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:	South Clondalkin Tallaght Community Group Homes
Centre ID:	OSV-0003921
Centre county:	Dublin 24
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Philomena Gray
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. 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:
20 October 2016 11:30	20 October 2016 19:30
21 October 2016 10:30	21 October 2016 14:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:
This was the second inspection of the centre. The first inspection of the centre was conducted in May 2015 following an application by the provider to register the centre under the Health Act 2007. At this time, the premises were found to be non compliant with the regulations. The provider submitted a plan to HIQA to address this. This inspection was conducted to ensure the planned actions were addressing the identified issues and having a positive impact for the residents.

How we gathered our evidence:
As part of this inspection, the inspector met nine residents. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:
The designated centre is three houses located in Co. Dublin. Services were provided to male and female residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:
The findings of this inspection demonstrated that the provider had, in the main, not responded adequately to the failings identified on the previous inspection. The inspector determined that significant improvement was required to ensure compliance with the regulations. Overall inspectors found that practices in the centre were inconsistent.

Resident's reported that they were satisfied with the service they received and spoke highly of the staff supporting them. The inspector identified positive practice such as residents going on holidays. However there was an absence of appropriate assessment and plans of care for some residents. There were also insufficent staff in one house which impacted on residents ability to take part in activities of their choosing. Furthermore the risk management systems were not implemented effectively within the centre. The inspector found that fundamentally, the service was not meeting the needs of residents due to an overall failing by the provider to ensure sufficient oversight of the practices within the centre.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 three failings arising from the previous inspection. The inspector found that the provider had implemented one of the actions stated in response to the previous report. Furthermore, the inspector identified additional areas where improvement was required on this inspection, to ensure that the day to day practices within the centre ensured the privacy and dignity of residents was maintained.

The policy for the receipt and management of complaints had been reviewed following the last inspection. An accessible version of the policy had also been developed. The policy identified four individuals responsible for the receipt of complaints. Staff explained that the reason for this was that each individual was responsible for different areas of service provision within the wider organization. Staff were clear on the individuals to contact based on the nature of the complaint.

Inspectors observed staff to engage with residents in a warm and dignified manner. However, the inspector observed practices in the centre which did not promote residents' privacy. For example, due to the location of the bathroom/shower room in two of the houses, residents were required to go through the kitchen to have a shower. Also, the inspector observed some residents using one resident's bedroom to access their chiropody appointment. Personal documentation was stored in a secure location.

A finding on the previous inspection was that not all residents had access to meaningful activities. This had not been adequately addressed. While all residents had access to a formal day service, the opportunities that residents had to engage in activities in line

with their interests and capabilities varied between houses. Some residents told the inspector of the activities that they took part in at the weekends or in the evenings and expressed satisfaction with this. However, the inspector found in one house, that all activities residents took part in were collective activities with their fellow housemates. A review of daily records demonstrated that activities included bus drives and out for coffee. This was not supported by an assessment or consultation with residents to demonstrate that this was their choice or in line with their interests and capabilities.

Judgment:
Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

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:
Inspectors found in May 2015, that there was limited space for residents to meet visitors in private. The provider responded by stating that additional space would be provided by redesigning/extending the premises. The timescale provided was September 2018. As the timeframe had not elapsed as of this inspection, the failing is repeated in the end of this report.

Judgment:
Substantially Compliant

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

Findings:
By reviewing a sample of contracts, the inspector confirmed that the provider had agreed in writing with residents the terms and conditions in which they would reside in the centre and the fees to be paid.

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

Findings:
The inspector reviewed a sample of personal plans and found that residents' assessments had not been consistently reviewed on an annual basis or as a result of a change in need. Therefore personal plans did not adequately identify the supports residents required to ensure their needs were met.

