was noted that, the resident had only a limited number of personal possessions and the situation was isolating for the resident.

Inspectors were informed that the journey travelling to and from the residential home can be distressing for the resident. Risk assessments have been carried out to identify the stressors and controls put in place to alleviate some of the risks.

The impact for fellow residents is severe on the many days that the resident is not agreeable to transfer to this location, for example, residents in their own home are restricted in their movements with in the residential home, are in danger of being
intimidated and physically assaulted and social and recreational activities and residents’ lifestyle are altered in the interests of safety, as opposed to promoting a person centred philosophy in respect of residents’ individual choices.

In view of the above situation; the failure to protect residents from all forms of abuse and the restrictive measure of removing a resident from the residential home without fully exploring all alternative measures necessitated the issuing of two immediate action plans.

Staff had access to specialist and therapeutic interventions in relation to residents’ individual behavioural support plans and it was evident that staff working with individual residents had assimilated the information in the plan in order to provide consistency in implementing treatment plans.

**Judgment:**
Non Compliant - Major

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**Outcome 10. General Welfare and Development**
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors saw that some residents had opportunities for new experiences and social participation, however, those residents who had retired did not have a meaningful day as there were insufficient staffing levels to assist residents to become active retirees. During the period of the inspection the inspector saw that the residents who had retired were not engaged in appropriate activities reflecting their retirement status in the designated centre.

Some residents have a day care programme out with the centre and inspectors heard that staff were involved in negotiations to obtain a day care placement and day care services for other residents.

Opportunities for residents to engage in events of their choice are further limited when all of the residents are at home during the weekends yet only 2 staff are rostered on duty to meet the residents’ needs. See also outcome 17 for action plan regarding workforce.

Inspectors saw that there was a programme of events made out on a weekly basis so
that residents could choose from the activities offered. However, opportunities to participating in activities in accordance with residents' interests, capacities and developmental needs were not reflected in the activity schedule as the activities primarily consisted of household tasks, for example, laundry activities, recycling activities, grocery shopping, swimming for one resident once a week, going for walks, going out for coffee and visiting friends. See outcome 1 for action plan.

The inspectors saw that there were vehicles available to transport residents from the designated centre to community events.

Inspectors saw photographs of residents having attended the annual formal ball and having a fun day which was shared with their families and friends.

Over the period of the inspection some residents communicated to the inspectors that they were going out to the local pub for lunch.

Residents had access to their own personal money in order to go to the local coffee shop or favourite pub accompanied by staff.

**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):**
No actions were required from the previous inspection.

**Findings:**
From an examination of documentation and the views of relatives and staff it was evident that residents are supported on an individual basis to achieve and enjoy good health.

There was a health care plan available in each resident’s care planning documentation. Residents’ healthcare needs were well monitored and treatments were implemented as recommended or prescribed. Some residents had health conditions such as epilepsy and diabetes. Referrals and meetings with key significant personnel in the lives of residents including behavioural therapy, occupational therapy, medical, nursing, care staff, key workers and family members was evident.

A behavioural therapist and psychologist were also available to assist/support residents and care staff. There was evidence of appropriate referrals and appointments to
residents’ GPs and allied health professionals such as, opticians and speech and language therapists as required.

The inspectors were informed that residents with swallowing difficulties were provided with soft consistency dishes. Inspectors saw a variety of foodstuffs and snacks in the cupboards, fridges and freezers and ample varieties of fruit. Residents' records showed that their weights were monitored and referrals as appropriate were made to a dietician.

The inspectors observed the evening time meals and saw that it was nutritional, however, a staff member identified that two residents did not like the choice of vegetables to accompany the meal but did not provide an alternative.

In addition, three residents sitting at the dining table were served their meals at different times. This did not lead to a quality dining experience for residents.

Pictorial menu cards were available to inform residents about different menu choices.

**Judgment:**
Non Compliant - Moderate

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**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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the management structure has been insecure in that the manager of the centre has changed 3 times since October 2014 and the person in charge has changed 4 times since September 2014.

The most recent appointment of a manager for the designated centre was made on 11 May 2015. This staff member visited the centre to communicate with the inspectors even though it was an official leave day for the staff member. The manager demonstrated a good knowledge of the residents and held a person centred philosophy of residential care. Staff members were complimentary of the manager's managerial skills, and he demonstrated that he had managerial aspirations for the centre.
The current person in charge commenced in the post on the 13 April 2015. She demonstrated that she had sufficient knowledge of the legislation and her statutory responsibilities. Staff communicated to the inspectors that she had made changes to systems and practices within the centre and has had staff meetings to share knowledge and gain the views of staff. Inspectors were informed that the person in charge is in the designated centre on a regular basis. Both residents and staff could identify the person in charge and staff were complimentary of her leadership skills, however, this staff member is due to terminate her contract in August 2015.

