**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-0003008 |
| **Centre county:** | Louth |
| **Type of centre:** | Health Act 2004 Section 38 Arrangement |
| **Registered provider:** | St John of God Community Services Limited |
| **Provider Nominee:** | Clare Dempsey |
| **Lead inspector:** | Jillian Connolly |
| **Support inspector(s):** | Paul Pearson |
| **Type of inspection** | Unannounced |
| **Number of residents on the date of inspection:** | 10 |
| **Number of vacancies on the date of inspection:** | 6 |

## 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: |
|---|---|
| 10 September 2015 10:30 | 10 September 2015 17:30 |
| 11 September 2015 10:00 | 11 September 2015 15:30 |

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

| |
|---|
| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

**Summary of findings from this inspection**

The centre is located on a campus alongside seven other designated centres. A monitoring event took place in February 2015 and following the findings an improvement notice was issued to the provider which outlined immediate actions were required in relation to the following:

- governance and management
- staffing
- staff training and development
- fire precautions
- premises
- general welfare and development

A follow up inspection was conducted in April 2015. Following on from this a regulatory meeting was held with the registered provider in which the significant concerns of the Chief Inspector was communicated to persons participating in the management of the designated centre. A further inspection was conducted in May 2015. Inspectors found significant and on going levels of non compliance and were not assured that the services provided were safe.

As a result the Chief Inspector issued a Notice of Proposal to Cancel the registration

of the designated centre under Section 51 of the Health Act 2007. The registered provider submitted a representation in respect of this within 28 days as required by legislation. The provider committed to the closure of the designated centre and outlined the actions that would be taken in the interim to safeguard residents.

This inspection was conducted to ascertain if the actions as stated by the provider to be implemented in the interim had occurred to ensure that residents were safe. Inspectors reviewed the actions which had been taken and the progress towards achieving the actions in which the time frames had yet to elapse. Seven outcomes were inspected and moderate non - compliance was identified in five of the seven outcomes inspected against. Substantial compliance was identified in governance and management arrangements. Major non - compliance was identified in the premises.

The overall findings were that there had been sufficient improvement in the support provided to residents whilst residents were being discharged in a timely and appropriate manner in line with their needs. However due to the structure of the premises, the risk would not be satisfactorily reduced long term. Improvements were also required in the processes regarding obtaining residents' views, staff training and the plans of care in place to meet the healthcare needs of residents.

The Chief Inspector was informed that the designated centre ceased to operate in December 2015.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**
*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There were five failings of regulation identified on the inspection conducted in May 2015. Inspectors reviewed the actions which had been taken by the provider as stated and found that whilst, in the main, improvement was evident, there still remained areas of non compliance.

One failing identified which had been identified on previous inspections was the inappropriate placement of residents. The provider responded by informing the Chief Inspector of the intention to cease the operation of the designated centre. Progress had commenced towards achieving this, with five residents discharged from the designated centre following on from the previous inspection. Inspectors found that this significantly improved the positive outcomes for some residents. On the days of inspection there were four residents in one house and six residents residing in the second house. As a result the improvement noted was primarily in one house. Work had commenced on discharging the ten remaining residents, with alternative accommodation being sourced. The provider had stated in the action plan response that transition plans would be completed for residents by the end of June 2015. Whilst this work had commenced however was not complete as of the day of inspection, the provider's commitment to closure was evident.

In the interim, there were no longer residents sharing a room which promoted residents' privacy. However, due to residents' personal documentation being stored in an unsecured location non - compliance remained.

A previous finding by inspectors was that the number of incidents of physically assaultive behaviours between residents was significantly impacting on the rights and dignity of all residents' residing in the designated centre. Inspectors found that there had been a decrease in the number of incidents of physically assaultive behaviour, with a primary factor being the reduction in the number residing in the designated centre. Whist these incidents had not been extinguished, in the interim, residents had been referred to the appropriate Allied Health Professionals and assessments were in process. Notwithstanding these actions, a fundamental cause was the unsuitability of the placement of residents and therefore inspectors determined that this could not be appropriately addressed until residents were discharged.

There had been an improvement in the procedures in place to ensure that the views of residents regarding the operation of the designated centre and residents' were consulted into decisions regarding the supports provided to them. It was evident that weekly residents' meetings occurred utilising pictures as a method of communication. The provider had stated following on from the previous inspection that training would be provided to staff in respect of rights by the end of July 2015. This had not been completed. As a result, Inspectors found that there was inconsistency in the quality of the residents' meetings.

