

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002987
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Clare Dempsey
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 01 June 2016 10:30 To: 01 June 2016 15:00

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

Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to inspection**

This was an unannounced follow up inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God North East Services (the provider). The centre previously had a registration inspection in October 2015 and was found to demonstrate a good level of compliance across most outcomes. However, non-compliances were found with premises, health safety and risk management, workforce and documentation.

This inspection was to follow up and assess the action plan submitted by the centre in addressing the non compliances identified above. Some areas of non-compliance had been addressed however, issues still remained with the management of risk, staffing and documentation.

**How we gathered evidence**

The inspector met with four residents, three staff members and the person in charge. Residents appeared very much at ease with staff members and were quite content to talk with the inspector. The inspector also observed that the residents knew the person in charge well and spoke with him in a relaxed manner. Feedback from all four residents was very positive and they all reported that they were very happy and content living in the centre.

The inspector also spoke with the person in charge in detail over the course of the inspection. Key policies and documents were also viewed as part of the process including a sample rosters, the risk management policy and a range of announced

and unannounced audits that had been carried out in the centre during 2015 - 2106.

#### Description of the Service

The centre comprised of a two story house and two bungalows in close proximity to each other, supporting both male and female residents. It was located in the north east of Ireland in County Louth. All three houses were in close proximity to a local town which provided access to a range of amenities such as shops, restaurants, churches, barbers and hairdressers. The town also had a bus service however, there was also adequate transport provided by the centre for trips further afield if and when requested by residents.

#### Overall judgment of our findings

This was a follow up inspection to a registration inspection that was carried out in October 2015 and was to assess the implementation of action plan submitted to HIQA after that inspection. A number of non-compliances were found in premises, risk management, workforce and documentation. This inspection specifically focused on those outcomes and the actions required from the last inspection to bring them into compliance.

Some of the actions required from the previous inspection had been implemented however, and as identified above, some issues still remained with risk management, staffing and documentation. These are further discussed in the main body of this report and in the action plan at the end.

**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 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):**

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

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. Some issues regarding storage and the general upkeep of the centre had been identified in the previous registration inspection however, they had been addressed which in turn meant this outcome was compliant.

The centre consisted of a two story house and two separate bungalows all in close proximity to each other in a small town in County Louth. It was in walking distance to shops, restaurants, pubs, barbers, hairdressers, churches and cafes. On the morning of the inspection some residents went down to the local café for cappuccinos and coffee.

All residents had their own individual bedrooms which were decorated to their individual likes and preferences. Communal facilities included sitting rooms, well equipped kitchens, separate dining areas, utility rooms and an adequate number of bathrooms throughout the centre. Residents were very proud of their home and spoke very positively of it stating they loved living there.

The fixtures and fittings were modern and the centre was well ventilated, bright, warm and spacious throughout. Generally it was well maintained. Issues regarding storage space, windows, office space and the general upkeep of the centre had been identified and actioned in the last inspection.

However, the person in charge showed the inspector around all 3 homes that comprised the centre and the inspector was satisfied that all arrangements had been put in place to address the areas of non compliance found in the last inspection. There was adequate storage space, the centre was clean, windows had been repaired and issues with office space had been addressed.

The centre had front and back gardens which were kept in a good state of repair. Front gardens were small but well maintained. The back garden was more spacious and one house had a ramp for ease of access for residents with mobility issues.

**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):**

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

#### **Findings:**

As with the last inspection in October 2015, this inspection found that in the main the health and safety of residents, visitors and staff working in the centre was promoted and protected. There were also policies and procedures in place for the management of risk. However, not all actions required from the last inspection had been addressed.

There was a risk management policy available in the centre which had been reviewed in 2015. Staff were required to read the policy and where required refer back to the Social Care Leader if they had any queries and/or questions. There was also a risk register in place and risk was being identified by means of risk assessment and hazard identification. However, and as found in the previous inspection not all risks and hazards were being identified or managed adequately.

For example, the risks associated with residents using the shower room independently had not been adequately assessed. It was identified that a resident may need to call staff in case of an emergency while using the shower room. The only support made available for the resident was the use of a hand bell to alert the staff if they required assistance.

However, it was unclear as to know if this intervention would be effective if a resident were to fall in the shower room. The person in charge assured the inspector that this situation would be addressed as a priority and a more effective personal call alarm system was currently being considered.

Issues with the temperature control of the hot water had been identified in the last inspection. The inspector checked the water in all three houses that comprised the centre and found that this issue had been addressed.

Fire equipment was accessible and prominently displayed throughout the centre. The inspector observed that fire exits were clear, there were smoke detectors in place and the two story house had a fire panel which identified specific zones/areas in the house that would assist in detecting a fire in the event of an emergency.

On reading the unannounced visit report from the provider, which took place in April 2015, the inspector observed that fire drills were taking place every quarter and a night time drill had been facilitated in September 2015. The fire register was up to date and there were certificates available for checks on fire equipment and gas boiler. A fire grab bag was available and placed in a prominent place in the event of an emergency occurring in the centre.

The last inspection found that there were issues with some fire doors not closing properly when the fire alarm was sounded. The person in charge sounded the alarm on the day of this inspection and it was observed that all doors were now closing in full.

However, it was observed that there were no fire doors were located in the two small apartments that comprised this centre. While there were smoke alarms, a waking night staff and fire fighting equipment that were regularly checked, the inspector noticed that there were no fire doors in place. This in turn meant that there were inadequate arrangements in place for the containment of a fire.