Inspectors concluded that management systems were not in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs and consistent and effectively monitored as the following failures to comply with a regulatory requirement were identified in spite of the person in charge having escalated these matters to senior management: –

• Protecting residents from abuse by peers.
• Providing appropriate and safe accommodation for residents.
• Using the least restrictive measures.
• Implementing appropriate measures to bring about complaint resolutions and
• Addressing risks.
This necessitated the issuing of an immediate action plan.

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):
No actions were required from the previous inspection.

Findings:
Inspectors were informed that an additional staff member was assigned to work with a resident on a one-to-one basis who presents with behaviours that challenge and inspectors saw that residents did receive continuity of care from a core staff group who are familiar with the residents. However from an examination of the staff duty roster, observations by inspectors and discussions with staff on duty it was found that in one of the houses there were insufficient staff numbers to meet the assessed needs of residents and provide safe delivery of care day and night.
Inspectors were informed that there were 2 staff roster to meet the needs of 7 residents. Staff were involved in all the day-to-day routine household tasks, in addition to the provision of direct care and implementing an activation programme.

One staff member was rostered to be on duty at night time. Findings of the inspection showed that a number of residents required assistance during the night and a fire drill demonstrated that there were insufficient staff available to safely evacuate one of the houses.

Scrutiny of the staff rosters showed that there has been a reduction in nursing staff hours in a 12 month period. This issue had been identified in staff meetings and escalated to senior management, however, no additional staff had been rostered.

Inspectors saw that there were insufficient staff rostered to assist residents to adjust to their new retiree status and participate in appropriate activities. See outcome 10 for details and outcome 1 for action plan.

The manager of the centre explained the supervision arrangements in place for staff of various grades. This was satisfactory.

In discussions with the inspectors staff were familiar with the regulations and policies and procedures relating to the designated centre.

Inspectors met with relatives who were complimentary of the care and support provided by the staff team.

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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
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<td>Centre ID:</td>
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<tr>
<td>Date of Inspection:</td>
<td>14 &amp; 15 July 2015</td>
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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:

Opportunities were not provided for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

**Please state the actions you have taken or are planning to take:**
1. Each resident’s meaningful day plan is being updated in light of social assessment review which takes account of resident age, profile and interest and preferences.
2. Weekly Meaningful Day schedules will be reviewed to maximise community participation for each resident in accordance with their choice.
3. The staffing levels for this Designated Centre has increased with an additional staff from 08.00hours to 20.00hours which will assist in facilitating meaningful day activities based on residents choices. Completed on 15/07/2015

**Proposed Timescale:** 30/09/2015

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Appropriate measures required to bring about a resolution of complaints regarding the occurrence of terrifying incidents within the resident group in one of the houses which would lead to an improved quality of life for all of the residents had not been put in place.

**Action Required:**
Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

**Please state the actions you have taken or are planning to take:**
1. A meeting took place on 29th May 2015 with the resident’s mother, brother and the Person in Charge, Director of Nursing Care & Support and the Regional Director to follow up on the complaint made by the family of a resident.
2. A case review meeting was organised Tuesday 28th July 2015 where this resident’s family were invited to attend. The purpose of the review meeting was to discuss this resident’s proposed transition to another house and to determine if the family were still happy to proceed with the move and to present option of resident remaining in his present accommodation, given other resident will no long be residing in this house. The manager of the designated centre spoke to the family by telephone prior to the meeting and reflected their feedback to the case review as they could not attend but they wished for the transfer to go ahead.
3. Director of Nursing Care & Support spoke to resident’s mother on 04.08.15 to ensure the family were happy to proceed with the transfer to another property and she has confirmed that she wishes for her son to continue his transitioning to the new house.
4. A letter confirming is forwarded to this resident’s family to advise them should they continue to have any concerns that they can raise them with the Person in Charge.
Proposed Timescale:
1. 29.05.15
2. 28.07.15
3. 04.08.15
4. 04.08.15

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admission policy did not take account of the changing needs of residents within the resident group and the need to protect residents from abuse by their peers.

Action Required:
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

Please state the actions you have taken or are planning to take:
1. The admission policy will be updated to include the changing needs of residents within the resident group and the need to protect residents from abuse by their peers.

Proposed Timescale: 04/08/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Accessibility in one of the house was difficult because the driveway leading to the front entrance was stoned and there was a step up into a Jacuzzi bath.

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. Permission was sought from the landlord to take away the step to the bath and this is in the process of being done which will leave a level access bath.
2. Further representation is being made to the landlord of this house with a view to making the driveway more accessible.
Proposed Timescale:
1. 21/08/2015
2. 31/08/2015

Proposed Timescale: 31/08/2015

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:
Systems were not in place to control the temperature of hot water at outlets.