Transition plans also evidenced that residents were being consulted regarding their new home, inclusive of decoration. Inspectors found that further improvements were required in respect of food choices offered to residents. The system in place for residents' choosing their meals twice per week remained. There were examples in which residents in one house all chose the same meal. When inspectors queried the rationale, they were informed that this was due to dietary needs or the individual likes of residents, that is to say they did not like the second option. Therefore there was no real choice available. Inspectors noted that there was an increase in the food stored in the designated centre for snacks.

The provider had further stated that a rights' awareness checklist would be completed by 15 May 2015 for all residents. Inspectors reviewed a sample and found that they had been completed as stated however there was an absence of progress from same. For example, for one resident there were five rights restrictions identified however there was no action plan in place to ascertain the impact on the resident or the steps required to ensure the rights were upheld.

Due to the size of the bedrooms, there remained insufficient space for residents' personal belongings to be stored.

Inspectors found that there had been an improvement in the activities offered to residents. Over the course of the inspection, inspectors observed the designated centre to be, in the main, vacant as residents were participating in activities both within the campus and within the wider community. The evidence did not support that these activities were in line with the interests and capabilities of the resident. For example, inspectors reviewed a sample of residents' personal goals and found that they had not been achieved. Inspectors were informed that this was due to the primary focus being on developing new goals in line with the residents' new homes.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Three failings of regulation were identified in respect of the premises. Inspectors found in May 2015 that assistive equipment to support residents post-falls had been identified however had not been ordered. This had since occurred and was present as of this inspection. The two remaining failings both related to the unsuitably of the structure of the building and the number of residents residing together. This resulted in:-

- inadequate private and communal space
- Rooms that were of an unsuitable size and layout to meet the needs of residents
- inadequate storage
- inadequate shower facilities

Inspectors found significant improvement in the storage and communal space within one of the houses due to the discharge of four residents. However in the second house, non compliance remained in respect of the above due to the number of individuals residing together.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Effective Services

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

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

**Findings:**
In May 2015, inspectors found that significant improvement was required in the risk management systems and in the arrangements in place to ensure appropriate management of infection. A key factor identified at that time was the unsuitability of the premises based on insufficient space. As stated previously the number of residents residing in one of the houses had reduced which inspectors found in turn reduced the risk present. However the number of residents in the second house resulted in a risk being present. Action had been taken to reduce the risk in the interim, this included:

- An increase in the ratio of staff to support residents
- An increase in meaningful activites
- Items had been removed from communal areas to reduce obstacles
- Introduction of processes to monitor the health of residents

While action had been taken in response to previous failings, inspectors identified hazards which had not been proactively addressed such as razors stored openly, an oxygen cylinder stored inappropriately and food which was out of date. Therefore non compliance remained.

Inspectors also reviewed a risk management action plan which identified key/relevant hazards and actions to mitigate the risk inclusive of the following:

- the unexplained absence of a resident
- risk of injury
- challenging behaviour
- self harm
- choking
- restrictive practice
- manual handling
- infection
- epilepsy

An area of repeated non compliance in the designated centre was the procedures in place for the appropriate prevention and management of infection. Inspectors found that this was an area which remained non compliant as of this inspection. Inspectors observed areas to be visibly unclean. Documentation supported that areas had not been cleaned at appropriate intervals or in line with the internal systems of the designated centre. This included the cleaning of medical equipment which was an action stated by the provider in the previous action plan. Inspectors observed the medication trolley to be unclean.

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

**Findings:**
There were clear deficits identified in May 2015 in the supports provided to residents in regards to exhibiting behaviours that challenge. In the action plan response the provider stated that staff would be increased and training would be provided to staff in respect of same by the end of July 2015. As stated previously there had been an increase in staff. However not all staff had received the training as stated in the action plan submitted by the provider.

Inspectors reviewed a sample of documentation which evidenced that the strategies had been implemented for residents as per the positive behaviour support plans when required. Inspectors also observed the strategies being implemented in practice by staff. Staff had also signed residents' plans as documentary evidence that they had read same.

Inspectors recognised that efforts had been made to alleviate the underlying cause of the behaviour. Fundamentally the number of residents residing together impacted on the ability to provide the appropriate support to residents.