This was brought to the attention of the person in charge and the team leader who assured the inspector that this situation would be addressed as a priority.

There were individual personal evacuation emergency plans in place for each resident living in the centre. However, some required more detail in order to fully guide staff in an emergency. An audit compiled on the emergency plans in April 2016 also found that some of them were not descriptive enough regarding some of the supports residents would need in the event of an unforeseen evacuation.

The inspector observed that there were adequate hand sanitizing gels, hand towels and warm water throughout the centre. There were also adequate measures for the disposal of all waste in place.

The registration inspection that was facilitated in October 2015 identified that all staff had participated in training in food safety and hand hygiene.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The number, qualifications and skill mix of staff was not sufficiently adequate in meeting the assessed needs and number of residents living in the centre. However, issues such as reliance on agency staff to cover night duty was in the process of being addressed and had significantly decreased over the last few weeks prior to this inspection.

Over the course of the inspection the inspector met with three staff members and spoke to one of those staff in some detail. She was a qualified social care worker and was able to provide the inspector with an overview of the centre and with the required paperwork to complete the inspection.

She was observed to be very warm and supportive towards the residents and treated them with dignity and respect. Residents were also observed to be very comfortable with her and were very much at ease when speaking with her.

It was identified in the last inspection that some of the residents' health care needs were growing. To support the staff team with this issue and in meeting the assessed needs of the residents a nurse had been employed to work specific hours in the centre. The nurse in question had left the service and alternative arrangements had not been made to provide access to nursing support. The person in charge informed the inspector that a recruitment process was in place in order to address this issue.

The last inspection found that there was also a reliance on agency staff in the centre. An internal audit carried out in April 2016 also identified this issue. The inspector viewed a sample of rosters and found that over the last month the reliance on and use of agency staff had lessened significantly.

It was also observed that where agency staff were to work in the centre a local induction was provided for them by the Social Care Leader or one of the qualified social care workers.

The last inspection also found that there were no systems of formal supervision taking place in the centre. The person in charge informed the inspector that the social care leader had commenced the process of formal supervision with her staff post the previous inspection.

However, the social care leader was on leave and it was not possible to access her personal files where this information was kept. The inspector requested a copy of all announced and unannounced visits to the centre in order to assess if the process of supervision had commenced. The last audit undertaken in April 2016 confirmed that this process was in place.

**Judgment:**  
Substantially Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**  
Use of Information

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

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

**Findings:**

The inspector found that systems were in place to maintain policies and records in the centre. However, issues were identified with regard to the ease of retrieval of some documentation and some standard operating procedures and policies that were required to be developed after the last inspection could not be located.

The last inspection found that there was adequate insurance in place against accidents or injury to residents, staff and visitors. A residents guide was also available that provided detail in relation to the services to be provided to the residents.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

However, it was also identified in the last inspection that specific documentation needed to be developed with regard to some standard operating procedures in the centre. For example, a circuit TV was in use in the centre as a security measure for one resident. The last inspection found that there was no standard operating procedure on its use.

The person in charge informed the inspector on this inspection that the social care leader had developed a policy on the use of the CCTV. However, because she was on leave, he was not able to locate it in the centre.

Others standard operating procedures that were required to be developed after the last inspection were a local policy on smoking, infection control, areas related to risk management and the use of a dependency tool. Again the person assured the inspector that all of these policies and procedures had been developed but he could not locate

them as the Social Care Leader was on leave at the time of the inspection.

**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:***

Raymond Lynch  
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<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002987
<b>Date of Inspection:</b>	01 June 2016
<b>Date of response:</b>	01 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 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:**

Some risks had not been adequately assessed. This in turn meant that adequate measures were not in place to mitigate the risk.

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

**1. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

A Pull cord has been put in the bathroom beside the toilet. When activated this will alert staff that a resident needs attention

**Proposed Timescale:** 17/06/2016

**Theme:** Effective Services

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

Not all arrangements in place were adequate for the safe evacuation of some residents in the event of a fire. For example, some individual emergency evacuation plans required more detail for the safe evacuation of some residents.

**2. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

All emergency evacuation plans have been updated and staff have been inducted into same. 20/6/16

**Proposed Timescale:** 31/08/2016

**Theme:** Effective Services

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

Two apartments that comprised the centre did not have fire doors installed. This meant that there were inadequate arrangements in place to contain a fire.

**3. 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:**

Measurements for fire doors for the two apartments were undertaken on the 12/5/16 and will be installed by 31/8/16.

**Proposed Timescale:** 31/08/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

While significant progress had been made with providing a core staff team in order to reduce the reliance on agency staff, it was identified that some additional nursing staff hours needed to be secured to support the growing health care needs of some residents.

### **4. Action Required:**

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

1. Interviews have been held for the post of Staff Nurse within the service and an offer has been given to a number of newly qualified staff nurses who will take up their positions upon registration. One of these staff nurses will be allocated to this designated centre.

**Proposed Timescale:** 30/10/2016

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

Some of the documentation pertaining to residents and required under Schedule 5 of the Regulations could not be retrieved on the day of inspection.

### **5. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Standard operating procedures on smoking, use of CCTV, infection control and other Standard operating Procedures are now stored with other indexed documentation relating to the House.

**Proposed Timescale:** 10/06/2016