

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bliain Orga
Centre ID:	OSV-0003015
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Declan Moore
Lead inspector:	Raymond Lynch
Support inspector(s):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 June 2017 09:30 To: 06 June 2017 14:30

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

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out following the Health Information and Quality Authority (HIQA) issuing the provider, St John of God's Community Services, with a notice of proposal to refuse and cancel the registration of the designated centre in February 2017.

This measure was taken due to a number of serious breaches of the Regulations, some of which were recurring, found on an inspection carried out on 03 January 2017.

While it was found that some issues remained regarding the suitability of the premises and the agreed timeframes for the transition of a number of residents had not been met, this inspection found that the provider, with the support of the person in charge and person participating in management had addressed (or was in the process of addressing) many of concerns raised by HIQA since the last inspection.

A quality enhancement plan had been developed by the provider to address deficits and inspectors found that it was being systematically implemented across the centre.

Overall the inspectors found that while the centre had not met the agreed timeframes to transition residents to a more appropriate setting and challenges remained with the suitability of the premises and the way in which some risks were

being managed. The quality of care and support being provided to the residents had improved significantly.

How we gathered our evidence:

As part of the inspection, the inspectors met with ten residents and spoke with two of them over the course of this inspection. The inspectors also met and spoke with the person in charge at length over the course of this inspection as well as the person participating in management, the director of services and the director of care and support.

One of the inspectors spoke with a family member over the phone. The family member in question was very positive about the service being provided to their relative, and was extremely complimentary about management, staff and their key worker assigned to their family member. They reported that their relative got to engage in activities of their liking and preference and that the care they received was second to none.

Documentation such as residents' care plans, positive behavioural support plans, risk assessments, hygiene audits, the annual review of the quality and safety of care and training records were also viewed as part of this inspection.

Description of the service:

The centre comprised of four single storey houses on a campus based setting belonging to St. John of Gods Services in County Louth and provided accommodation for 20 residents. While the service remained challenged by the physical layout of the premises it was observed that they were warm, clean and where possible personalised to residents' individual preferences.

There were a range of small villages and towns in close proximity to the centre however, due to its rural location private transport was required to access these amenities. The centre had access to two seven seater cars and the person in charge informed the inspectors that a third car was soon to be made available to the centre.

Overall judgment of our findings:

Overall, inspectors found that management and staff had addressed some of the issues (or were in the process of addressing) the issues raised in the inspection on 03 January 2017.

However, to date no residents had transitioned from the centre by the agreed timeframes as sent to HIQA, the premise remained unsuited for their stated purpose and the way in which the centre was managing some risks remained inappropriate.

That said, the inspectors observed that the quality and safety of care being delivered to the residents had improved significantly, the staff team had stabilised, the number of adverse incidents occurring in the centre had reduced and a family member of one of the residents spoke very highly of the care their relative received in the centre.

It was also observed that the person in charge, the person participating in

management and the staff team knew the residents well and residents appeared comfortable in the company of all staff members.

Of the six outcomes assessed three were found to be compliant including Social Care Needs, Safeguarding and Governance and Management. Workforce was found to be substantially compliant while Risk Management and Premises were assessed as being major non complaint.

These were further discussed in 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 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Audits had being completed on resident's personal plans. The Person In Charge and persons participating in management had audited each plan.

A set of actions was drawn up from the audits with the key-workers updating the plans as required. Inspectors found evident that the required change had being implemented and signed off. The person in charge showed inspector an audit schedule in place for the ongoing review of resident's personal plans.

Inspectors reviewed the personal goals set with the residents. Social goals were discussed at residents meetings. There was a system in place to record residents' personal goals.

Documentation relating to each goal and the progress towards achieving it were maintained. Inspectors found that once goals had being achieved staff consulted with residents and new goals were set.

Where it was not possible to achieve a goal within the initial time frame, the reason for this was recorded. Inspectors found that residents would be supported o achieve these goals in the future.