**Judgment:**
Non Compliant - Moderate

**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):**
Some action(s) required from the previous inspection were not satisfactorily

implemented.

**Findings:**
There were four failings identified in May 2015 in respect of the healthcare provided to residents and the systems in place to meet the nutritional needs of residents. In May 2015, inspectors were verbally informed by the person in charge that a procedure would be completed and implemented immediately as regards the actions to be taken in the event of a resident presenting with an acute healthcare need. This included the completion of clinical observations and the creation of a plan of care to meet the short term need. Inspectors found on this inspection, that, in the main, this had occurred and there was an improvement in the positive outcomes for residents. Inspectors reviewed a sample of plans of care and found inconsistencies in the quality of same. In some instances the plan of care provided detailed and measurable guidance to staff on the care to be provided to residents and the circumstances in which additional interventions should be implemented. In other instances improvements were required as specific key clinical parameters were absent. The absence of such parameters was one factor in the non compliance identified on previous inspections which resulted in a negative outcome for residents. As stated in Outcome 14, an audit had been conducted of the personal plans of residents. However the nature of the audit was quantitative and therefore did not identify deficits in the quality of the plans of care.

There was also an absence of evidence to support that residents had access to a general practitioner of their choosing. This was in the process of being addressed through the transition/discharge plans of residents.

As regards to ensuring that residents had choice in their food and opportunity to prepare food, improvement had been made in this area however due to the location of the designated centre, limitations remained. There was an increase in the snacks available for residents in the designated centre inclusive of fruit. However as stated in Outcome 1, whilst there was theoretically a choice available for residents it was restricted due to food being prepared in a campus kitchen outside of the designated centre.

Inspectors were provided with a template of a document intended to be implemented which aimed to identify the food preferences of residents and specific dietary requirements. Inspectors were informed that it is intended that this tool will assist with menu planning going forward and increase the choices available to residents.

Inspectors observed a meal time in the house which had recently discharged four residents and found a significant improvement in the experience offered to residents. There was sufficient staff to provide the necessary and appropriate support to residents. Staff engaged with residents throughout the meal in a dignified and pleasant manner.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Considering the risk identified and the negative outcomes experienced by residents, inspectors determined in May 2015 that the management systems in place were inadequate. The provider responded by stating that the following actions would occur to safeguard residents prior to ceasing the service :

- An increase in staff
- A review of the roster to ensure supervision in the absence of the person in charge
- A review of the procedure following an adverse accident or incident
- An increase in training for staff
- Formal staff supervision
- Increased supervision in the healthcare provided to residents

Whilst work had commenced in each of the areas, improvements were required to ensure compliance with regulation was obtained. For example, there had been an increase in staff and inspectors reviewed a sample of supervision records. However not all staff had received the training as stated in the action plan submitted by the provider to the Chief Inspector. This included training in the provision of a meaningful day, the rights of residents, hand hygiene, infection control and positive behaviour support. All of these areas were found to require further improvement on this inspection.

An audit had also been conducted regarding the plans of care created for the healthcare needs of residents. However, of the sample reviewed, inspectors identified the audits to be quantitative as opposed to qualitative. Therefore deficits in the quality such as specific, measurable actions were not identified.

A finding in May 2015 was that as the person in charge had only been in post four weeks as of the last inspection, insufficient support had been provided by the registered provider to ensure they could meet their statutory responsibility. The provider responded by stating that weekly meetings were occurring with relevant members of management and the person in charge. Inspectors confirmed that this was occurring. The provider also had a quality team which were providing support to the designated centre.

There had also been a change to the person nominated by the provider for the purposes

of engaging with the Authority.

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

**Findings:**
Of the five failings identified in respect of staff supervision on the last inspection, the following actions had occurred which ensure four were satisfactorily completed:

- Staffing levels were increased to six staff during the day and three staff at night
- A standard operating procedure had been created and implemented for when residents became acutely unwell
- Staff supervision had commenced

This resulted in an improvement in the quality and safety of care provided to residents as evidenced throughout this report.

However as stated previously the training as stated by the provider in the action plan response had not occurred within the time frame. The absence of this training is evident in the failings identified throughout this inspection. Therefore the failing of regulation 16 (1) (a) is repeated at the end of this report.

**Judgment:**
Non Compliant - Moderate

## 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:***

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority