

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002996
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:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

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 ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 March 2016 10:00 To: 14 March 2016 18:30

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 an announced inspection of a designated centre part of St. John of God North East services. The centre had been originally part of a larger designated centre. The provider had reconfigured the size of the centre and made this stand alone residential unit a designated centre in its own right. The centre had been visited on a previous monitoring inspection when it was part of the larger designated centre in 2014.

As part of the inspection, the inspector met with residents and staff and spoke briefly with the person in charge who briefly visited the centre. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. Residents spoken with told the inspector that they were happy living in the centre and felt safe and supported.

The person in charge, team leader and other persons participating in management worked full time and were very involved in the day-to-day running of the centre. At the time of the inspection the person in charge was on extended leave which was due to end in the weeks following the inspection. The team leader for the centre facilitated the inspection.

There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible.

Community and family involvement was evident and greatly encouraged as observed by the inspector.

Ample evidence was available that opportunities for new experiences and social participation were supported and facilitated. These matters are discussed further in the report.

There was a high level of compliance found on this inspection. Six Outcomes were found to meet with compliance with one Outcome finding at substantial compliance. This related to training for staff in supporting residents with mental health issues.

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):

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

Findings:

The care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans comprehensively reflected their assessed needs and wishes.

The inspector reviewed a selection of personal plans which were comprehensive, personalised, detailed and reflected residents' requirements in relation to their social care and activities that were meaningful to them. There was evidence of a range of assessment tools being used and on-going monitoring of residents needs including residents' interests, communication needs and daily living support assessments.

Key workers were responsible for pursuing objectives in conjunction with individual residents in each resident's personal plan. They agreed time scales and set dates in relation to further identified goals and objectives. The inspector noted that there was a list of people who residents would like to attend their planning meetings identified in each resident's person-centred plan. This identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. There was evidence that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

Residents were also afforded the choice of where they would like their person centred planning meetings to take place. Some had opted for a local hotel where they would have afternoon tea with the group afterwards. Others had planned to have their person centred planning meeting in the local fire station. Each person had the opportunity to

express their individuality and interests in the planning of their meetings and this was reflected in the choice of venues they chose to have them in.

Residents had a number of options available in relation to social activities. Many of the residents enjoyed bowling, cinema outings, concerts, meals out, shopping trips, library visits, attending mass and art classes. Apart from the activities provided in the centre the rest were community based, are age appropriate and reflect the goals chosen as part of their person-centred plan.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their circle of support meetings. Some goals achieved included a resident's long term dream to know more about aeroplanes which they got to experience. They had a visit to Dublin airport where they were taken out onto the runway and watched the planes coming in and out close up. On the same trip, they observed the fire crew put out a staged aeroplane fire and visited the coast guards hanger and had a tour of the facilities there. A video had been taken of the resident's trip and was kept in their personal plan.

End of life care plans were in place for residents and documented their wishes. Where residents did not want to discuss their end of life wishes, this was also documented.

All residents had a copy of their individual personal plans in an accessible format. Each resident's assessed needs had received an annual review and were presented in an easy read, comprehensive format maintained in their personal plans.

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):

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

Findings:

The health and safety of residents, visitors and staff was promoted in the centre. Fire containment and management procedures were in place and regularly reviewed and infection control measures met the needs of residents and suited the purpose and function of the centre.

The risk management policy met the requirements of the Regulations and is implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control

identified risks and arrangements for identification, recording, investigation and learning from serious incidents

The fire policies and procedures were centre-specific and up to date. The inspector observed that there were fire evacuation notices and fire plans displayed in each residential unit. Regular fire drills took place and records viewed by the inspector confirmed that they were undertaken at least four times a year. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. The inspector examined a fire safety register which detailed all services and tests carried out, all of which were up to date.

There was a policy on infection control available. Cleaning schedules were in place and these were completed by staff on an on-going basis. Hand washing facilities in the centre were adequate in both residential units. Paper hand towels and hand wash were available to promote good hand hygiene. The floor of the downstairs toilet had been removed and replaced recently to promote better hygiene standards. The floor of which was cleaned regularly after use.

Safe and appropriate practices in relation to moving and handling. All staff had attended training in the moving and handling.

