

**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-0002934
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Philomena Gray
Lead inspector:	Conor Brady
Support inspector(s):	Michael Keating
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	2

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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 June 2016 09:50	08 June 2016 16:30
09 June 2016 09:30	09 June 2016 12:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
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

Background to the inspection

This unannounced inspection was carried out to monitor compliance with specific outcomes and follow up on actions issued on the previous inspection. This was the fourth inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013.

The previous inspection of this designated centre took place on the 21st of September 2015 and as part of this inspection the inspector reviewed the actions the provider had undertaken since this previous inspection. This designated centre had been subject to regulatory escalation due to the concerns HIQA had about this centre based on inspections to date. On this inspection all actions highlighted in the previous inspection had been satisfactorily addressed.

How we gathered our evidence

As part of the inspection, the inspectors met with residents who were present on the days of inspection. The residents presented as content and well cared for over the course of this inspection. Residents communicated with inspectors on their own terms and were observed to be comfortable with the staff on duty. Residents were observed receiving a good quality of care and presented as content in their environment.

The inspectors spoke with and observed the practice of staff members who were on duty. The inspectors observed practices and reviewed documentation such as personal support plans, medical/healthcare records, a risk register and risk assessments, rosters, complaints, notifications, incidents/accidents, staff files, audits, training records and policies and procedures. The person in charge was also interviewed as part of this inspection.

Description of the service

The provider had a statement of purpose in place that clearly explained the service they provided. In the areas inspected, the inspector found that the service was being provided as it was described in this document. There were three locations within this designated centre that provided care for 11 residents at the time of inspection. One resident had been discharged since the previous inspection and there was one vacancy.

Overall judgment of our findings

Overall, the inspectors found that issues that were identified on the previous inspection had been satisfactorily addressed by the provider. This provider demonstrated appropriate engagement with HIQA and was found to be delivering appropriate care to the residents in this centre.

Good practice was identified in many of the outcomes that were inspected. Substantive improvement was found in this centre since the previous inspection. However, the inspectors also found two areas that required minor improvement in accordance with the regulations and standards.

These areas are as follows:

- Healthcare Needs (Outcome 11) - Improvements were required in terms of some health care planning and guidance regarding specific health care needs and information.
- Admissions and Contracts for the Provision of Services (Outcome 4) - Some residents did not have signed contracts in place.

All findings regarding compliance and non compliance are discussed in further detail within the inspection report and accompanying action plan.

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 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):

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

Findings:

Inspectors found that there had been no admissions to this designated centre since the previous inspection. There were two vacancies in the centre whereby residents had been discharged. Inspectors found that nine residents had contracts in place regarding their care, support and welfare needs. However inspectors were informed that two residents did not yet have signed contracts in place as family members refused to sign same.

Judgment:

Substantially Compliant

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:

Inspectors found that the social care needs of residents were being met in this centre. The person in charge had fully reviewed residents individualised assessments and personal plans. Personal plans were found to be of a good standard in the centre. Some residents had accessible versions of their personal plans developed on electronic devices that were very individualised.

Inspectors found that goals and objectives were set with residents with key workers clearly identified to support residents with same within agreed time-frames. Inspectors found that resident's social activities had notably increased in this centre since the previous inspection. An activities log was reviewed for the periods December 2015 - June 2016. There were regular recordings of residents social outings to sports events, cinema trips, meals out, zoo visits, boat trips, train rides to name but a few.

Inspectors reviewed photographs of activities in the centre and photo collages were developed by a keyworker as part of a resident's person centred plan. Many residents were attending activities in their day services on the days of inspection. Residents who remained in the centre were observed doing activities, writing, table top activities and preparing meals with staff. Residents were observed as being comfortable with staff on this inspection.

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:

Inspectors found that the health and safety of residents, visitors and staff was promoted and protected in this centre.

There was a risk management policy and procedure in place that was centre specific and met the requirements of the regulations and standards. There were systems in place for hazard identification, risk assessment, risk management and the implementation of control measures.

Incidents, accidents and near misses were clearly recorded and reported in this centre. The person in charge had a risk register in place whereby all of the identified risks in this centre were categorised and risk rated. For example, the risk of falls, risk of seizure, risks associated with phlebotomy, risk of fire, dysphasia, moving and handling and

behaviours of concern.

Inspectors found general and individual risk assessments completed within the centre which demonstrated good risk management. The person in charge and staff were aware of risks that were prevalent in this centre.

In reviewing accidents and incidents the inspector found corrective action had occurred post incident and resident's risk assessment were updated where required.

Fire drills, evacuation procedures and fire detection, alarm and fire fighting equipment were reviewed and found to be in order. The inspector found fire safety training was provided to staff who were knowledgeable regarding same. The inspector found evidence of evacuation drills that were completed which showed the centre could be evacuated safely.