During the inspection the inspectors spoke with a number of residents who told inspectors about some of the recent activities they had undertaken. Resident's personal plans were available in an accessible format.

This also related to their daily activity schedules where notice boards were used to display picture of activities each resident was going to do during the day. The residents used these pictures to tell inspectors about their days.

Residents actively engaged with staff and worked together to develop new goals in an accessible format. Residents also requested to visit the new houses in the community.

Judgment:

Compliant

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 with all previous inspections of this centre, the physical layout and design of the centre continued to provide significant challenges in the provision of services to the residents.

However, this unannounced inspection witnessed that the centre was clean, warm and where possible had been personalised to take into account the residents' individual preferences and likes.

Bedrooms continued to be small (approximately five to seven square metres gross floor area) and as found in previous inspections the windows in each bedroom were not suitable as residents could not access them or view the outside gardens from them due to their institutional design.

While the provision of storage space for residents was found to be a concern on the last inspection, this inspection found that management and staff had redesigned parts of the centre to help alleviate this issue. The provision of additional laundry facilities had also been secured for the centre.

Some bathrooms continued to comprise of communal facilities and required modernisation so as to ensure the privacy and dignity of each resident living in the centre. However, on this inspection, they were observed to be clean, tidy and well ventilated

The inspectors also observed that while some communal rooms were very large and institutional in design, where possible staff had personalised them to suit the individual needs and preferences of the residents.

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:

While the systems in place to review and manage risk had improved significantly since the last inspection, it was observed that one strategy to manage one specific risk remained in place and required urgent review.

This inspection found that there was an updated Risk Management policy in the centre and the Risk Register had been reviewed by the person in charge and person participating in management. It was also observed that individual risk assessments had been updated as required and appropriate actions put in place to mitigate risk.

For example, from a sample of files viewed it was observed that one resident had a recent fall. The resident received appropriate medical attention at that time, (including a medication review), had an appointment with a physiotherapist and their falls risk assessment had been updated so as to mitigate the risk of a future fall.

From speaking with staff it was evident that they had an intimate knowledge of the residents support needs and the updated risk assessment to keep them safe.

However, in order to keep two residents safe a strategy remained in place where they continued to leave the centre for prolonged periods of time throughout the day. This was because they were at heightened risk of peer to peer abuse in their home.

Management and staff acknowledged that while this intervention to reduce risk to the residents was inappropriate, they were confident it would be addressed satisfactorily by the end of June 2017 as more appropriate accommodation was being sourced for a number of residents in the centre.

The inspectors saw a sample of transition plans for these residents and were assured

that alternative and more appropriate accommodation had been sourced for some of the residents and the above situation would be addressed as a priority.

The last inspection found that there were issues pertaining to the management of infection control in the centre. This inspection found that those issues had been addressed, additional laundering facilities had been installed.

There were systems in place to monitor and address the hygiene needs of the centre and there were adequate hand sanitizing gels and warm water readily available for use.

The centre was also found to be clean, well ventilated and warm on the day of this unannounced inspection.

Judgment:

Non Compliant - Major

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 last inspection found that residents were not safe or adequately protected from harm in this centre. This inspection found that the centre had addressed the concerns as raised by HIQA and the quality and safety of care and support being provided to the residents had significantly improved.

While it was acknowledged in the last inspection (and in Outcome 7 of this report: Risk Management) that the environment was not adequate in providing for some of the needs of the residents, this inspection found that the safeguarding arrangements in place to keep residents safe were effective.

The number of notifiable events to HIQA occurring in the centre had significantly reduced and where required residents had up to date safeguarding plans in place.

It was also observed that where required, access to external systems of independent advocacy had been sourced. From a sample of files viewed, the inspectors saw that two

residents were currently being supported by independent advocates pertaining to on-going issues in the centre.

Where required each resident had a positive behavioural support plan in place and from a sample viewed they had been recently reviewed with adequate input from psychiatry and psychology support services as and when required.

A sample of staff training records informed the inspectors that most staff had up to date training in the management of behaviour and safeguarding. A training matrix was made available to the inspectors and it was observed that provisions and had been and dates secured to address any gaps in staff training.

From speaking to staff on the day of the inspection the inspectors were satisfied that they knew how to support a resident with behaviours of concern and would be confident in reporting any incident of concern and/or safeguarding issue should it be brought to their attention.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The last inspection found that the management structure in place for this centre required urgent review as the service being provided to the residents was of poor quality, unsafe, undignified and inappropriate.

This inspection found that the majority of those issues as found by HIQA had been addressed and there were now suitable arrangements in place for the overall governance and management of the centre.

Since the last inspection a permanent full time person in charge had been deployed to the centre and she was being supported by a clinical nurse manager 1 (CNM 1) who was also an experienced qualified nurse with a qualification in leadership and management.

The inspectors found that the person in charge and CNM 1 were both suitably qualified professionals and had developed auditing systems so as to provide a safe service that was promoting continuity of care to the residents and was being adequately monitored.

A system of auditing was now in place which was feeding into the annual review of the quality and safety of care and the overall quality enhancement plan for the centre.

The centre had been visited by the organisational quality enhancement team since the last inspection and the inspectors observed that these audits were identifying areas of compliance with the regulations and areas that required review.

Any areas that required review or further action so as it would be compliant was highlighted in audits with a plan of action and agreed timeframe on how and when it would be addressed.

The person in charge was directly engaged in the operational governance of the centre and was readily available to her staff team. She also knew her remit to the Regulations and knew the intimate needs of each resident living in the centre.

She was committed to her own professional development and as well as being a qualified nurse had attended a suite of onsite training to further enhance her skills as person in charge.

She provided good leadership to the centre and also provided on-going regular professional supervision to her staff team. Staff and family members of the residents spoke highly of her with regard to her approachability and availability.

While the centre remained challenged with the premise and the way in which it was managing some risk, this inspection found that the person in charge, the PPIM and the regional director were aware of this and were actively seeking to address the issues at hand.

It was also observed that the quality and safety of care being provided to the residents had improved since the last inspection.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

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

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

Findings:

There was a planned supervision schedule in place for the centre. The Person In Charge had completed one-to-one supervision with staff working in the centre. Inspectors reviewed a sample of supervision records and found that they identified areas of good practice along with areas that required improving.

There was a system in place to improve practice where required. The Person In Charge told inspectors that this had a positive effect on the quality of care delivered to the residents.

Inspectors reviewed the training records for the centre. There was an ongoing schedule of training in place. The provider had identified training needs for the staff team, through an internal quality enhancement plan individual supervision process.

At the time of the inspection further training courses in positive behaviour support were required to be rescheduled.

The staff roster for the designated centre was reviewed by inspectors. While agency staff were still rostered to work in the centre, there were clearly identified staff who would work in the centre from the agency.

This provided more consistent staff support for the residents. The provider was actively recruiting staff to working in the designated centre at the time of the inspection with the view to providing more individualised supports to the residents during their transition to the community

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 report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0003015
Date of Inspection:	06 June 2017
Date of response:	13 July 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 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:

While the systems in place since the last inspection had significantly improved, they still required review as one strategy in place to manage one specific risk remained inappropriate.

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

1. Action Required:

Under Regulation 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:

Management and staff acknowledge that the current intervention, to reduce risk for two residents, remains inappropriate. We have a plan to address same.

1. Resident 11365 will transition to his new home in Dromiskin

2. Following the opening of the new house in Dromiskin, resident 11447 and resident 11410 will move into Bliain Orga House 5, thus alleviating the need to leave the centre for prolonged periods of time throughout the day

Proposed Timescale:

1. Week Commencing 31/07/2017

2. Week Commencing 06/08/2017

Proposed Timescale: 06/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some gaps in training for staff were identified.

2. 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:

Training in positive behaviour support will be rescheduled and training records will evidence that staff have attended same.

Proposed Timescale: 11/09/2017