The provider had a system in place for the assessment of residents' health and social care needs. Once a need was identified, a plan of care/goal was identified to meet that need. Each resident had a personal plan, however some had not been reviewed since March 2015. Furthermore, of the personal plans which had been reviewed, the inspector found that the review did not include the effectiveness of the previous plan. This was a failing identified on the previous inspection. The inspector also found inconsistency in the supports provided to residents so they could achieve their goals. A review of daily records and conversations with staff demonstrated that in some instances residents had not been supported to achieve their goals, such as attending community groups or going on holidays. The inspector also determined that goals did not consistently provide opportunities for residents to achieve their potential. Some goals promoted skill building and development such as attending an educational course or develop cooking skills. In other instances goals were once off activities, such as going to a hotel overnight or buying gifts for family members.

Residents were involved in their personal planning meetings.

A finding from the previous inspection was that personal plans were not available in an accessible format. The provider responded by stating that personal plans were to be reviewed by July 2015 to ensure that they were accessible. Staff informed inspectors that training had commenced for staff as of this inspection and assistive technology was being considered. However, as of this inspection personal plans were not in an accessible format.

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:
As stated previously, the designated centre consisted of three houses located in Co. Dublin. In May 2015, it was identified that the physical premises did not meet the requirements of the regulations. There were three failings identified at that time. The provider had responded by stating that various actions would occur between December 2015 and September 2018 to address these failings. While some action had been taken, such as leveling the floor area in one of the houses to ensure that it was accessible for all residents, the inspector found on this inspection that additional work was required to ensure compliance with the regulations.

The inspector found that, generally, the three houses were clean and suitably decorated. However the inspector did note a malodour in one of the bathroom/shower rooms located next to the kitchen. The inspector was also informed by staff and residents in one house that the two shower rooms upstairs were non operational due to a leak which had occurred in October 2015. As a result, residents were supported to use the shower room downstairs. Post inspection, management provided a report to HIQA to state all showers were operational. Residents expressed dissatisfaction with staining in the ceiling in their living room which was a result of the leak.

Residents and staff also informed the inspector that one of the houses was very cold and challenging to heat. The centre had a system in place in which residents and the provider divided the gas bill on a monthly basis, each resident and the provider paying

an equal share. The inspector requested a copy of the bills for the winter period of 2015/2016 and determined that the gas bill was abnormally high and as a result an undue cost to residents with the highest bill being €387 for one month. The provider responded by stating that a review would occur of the heating and insulation of the house.

Communal space was limited in one house in which six residents reside. The kitchen could not accommodate dining and therefore the living/dining room was the only communal space in the house for residents.

There had been no change to the structure of the centre since the last inspection, therefore two bedrooms in one house remained too small.

There was also an absence of suitable storage in which continence wear and personal protective clothing was stored in a shed in the garden. The inspector determined that the shed was dirty and therefore it was unsuitable for the storage of these items and they had debris on them.

The back garden was also observed in one house to be unsafe for residents due to uneven ground and loose paving.

As stated previously remedial work had taken place in the house, however fundamentally the inspector found that issues which had arisen following the last inspection had not been addressed. Also while a plan had been submitted to HIQA outlining the steps to be taken to rectify the premises the plan was dependent on funding and further approval.

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:
The provider had undertaken in the previous inspection report to ensure that measures would be taken to ensure the effective assessment and management of risk in the centre. Staff stated that risk management training was in the process of occurring for staff on this inspection and there had been a review of some risks in the centre following the last inspection. However, fundamentally the inspector found that the risk

management systems in place were not effective and did not promote the safety of all residents.

The centre had a system in place for the assessment of collective and individual risk to residents in the centre. For example, the collective assessment of risk for the centre identified hazards associated with activities such as ironing, fire, showering and medication. However the inspector identified both operational and environmental risks within the centre which had not been identified and therefore not assessed. This resulted in an absence of control measures. Operational risks which had not been assessed included lone working, staff vacancies and inadequate governance and management arrangements. The inspector observed that the staircase in one of the houses was a clear risk to some residents residing in that house. There was also steps leading into the back garden in one house which had not been assessed. Furthermore, individual risk assessments had not been reviewed following a change in need to some residents, particularly regarding residents' mobility. For example, residents who had experienced falls had not been assessed following the fall. Staff informed the inspector, that some residents required supervision using the stairs. However at times, there was only one member of staff on duty supporting six residents. There had been no assessment to ascertain the effectiveness of this arrangement.