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:
1. The hot water temperature in the designated centre has been regulated at the approved temperature levels
2. There is a dual heating system in the house, one for water and one for radiators. Along this, the emersion switch had been placed in the on position which resulted in the hot water temperature being higher than agreed levels. To avoid this happening again the emersion switch was isolated.
3. The Person in Charge has completed a temperature check of the hot water in the designated centre and has confirmed that it is regulated at approved level.
4. To ensure a consistent and safe approach to the management of hot water temperature levels, temperature control valves have been placed on the hot water taps in the designated centre.
5. The Person in Charge will ensure a monitoring system is in place to check the hot water temperature which will form part of the hazard identification weekly checklist for the designated centre.
6. There is a up to date risk management policy in place for this Designated Centre and it reflects the risks identified through the Hazard Identification Checklist which is updated weekly.

Proposed Timescale:
1. 15.07.15
2. 15.07.15
3. 16.07.15
4. 18.07.15
5. Commenced on 20/07/15
Proposed Timescale: 20/07/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The following fire safety risks were identified: –
• There is a step down on one of the final fire exits, located on the first floor exiting to the external stairway.
• The external stairway was not maintained
• Fire doors were wedged open.
• A door closer on a resident’s bedroom was broken.

Action Required:
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
1. The fire door is no longer wedged open and the wedge was removed on the 15/07/2015.
2. On the 16/07/2015 hold open fire devices were fitted to both corridor doors.
3. The tension on all door closures on residents bedrooms was adjusted to allow easier access for all residents
4. A memo was circulated to all staff to ensure all staff adhere to fire safety policy to avoid a re-occurrence of wedging open fire doors.
5. The door closure that was broken on the fire door was fixed.
6. The external fire escape stairwell has been cleaned down, the overhanging trees have been cut back, and the external step at exit was levelled.
7. All residents have in place a personal emergency evacuation plan to support their safe emergency evacuation. All personal emergency evacuation plans were updated based on a deep sleep fire drill which took place on the 19/07/2015.
8. A deep sleep fire drill took place on the 19/07/2015.
9. The hazard identification checklist has been introduced and is completed on a weekly basis and reviewed by the Person In Charge/Manger. All immediate hazards are addressed and escalated as per policy.

Proposed Timescale:
1. 15.07.15
2. 16/07/15
3. 16/07/15
4. 20/07/15
5. 16/07/15
6. 17/07/15
7. 19/07/15
8. Commencing on 20/07/15
Proposed Timescale: 20/07/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The following fire safety risks were identified: –
• Arrangements were not in place for the safe evacuation of all residents as the fire authority had not been informed that a resident would not leave the bedroom in the event of an emergency.
• Sufficient equipment was not made available for a resident with a hearing impairment to be alerted in the event of an emergency.
• Fire drills identified a delay in evacuating residents due to the insufficiency of staffing levels, the layout of the centre and the assessed needs of residents.

Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
1. Additional staffing was put in place following on from the unannounced inspection
2. One additional staff was put in place 8.00 hours to 20.00 hours and one staff 20.00 hours – 8.00 hours. The additional staff will assist in the safe emergency evacuation of residents from the designated centre
3. The new staff were inducted into the designated centre on 15th July 2015 which included each resident’s critical information template, personal emergency evacuation plans and emergency fire plan of the house.
4. The fire service / Department was contacted with regard to a resident who does not leave their bedroom on hearing the sounding of the alarm.
5. A fire drill for the designated centre took place on 19.07.15 to ensure safe emergency evacuation
6. All residents have in place a personal emergency evacuation plan to support their safe emergency evacuation. All personal emergency evacuation plans were updated based on evacuation.
7. The equipment to support a resident with a hearing impairment was rechecked for effectiveness on the 16/07/2015 and is working in all areas including the residents bedroom, hallway outside residents bedroom, conservatory, hallway downstairs and dining room.

Proposed Timescale:
1. 16.07.15
2. 16.07.15
3. 15.07.15
4. 23.07.15
5. 19.07.15
6. 20/07/15
7. 16/07/15
Proposed Timescale: 23/07/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All alternative measures were not considered before restrictive procedures were used

**Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
1. The resident identified during the inspection visit as having restrictive interventions in place, has had his behaviour support plan reviewed and updated which also takes in consideration transitioning planning for him.

2. Following on from the inspection visit a number of measures have taken place to assist in supporting this resident in suitable environment on an interim basis which include the planning of a holiday for this resident 4th August 2015 until 31st August. The resident is supported by familiar staff during his holiday period.

3. To ensure continuity of care and to reinforce positive strategies within this residents behaviour support plan a roster was developed which includes familiar staff during this holiday period.

4. To provide appropriate accommodation for this resident discussions have taken place with the Local Authority with regard to the progressing a one bedded bungalow for this resident. An expression of interest letter was submitted on 27th July 2015 to the Local Authority on behalf of the resident.