There were appropriate systems in place for the unexpected absence of a resident from the centre. Each resident had a missing persons profile with an up to date colour photograph and description of the resident and locations they might go to, such as their old family home.

There was an up to date health and safety statement which addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents. Hazards were identified with control measures in place. The emergency plan viewed by the inspector ensured all aspects of emergency planning were covered.

Personal risk assessments had been completed for each resident. Some included assessment of mobility issues such as screening for falls risks, management of choking and staying alone in the house. Systems were in place to ensure residents who liked to stay alone in the centre from time to time, could do so. Some residents experienced seizures related to epilepsy. They had appropriate risk management systems in place. During the course of the inspection the team leader for the centre updated a resident's personal risk profile to include risk management of a resident with epilepsy who used a bedroom on the first floor. This ensured risks had been identified and there were risk management systems in place for them.

Judgment:
Compliant

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):

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

Findings:

There were appropriate measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken with outlined the procedures they would follow should there be an allegation of abuse. The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a policy in place and there were good systems in place for the management of these behaviours. This included access to a Clinical Nurse Specialist in behaviour management and the psychiatric services if required.

Residents who could display behaviours that challenge had behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input and were of good quality. Possible triggers and appropriate interventions and avoidance mechanisms were documented. There was clear evidence in residents' personal plans which indicated that improved quality of life outcomes had occurred for them as a result of supportive behaviour support management systems in place for them. Staff spoken with demonstrated a very good understanding of the residents support needs and could identify clearly when residents were becoming stressed or anxious and set out de-escalation techniques they used to diffuse situations or support residents during these times.

In some instances residents' behaviours that challenge were triggered by mental health deterioration and support interventions in place were based on optimising the resident's mental health as much as possible. This occurred through regular liaison with the resident's psychiatrist and other health care professionals. Residents that engaged in self harming were supported in an empathetic way which in turn lessened their anxiety and provided for a trusting relationship with staff where they could ask for help during their difficult times.

A restraint free environment was promoted and despite some of the difficult challenges residents experienced, both residential units presented as homely places which allowed residents as much independence and freedom as possible. In situations where residents did require medication to manage their anxieties, which in turn could lead to behaviours that challenge, criteria specific protocols were in place and reviewed in line with the resident's behaviour support plans.

Judgment:
Compliant

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):

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

Findings:

Residents' health needs were well met. They received timely access to relevant allied health professionals as they required. Health care assessments were up-to-date and covered a wide range of areas to ensure each residents' health was supported in its totality.

Residents' healthcare was regularly reviewed with appropriate input from allied health professionals where required. All of the residents attended their own GP and were supported to do so by staff that would accompany them to appointments and assisted in collecting the medication prescription as required.

Each resident had an annual review which included a medical health check to ensure a proactive approach to monitoring the residents' health. All other medical concerns and issues are dealt with as they arose. Residents were seen to have appropriate access to a multidisciplinary team, including, doctors, dentist, psychiatrist, health promotion clinical nurse specialist, chiropodist, physiotherapist, occupational therapist and opticians. A number of these services are available via referral to the HSE or private consultations and visits were organised as required by the staff. There was evidence in residents' person-centred plans of referrals to and assessments by allied health services and plans put in place to implement treatment as required.

Each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. The inspector noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations.

Residents were involved in the menu planning for the centre. Weekly meetings were held with the residents to plan the meals for the following week. The staff demonstrated knowledge of the residents' likes, dislikes and special diets. Visual, colour aids were used to assist some residents in making a choice in relation to their meal options. Food prepared for residents during the course of inspection was appealing, smelt appetising and was available to them at all times should they feel hungry and want a snack. Residents stated that they enjoyed their meals and that the food was good. Residents, where possible, assisted in the food preparation and in the cleaning afterwards.

The inspector reviewed the monitoring and documentation arrangement of residents' nutritional intake and noted that appropriate referrals to the GP and speech and language were made as required. The inspector observed that residents had access to fresh drinking water at all times. Residents weights were monitored regularly and their body mass index (BMI) were measured. A nutritional risk assessment tool was also used to assess residents nutritional risk and informed staff if residents required referral to a dietician for review based on their nutritional risk score, for example.