The centre had systems in place for the management of fire. There was an absence of learning occurring from fire drills. On this inspection, records of fire drills and discussions with residents and staff demonstrated that residents could be evacuated from the centre within an appropriate timeframe. Fire doors were not effective, during the last inspection. The inspector reviewed a sample of doors and found that they had the adequate intumescent and cold smoke seals. However noted that they were not provided with self closers. The inspector also found that one door was wedged open with a bin. The centre had a policy that all fire doors should be checked on a two monthly basis. This was not occurring in practice. Final fire exits were also key operated, and the break glass unit was broken by one door. This presented an unnecessary risk in the event of evacuation being required.

Records demonstrated that equipment such as emergency lighting, fire extinguishers and fire alarms were serviced at appropriate intervals. However, the centre's procedures for daily/weekly checks of equipment and routes of exit were not been consistently completed. The inspector noted in one house that the route of exit from the kitchen to the fire point was obstructed. This had not been identified by staff.

Staff had received training in fire safety management.

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

Findings:
The centre had policies and procedures in place for the safeguarding of vulnerable adults. Staff had received training in this. Residents informed the inspector that they felt safe in their homes. There had been instances in which the safeguarding procedures had been initiated in the centre. The inspector was assured that the appropriate action was taken.

The inspector reviewed the arrangements in place to ensure that residents received positive behaviour support. There were policies and procedures in place regarding this. Residents were supported by the appropriate Allied Health Professionals. However the inspector identified that the control measures were not always feasible. For example, due to the layout of the centre, providing one to one supervision at all times was not possible. Not all staff employed in the centre had up to date training in positive behaviour support and break away techniques.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
The centre maintained a record of accidents and incidents. There were instances in which the safeguarding procedures were initiated. HIQA had not been notified of this as required by regulation 31. There was also an instance in which a resident sustained an injury requiring medical attention. HIQA had not been notified of this.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Residents had regular access to their General Practitioner (G.P) if a need was identified. Residents were also referred to Allied Health Professionals if a need arose. However, this was not consistent, particularly in relation to nutrition. Some residents had healthcare plans in place to guide practice on the supports required to meet their needs. In other instances, there was no healthcare in place for identified needs, inclusive of epilepsy. There was one resident who had recently been unwell and while the inspector found that they were supported to stay at home during this time, there was no plan of care in place to guide practice on the supports they required. Of the healthcare plans present, some had not been reviewed in a 3 year period.

Significant improvement was required in the management of residents' nutritional intake. The inspector observed positive practices towards supporting residents with their nutritional intake. However, there were instances in which residents who were presenting with a low weight had not been assessed using an evidence based tool as stated by the provider. In other instances, residents were identified as requiring support to reduce their Body Mass Index (BMI). However this was not supported by the appropriate Allied Health Professional. Daily food records also did not support that the resident was supported to meet this need.

The inspector had the opportunity to observe two mealtimes and found inconsistent practice. In one house, residents stated that the weekly menu was decided by as a group and alternatives were provided if they did not like what was on offer. The mealtime was also observed as being a social experience with residents provided with the appropriate support by staff. In another house however, the inspector observed that the weekly menu did not meet the needs of 50% of the residents due a diagnosis of dysphasia. Management stated that the alternative option for the residents had not been purchased. The inspector observed the residents to be provided with a variety of foods not traditionally combined together of omelette, beans, potato and gravy.

Judgment:
Non Compliant - Major

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:
Storage of medication was not in line with the centre's policies or best practice at the time of the last inspection. This had been adequately addressed. However on this inspection, the inspector found that additional improvements were required to ensure compliance with this Outcome.

There were policies and procedures in place for the receipt, storage and administration of medication. Staff had received training in the safe administration of medication. The inspector found that there was a risk however in the template used for the prescription of medication. Of the sample of prescription sheets reviewed, it was apparent that they contained all of the necessary information as required, including the name, date of birth and a photograph of residents. However medication was prescribed in the 12 hour clock. There was no distinction between am or pm. Therefore from a review of administration records it was unclear if medication had been administered at the correct time of the day. There was a signature of the prescriber for each medication, including medication that was discontinued. The prescriptions also stated the maximum dose a p.r.n medication (as required) could be administered in a 24 hour period. However, there was no guidance in place to support staff in the circumstances in which medication could be administered.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

implemented.