5. Further information was sought by the Local Authority on the 29th July with regard to the resident which was submitted on 31st July 2015.

6. Correspondence with regard to the Services continued commitment to the provision of long term supports to this resident was submitted to the Local Authority on 31st July 2015.

7. A letter was forwarded to the Regulatory Authority on 23rd July 2015 with regard to progressing an application to register the Local Authority House as a designated centre.

8. This resident’s family visited the one bedded house on 20th July 2015.
Proposed Timescale:

1. 04.08.15
2. 04.08.15
3. 03.08.15
4. 27.07.15
5. 31.07.15
6. 31.07.15
7. 23.07.15
8. 20.07.15

Proposed Timescale: 04/08/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not protected from all forms of abuse, including abuse by their peers.

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. Following on from the inspection visit and to address the peer to peer incidents, interim measures have been taken which include one resident been accommodated in his own living environment from the 4th August 2015.
2. All incidents of a safeguarding nature are reported through as per the National Safeguarding Vulnerable Adults Policy.
3. All staff have received Safeguarding training

Proposed Timescale: 04/08/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not supported to access opportunities for education as retirees.

Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
1. Each resident’s meaningful day plan is being updated in light of social assessment review which takes account of resident age, profile and interest and preferences.
2. Weekly Meaningful Day schedules will be reviewed to maximise community participation for each resident in accordance with their choice and age profile.
3. The staffing levels for this Designated Centre has increased with an additional staff from 08.00hours to 20.00hours which will assist in facilitating meaningful day activities based on residents choices. Completed on 15/07/2015

**Proposed Timescale:** 30/09/2015

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents were not offered choice at mealtimes and residents sitting at the dining table were not served their meals at the same time.

**Action Required:**
Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

**Please state the actions you have taken or are planning to take:**
1. Resident’s House meetings will be reviewed to focus on meal choices and menu plans
2. The House Manager and Clinical Nurse Specialist in Health Promotion will complete a review to identify each residents specific dietary requirement and their choices around menus/meal times and their associated support needs.
3. Through the Monthly Designated Centre Meeting, the Director of Nursing Care and Support re-ducted staff into the importance of choice for residents and that the meal time must be a social relaxing experience.

**Proposed Timescale:**
1. 31/08/2015
2. 31/08/2015
3. 24/07/2015 & 27/07/2015

**Proposed Timescale:** 31/08/2015

### 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:**
Management systems were not in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively
monitored.

**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. A Person In Charge for this Designated Centre will commence on 10th August 2015 to replace existing Person In Charge who will finish on .This Person In Charge is an experienced Person In Charge who is a Clinical Nurse Manager 3.

2. A comprehensive Handover took place for the Person In Charge to this Designated Centre which was signed off.

3. A Clinical Nurse Manager 1 was appointed to this Designated Centre on 11th May 2015. This Manager is suitably skilled, qualified and has significant experience in supporting individuals with an intellectual disability and is fully inducted into their managerial role.

4. There is clearly defined management structure that identifies the lines of authority and accountability. The Person In Charge completed a re-orientation into the Organisational and Management Structure within one house on the 14th July and will complete the re-orientation in the second house on the 24th July 2015.

5. The Quality Enhancement Plan for this Designated Centre will be fully updated to reflect all feedback from internal audits and HIQA inspections.

6. The Quality Enhancement Plan will be reviewed at the Designated Centre Meeting which will take place on a monthly within this Designated Centre and is chaired by the Person In Charge and attended by Director of Nursing, Care and Support, local Manager and representation of staff.

7. The Director of Nursing, Care and Support chairs the Implementation Meeting on a fourthly basis with all Persons in Charge. This meeting reviews all high level risks, progress on Quality Enhancement Plans and barriers to implementation and progressing best practice within Designated Centres.

8. The Registered Provider Nominee chairs the weekly Strategic Meeting which is attended by the Regional Director, Director of Nursing, Care and Support, General Manager and Quality Manager where all high level risks and barriers to implementation of all actions contained within the Quality Enhancement Plans are reviewed and actions / recommendations agreed and progressed.

**Proposed Timescale:**

1. 10.08.15
2. 25.07.15 & 26.07.15
3. 11.05.15
Proposed Timescale: 31/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number of staff, both day and night, was not appropriate to the number and assessed needs of the residents, and the size and layout of the designated centre.

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. Additional staff were put in place following on from the unannounced inspection which took place on 14th & 15th July 2015
2. One additional staff was put in place from 8.00 hours to 20.00 hours and one additional staff from 20.00 hours to 8.00 hours
3. The new staff were inducted into the designated centre on 15th July 2015 which included each residents critical information template, behaviour support plans, personal emergency evacuation plans.

Proposed Timescale: 15/07/2015