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:

The inspectors found there were measures in place to protect residents being harmed or suffering abuse and appropriate action whereby allegations, disclosures or suspected abuse occurs.

There were a number of notifications to HIQA regarding active safeguarding allegations within this centre. Inspectors found that the providers response to same was appropriate based on the stage these issues were at on the inspection dates.

The inspectors found that the provider was operating from Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures (2014). The person in charge was supported by a social work team in the preliminary and full investigation of allegations, disclosures or suspected abuse. The Gardaí and HSE (Health Service Executive) were notified in accordance with policy where appropriate.

The person in charge and staff demonstrated good knowledge of the process and reporting of concerns. Staff were trained in the area of safeguarding vulnerable adults and were all found knowledgeable regarding the types of abuse and how to report same. Safeguarding plans were in place for residents where required in line with national policy.

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 were supported on an individual basis to achieve and enjoy the best possible health. The inspectors found residents with varying health care needs and observed good care delivery in this regard. There were some improvements required to elements of healthcare plans to ensure information pertaining to residents is appropriately updated and accurate.

Inspectors found that residents had good access to allied health professionals such as general practitioner, psychiatry, psychology, speech and language, occupational therapy and nursing care. There were annual health assessments reviewed for a number of residents.

Residents had healthcare plans in place that highlighted their specific needs. For example, residents who required specialist orthotic supports, epilepsy management plans, nutrition and hydration plans and modified dietary plans had them in place.

Resident's access to allied health professionals was maintained in a calendar of appointments in most cases. One resident's calendar was found to be incomplete. Another part of this resident's health care plan was also not fully completed. This plan required updating in certain areas. For example, one part of the plan stated the resident had no known allergies however the residents hospital passport identified he had allergies but did not state what they were.

Resident's food and nutrition needs were found to be met in this centre. The actions from the previous inspection were addressed with residents now cooking within the centre and being offered good levels of choice at mealtimes. Residents had good access

to appropriate food and fluids and the inspectors observed residents accessing food and drinks over the course of inspection and being supported with individual dietary and support needs.

Judgment:
Substantially 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 inspectors found the centre was managed by a suitably qualified and experienced person in charge. There was a clear management structure in place and effective management systems to monitor and review the quality of care and experience of the residents.

The person in charge had been in post for one year. He had appropriate levels of relevant experience and possessed qualifications in social work and a masters degree in sociology. The person in charge demonstrated good knowledge of the regulations and standards.

Inspectors reviewed unannounced provider visits to the designated centre that generated action plans in September 2015 and February 2016.

The inspector noted marked improvements in the review of practice and monitoring of the service delivered within the centre. For example, auditing the areas of resident finances, personal plans and assessments, staff training audits, meal time experience audits and eating, drinking and swallowing assessment auditing.

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:

Inspectors found that there were appropriate numbers and skill mix of staff to meet the needs of the residents in the designated centre. Staffing and resident changes within the centre led to an increased continuity of care since the previous inspection.

Staff files were reviewed as part of this inspection and were found to meet the requirements of the regulations and contained evidence of training, qualifications, Garda vetting and references.

Inspectors reviewed evidence of supervision arrangements and performance development reviews for staff. A planned and actual roster was found in place that reflected the staff working in this centre.

A review of staff training records found that all staff were provided with up to date training in fire safety and emergency evacuation, safe manual handling practices, safeguarding, dysphagia and epilepsy management. Staff spoken to presented as caring and knowledgeable regarding their role and the residents they supported.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Conor Brady
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-0002934
Date of Inspection:	08 June 2016
Date of response:	05 July 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 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:

Two residents did not have contracts for the provision of services in place.

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 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1. The registered provider/Representative will re issue the contract of care to the family identified
2. A letter offering assistance from the PIC/Residential Programme Manager will be included to support the family /representative in completing the contracts of care
3. In the event that the family /representative are not willingly to sign the contract a separate form will be enclosed which the family /representative will need to sign to confirm that they have received the contract of care but are not willing to sign the contract and on return this form will be placed in the residents' MPP with the contract of care

Proposed Timescale: 18/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some residents plans required updating in terms of their specific healthcare needs and elements of their health care plan being left incomplete.

2. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

1. The hospital passport and Health Action Plan for one of the residents has been amended to reflect the current diagnoses and allergies. Completed
2. All appointment calendars will be reviewed by the CNM2 and updated by the keyworkers. 31/07/2016
3. All healthcare action plans will be reviewed by the CNM2 and updated by the keyworkers. 31/07/2016
4. All medical documentation will be reviewed by the keyworkers and any discrepancies will be eliminated. 31/07/2016
5. The CNM2 will audit a sample MPP to identify potential discrepancies in medical documentation. 31/07/2016
6. The PIC will complete an audit of all MPPs in the DC. 31/08/2016

Proposed Timescale: 31/08/2016