Findings:
The statement of purpose for the centre was due to be reviewed following the last inspection. This had not occurred. The document did not accurately reflect the governance and management arrangements for the centre. There was also an absence of room sizes for each of the houses. Furthermore, the findings of this inspection demonstrated that the practices in the centre were not meeting the aims and objectives of the service as stated in the Statement of Purpose.

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

Findings:
An annual review of the quality and safety of care had occurred in February of this year. However the document provided to the inspector was incomplete with certain areas not being reviewed, such as the healthcare needs of residents. Furthermore due to the repeated non compliance of the centre, the inspector determined that significant work was required to ensure that the service provided was safe and effective.

There had been changes to the individuals involved in the governance and management of the centre since the last inspection.

The person in charge held the role of residential co-ordinator. The person in this role had changed in August 2016. They were interviewed by HIQA in October 2016 and found to meet the requirements of Regulation 14. The person in charge held the position in more than one designated centre. However, the inspector found that the person in charge was unable to fulfil their statutory responsibilities due to a vacancy in the role of Social Care Leader in two of the three houses. As a result management activities, including audits were not being conducted at appropriate intervals and this resulted in a deficit in service provision as demonstrated in the findings of this

inspection.

There were limited audits available in the centre on the day of inspection. The inspector requested that all additional information be submitted to HIQA following the inspection. This occurred and demonstrated that while some audits had occurred since the last inspection, they were insufficient. For example, the last medication audit occurred in February 2016. Also an audit identified that the daily checks that staff were to complete were not being done. This was also a finding of the inspector. Therefore demonstrating that appropriate action had not been taken following the audit. There was an absence of reviews of the effectiveness of personal plans and the outcome for residents. There was also evidence that numurous maintenance issues which had been identified by staff had not been addressed in an appropriate time period.

The person in charge submitted a schedule of audits to HIQA following the inspection which would occur once the new social care leader had commenced. This was due to be the week following the inspection.

Judgment:
Non Compliant - Major

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
It was identified that there had been improvements made to increase staffing levels following the previous inspection, however these improvements had not been sustained.

Staffing levels among the three houses varied, in two of the houses residents and staff reported that they felt there was adequate staff and the needs of the residents could be met. However, in one of the houses, the inspector determined that there was insufficient staff to meet the needs of residents. The house was the home to four residents who were supported by one staff member. The inspector observed that this was not appropriate due to the needs of the residents. At the time the inspector was present, there were three residents home. The inspector observed that there was limited interaction and opportunities for residents to do activities of their choosing as the staff

member was trying to prepare dinner. Furthermore, all activities residents partook in were collective and there was no opportunity for residents to partake in meaningful activities on their own. The inspector also found that there was numerous staff employed by an external service provider completing lone working shifts. This at times resulted in residents being cared for by staff who were not familiar to the residents. The inspector determined that there was a risk with this arrangement due to the absence of appropriate assessments and plans of care in place.

An audit was due to be undertaken of all staff training in the centre following the last inspection, with additional training to be provided in the following areas:
- restrictive practices
- risk management
- infection control
- falls management

This was due to be completed by October 2015. The inspector reviewed training records and found that this had not occurred. The evidence on this inspection demonstrated that the above was required to ensure that the needs of residents were met. Staff had received mandatory training such as manual handling, safeguarding and fire training. However the manual handling for two staff was out of date, in one instance the training was overdue by 10 months.

The inspector also found that there was an absence of staff supervision.

Judgment:
Non Compliant - Major

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:
In May 2015, some policies did not guide practice. The provider stated that that this

would be addressed by July 2015. The inspector reviewed the policies available in the centre and found that the complaints' policy had been updated. However the polices on residents' personal finances had not been reviewed as stated as it was dated October 2013. Furthermore the policy, available in the centre, on the creation, access to, retention of, maintenance and destruction of records had not been reviewed in 3 years as required by regulation 4, as it was dated 2011.