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):

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

Findings:

Overall it was found that each resident was protected by the centre's policies and procedures for medication management.

All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. Medication was supplied in a monitored dosage systems in a blister pack system.

Staff involved in the administration of medications had attended safe administration of medication.

Staff who spoke to the inspectors were knowledgeable about the resident's medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements Residents' medication were stored and secured in locked individual cupboards and the medication keys were

held by the staff on duty.

The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no residents that required their medications to be crushed on this inspection. There were no controlled drugs in use at the time of this inspection.

Regular medication audits were carried out to ensure medication management systems were in line with the policies and procedures of the organisation and to ensure best practice was ensured for resident's wellbeing and safety.

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):

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

Findings:

The quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

The person in charge for the centre worked full-time and has been employed within the service for a number of years. She was supported in her role by the team leader for the centre who worked as a person participating in management (PPIM) for the centre. At the time of inspection she was on extended leave, there were effective deputising arrangements in place in her absence. The team leader assumed the role of person in charge in her absence. The inspector formed the opinion they had the necessary experience and knowledge to ensure effective delivery of care and support to residents in the centre.

The nominated provider, and the person participating in management were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons

(Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The inspector observed that residents were very familiar with the team leader for the centre and assistant director of nursing who also had a management role within the centre. The inspector saw that residents approached them to chat during the inspection.

Staff identified the person in charge as the one with authority and responsibility for the service. Staff who spoke to the inspector were clear about whom to report to within the organisational line and of the management structures in the centre. The person in charge and PPIM were also involved in a range of quality assurance and improvement measures in the centre, reviews of accidents, incidents and investigation of complaints. They had completed audits of areas including medication management and residents' personal plans. Corrective action plans were in place for any deficits identified as observed by the inspector.

Staff had regular team meetings and received good support from the person in charge. The inspector noted that staff received formal support or performance management in relation to their performance of their duties and continuous personal/professional development.

Systems were in place to ensure that feedback from residents and relative was sought and led to improvements such as satisfaction surveys. An annual review of the service had been completed this comprised of information that had been gathered from the six monthly unannounced audits. A formal system for carrying out an unannounced visit of the designated centre as required by the Regulations had been completed.

Overall the inspector was satisfied that there was a commitment to quality review and continual improvement. There was also a robust on-call rota to ensure back up assistance was available should the centre require it out of office hours.

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):

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

Findings:

Based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the centre. An actual and planned staff rota was maintained. A copy of this rota was available in a picture format in all of the houses so that residents were aware of which staff were on duty.

The inspector reviewed the staff rosters and found that staffing arrangements were sufficient to support and enable residents in their daily routines. Agency staff were used to fill vacancies at night time however, this vacancy was due to be filled by a permanent staff member to ensure continuity of care and support to residents. Many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as behaviours that challenge, basic life support and infection control. A training matrix was maintained.

During the inspection the inspector observed staff interacting and speaking to residents in a friendly, respectful and sensitive way.

Based on observations of the inspector staff members were knowledgeable of residents individual needs and this was very evident in the very personalised person-centred plans seen by the inspector. Residents spoke very positively about staff saying they were caring and looked after them very well.

Volunteers worked in the centre, they had received appropriate vetting which was up to date.

While staff had received mandatory training they required further training and skills to support residents with mental health needs particularly in relation to residents that engaged in self harming. Support interventions for residents that engaged in self harming behaviours were based on staff's knowledge and understanding of the resident. However, those plans were not supported by evidence based knowledge. Staff working in the centre required skills and knowledge in the management of residents who engaged in self-harm, to ensure the support interventions they were implementing were in line with best practice guidance and knowledge.

Judgment:

Substantially 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:

Ann-Marie O'Neill
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 report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002996
Date of Inspection:	14 March 2016
Date of response:	28 April 2016

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 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While staff had received mandatory training they required further training and skills to support residents with mental health needs particularly in relation to residents that engaged in self harming.

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

1. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

The social care leader is undertaking training in the management of self harm on the 28th April. All staff will receive information and guidance following this training. The residents personal plan will reflect any changes in approach.

Proposed Timescale: 15/05/2016