The inspector also reviewed the directory of residents and found that it did not include residents who had been discharged from the centre.

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:

Jillian Connolly
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[1]

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003921
Date of Inspection:	20 and 21 October 2016
Date of response:	16 January 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Day to day practices did not support that residents' privacy and dignity was maintained.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
1. Residents are being encouraged in both houses to use the upstairs bathrooms available. An occupational assessment will be conducted to ensure the room suits the resident's needs.
2. A social care leader has been in position since 24/10/2016, he is ensuring that activities are more individualised and led by residents.
3. Residents will use a room of their choice to avail of chiropody in the home if they wish to do so.

Proposed Timescale:
1. 28/02/2017
2. 24/10/2016
3. 24/10/2016

Proposed Timescale: 28/02/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not consistently have the opportunity to take part in activities in line with their interests and capabilities.

2. Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
2. A full roster review will be occurring to ensure the roster best reflects the needs of the residents to support to take part in activities in line with their interests.
3. A social care leader has been in position since 24/10/2016, he is ensuring that activities are more individualised and led by residents.

Proposed Timescale:
1. 28/01/2017
2. 24/10/2016

Proposed Timescale: 28/01/2017

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was limited space available for residents to meet visitors in private.

3. Action Required:
Under Regulation 11 (3) (a) you are required to: Provide suitable communal facilities for each resident to receive visitors.

Please state the actions you have taken or are planning to take:
In the house in question, alternative accommodation is being offered to a resident. This person will not be replaced, reducing resident numbers in the house from 6 to 5. This will mean there will be less occupants in the house, creating more space for communal activities or visitors.

Proposed Timescale: 28/02/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' assessments were not consistently reviewed annually or sooner if required.

4. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
Personal plans and assessments will be reviewed and audited on an annual basis.
All plans are being worked on at present. Health care professionals will be consulted with the development of all plans.

Proposed Timescale: 28/03/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not available in an accessible format.

5. Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their

representatives.

Please state the actions you have taken or are planning to take:
The Personal Directed Plan Coordinator will consult with the staff teams to explore different options for resident's individual plans.
Accessibility of plans will be improved, with particular focus on goals. The use of assistive technology will be offered and encouraged to residents.

Proposed Timescale: 28/02/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not consistently reviewed annually or sooner if required.

6. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
Personal plans and assessments will be reviewed and audited on an annual basis.
All plans are being worked on at present. Health care professionals will be consulted with the development of all plans.

Proposed Timescale: 28/03/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Reviews of personal plans did not include a review of the effectiveness of the plan.

7. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The audit tool for personal plans will be reviewed ensuring to consider the effectiveness of the plan.

Proposed Timescale: 28/02/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not consistently promote the potential and independence of residents.

8. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
The staff team from the Designated Centre are now participating with the new Person Directed Planning process and will be engaging with the PDP Coordinator to support the residents to identify and work towards meaningful goals that promote potential and independence.

Proposed Timescale: 28/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not consistently supported to meet their assessed needs.

9. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
All assessments and care plans are being reviewed at present.
All plans will be relayed to the full staff team to ensure everyone is aware of the individuals support needs.

Proposed Timescale: 28/03/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The external areas of one centre were not safe. Residents and staff stated that two of the shower rooms in one house were not in use. There was staining on the ceiling of one house.

10. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
1. The external area of one centre will be re-surfaced and made safe.
2. Shower rooms in the house in question will be reviewed by occupational therapy to ensure the residents have the option to utilise the space.
3. Ceiling in the house has already been resurfaced, this will be painted.

Proposed Timescale:
1. 30/04/2017
2. 30/03/2017
3. 30/04/2017

Proposed Timescale: 30/04/2017
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a mal odour in the shower room of one house.

11. Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
Maintenance will be notified of the mal odour and will be instructed to carry out an investigation to determine the cause. Any actions needed to resolve the issue will be carried out.

Proposed Timescale: 30/04/2017
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate private and communal space was not available for residents. There were insufficient showers available. Two bedrooms were too small. There was an absence of appropriate storage. The heating bill in one house was abnormally high.

12. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

1. Showers are currently working. A referral has been sent to the occupational therapy team to assess the suitability of the showers for the individuals in the house.
2. One of the residents who currently resides in a small bedroom has been offered alternative accommodation. Once this person has moved, a proposal for adaptations to the remaining small bedroom will be made.
3. Storage will be reviewed and improvements will be made.
4. Heating bills are monitored by the social care leader. Any bills of a significant cost will be highlighted to the person in charge and programme manager. A request will be made to the housing association to review the insulation of the house in question.

Proposed Timescale:
1. 30/03/2017
2. 30/05/2017
3. 30/04/2017
4. 30/04/2017

Proposed Timescale: 30/05/2017

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:
The systems in place for the assessment and management of risk were not implemented effectively.

13. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
1. The risk management policy will be updated and reviewed to reflect all systems in place for assessment and management of risk.
2. The social care leaders and residential coordinator will review the centre and ensure all risk management necessary is put in place.
3. Risk management will be added to the team meetings as an area of focus.
4. Support will be provided to frontline staff to guide risk management practice.

Proposed Timescale:
1. 28/03/2017
2. 28/03/2017
3. 28/01/2017
4. 28/03/2017

Proposed Timescale: 28/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an absence of self closers on pertinent fire doors.

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

Please state the actions you have taken or are planning to take:
A full assessment of fire safety precautions in the centre will be requested. This will include assessing the need of self-closers on pertinent fire doors.

A walk through audit will be conducted by residential coordinator to assess current fire safety precautions and ensure effective procedures in the interim.
A more comprehensive assessment will be completed by a fire safety officer to assess the need of self-closers on pertinent fire doors.

Proposed Timescale:
1. 30/01/2017
2. 28/06/2017

Proposed Timescale: 28/06/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements in place for reviewing fire precautions were not implemented in practice.

15. Action Required:
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
1. An audit of the fire safety checklists will be completed and feedback will be provided at team meetings.
2. Each residents Personal Evacuation Plan will be reviewed after all fire drills.

Proposed Timescale: 28/01/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One route of escape was blocked. Final fire exits were operated by a key.

16. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
1. All routes of escape have been cleared.
2. There are break glass units at all fire exits. The unit broken day of inspection has been repaired. A new fire safety system was installed.

Proposed Timescale:
1. 21/10/16
2. 06/12/16

Proposed Timescale: 06/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training in positive behaviour support and breakaway techniques.

17. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
All staff will be trained in positive behaviour support.

Proposed Timescale: 30/03/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an instance in which a resident sustained an injury requiring medical attention. HIQA had not been notified of this.

18. Action Required:
Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

Please state the actions you have taken or are planning to take:
This was brought to the attention of the new management team during verbal feedback (21/10/16). An NF03 was sent in retrospect on the 25/10/16.
The current management team are aware of their obligations to notify HIQA and will continue to do so as required.

Proposed Timescale: 25/10/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were instances in which the safeguarding procedures were initiated. HIQA had not been notified of this.

19. Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
All incidents that are referred to the safeguarding and protection team will be notified to HIQA as required.

Proposed Timescale: 30/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an absence of health care plans in place for some residents. Health care plans had also not been reviewed at appropriate intervals.

20. 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:
A review of all resident's health care needs is currently being conducted to ensure that they have a corresponding care plan.

All healthcare plans will be updated as residents needs change or on a yearly basis if no changes are necessary.
An audit schedule will be finalised to include reviewing health care plans.

Proposed Timescale: 28/03/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were not consistently supported by the appropriate Allied Health Professionals.

21. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
All residents who require support with dietary needs will be assessed by their General Practitioner and if required a referral for a dietician will be sent.
When health care plans have been updated, the residents General Practitioner will be consulted to ensure the plan has included all things required.

Proposed Timescale: 28/01/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Food provided was not consistently in line with residents' needs.

22. Action Required:
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

Please state the actions you have taken or are planning to take:
Menu planning and residents choice will inform the food shopping.
Speech and language guidelines for residents with specific dietary needs will be consulted when meal planning.

Proposed Timescale: 24/10/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication was prescribed in the 12 hour clock, therefore it was unclear if medication was administered at the correct time of the day. There was no guidance in place for circumstances in which p.r.n medication could be administered.

23. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
1. The template in place requests the 24 hour clock to be used. However, some practitioners do not adhere to this. Staff will check the Kardex when changes are being made to ensure the correct information is recorded.
2. All PRN medication will have a corresponding protocol to guide staff.

Proposed Timescale:
1. 21/10/2016
2. 31/01/2017

Proposed Timescale: 31/01/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose had not been revised following the inspection in May 2015. Therefore the information contained was not reflective of the services provided and/or contain the room sizes.

24. Action Required:
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
The Statement of Purpose will be revised and amended to include all required information.
Upon completion this will be sent to HIQA.

Proposed Timescale: 28/02/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge could not ensure the effective management of the designated centre due to their role within the wider organisation and the absence of support structures.

25. Action Required:
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

Please state the actions you have taken or are planning to take:
A social care leader has been assigned to the post that was vacant during inspection. The Person in Charge is now managing one less centre due to the commencement of an additional Residential Coordinator.
Governance structures are now in place to ensure effective management of the service.

Proposed Timescale: 24/10/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an absence of systems in place to ensure that the service provided was safe and effective.

26. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A social care leader has been assigned to the post that was vacant during inspection. Governance structures are now in place to ensure effective management of the service. A revised audit schedule will be rolled out for 2017. An annual review will also be conducted. This will ensure that we learn from practice, and will assist the organisation to provide a safe and effective service.

Proposed Timescale:
Annual Review: 28/02/2017
Audit Schedule: 23/12/2016

Proposed Timescale: 28/02/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review of the safety and quality of care was incomplete.

27. Action Required:
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
A comprehensive annual review will be conducted to assess 2016. This will be in line with the National Regulations and Standards and will ensure to provide effective learning.

Proposed Timescale: 28/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient staff in one of the houses.

28. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
An additional 0.5 staffing has been added to the roster in one house. This will be reflected on the February roster.
The organisation has also arranged for a volunteer to work with some of the residents in the centre.

Proposed Timescale: 31/01/2017

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a high number of staff employed by an external provider in the centre completing lone working shifts. There was a risk present due to the absence of

appropriate assessment and plans of care.

29. Action Required:
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Please state the actions you have taken or are planning to take:
A risk assessment will completed in relation to lone working.
The induction process in the Designated Centre is being reviewed and updated, to ensure all staff working within the centre are fully knowledgeable of residents needs.

Proposed Timescale:
1. 31/01/2017
2. 20/03/2017

Proposed Timescale: 20/03/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have the appropriate training.

30. 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:
All training records have been reviewed and staff will be provided with any refresher training they require.
Staff will be provided with support in the following areas:
Risk management
Infection control
Falls management

Proposed Timescale:
Risk Management: 31/01/2017
Infection Control: 30/04/2017
Fall Management: 30/04/2017

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:
Staff were not appropriately supervised.

31. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Both social care leaders are compiling a supervision schedule for 2017 to ensure all staff are receiving regular 1:2:1 support. This will be run in tandem with regular team meetings to provide peer support for all staff.
Social care leaders also receive supervision with the residential coordinator every 6-8 weeks. There are also monthly meetings for social care leaders to meet and provide peer support to each other.

Proposed Timescale: 31/12/2016

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 policies had not been reviewed in a 3 year period.

32. Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
1. The residents personal finance policy has been brought to the attention of the provider nominee.
2. The updated Record Retention policy (updated 2014) has been put into the relevant house and staff will be inducted at the team meeting. The other two houses had the correct policy on site.

Proposed Timescale:
1. 15/12/2016
2. 31/12/2016

Proposed Timescale: 31/12/2016

Theme: Use of Information

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

The directory of residents did not include residents who had been discharged from the centre.

33. Action Required:
Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

Please state the actions you have taken or are planning to take:
The directory of residents will be amended to include anybody who has been discharged from the centre.

Proposed Timescale: 28/02/2017