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:	The Gables
Centre ID:	OSV-0005289
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:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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:	To:
25 August 2017 09:30	25 August 2017 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was the second inspection of the centre. The inspection prior to this was conducted in September 2015 following an application by the provider to register the centre under the Health Act 2007. There were no residents living in the centre at that time. The purpose of this inspection was to assess the quality and safety of care provided to residents since they had moved in.

How we gathered our evidence:
As part of this inspection, the inspector met with the four 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 consists of one house and is located in Co. Louth. Services are provided to male residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:
The inspector reviewed actions arising from the previous inspection and found that they had been adequately addressed. Overall, the inspectors observed that residents

were supported to live active lives and access community amenities on a regular basis. Residents expressed that they were happy with their home and showed the inspector around. Staff were observed to engage with the inspector in a dignified and respectful manner.

Improvements were identified in ensuring that the activities that residents take part in were supported by a comprehensive assessment to maximize the residents' personal development. The common theme arsing from the inspection was that improvements were required to ensure there was adequate oversight of the effectiveness of the support provided to residents and the knowledge and skill set of staff providing the support.

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 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):
No actions were required from the previous inspection.

Findings:
Each resident had a personal plan which identified goals for residents to achieve. However, improvements were required to ensure that the identified goals were based on a comprehensive assessment of need and clearly identified the supports residents required to maximize their personal development.

Residents were supported to engage in activities with the support of residential staff. Activities residents took part in included horse riding, day trips, eating out and grocery shopping. These activities were accessed using community resources such as the local bus service. The inspector reviewed a sample of personal plans and found that each resident had an assessment of their social care needs completed by their key worker. Meetings had also been held with residents and their family members to identify goals for the coming year. In addition, monthly goals were identified. However, the inspector found that the assessment of need did not clearly identify each resident's individual social care need. For example, it stated that a resident would be supported to access employment if they expressed a wish in that area. However, the supports the resident may require to express the wish and identify opportunities were not clear. The majority of goals identified were recreational activities such as going to the pantomime, having a spa day in a local hotel or having an overnight stay in a hotel. If achieved, goals were not reviewed to identify their effectiveness and if not achieved the reason was not clear. There were examples of residents learning new skills. For example, training in the use of their tablets had occurred. However, the effectiveness of this had not been reviewed.

Residents had been referred and reviewed by allied health professionals if a need arose. For example, residents were reviewed by occupational therapy or physiotherapy

following a fall.

There had been no residents discharged from the centre since it commenced operation.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
There were policies and procedures to promote the health and safety of residents, staff and visitors. This included a risk management policy which contained the arrangements in place for the response to adverse events as required by regulation 26. Improvements were required to ensure that all risks in the centre had been adequately assessed and identified control measures associated with unacceptable risks were implemented within a reasonable time frame.

While each resident had individual assessments completed which were relevant to them, there was an absence of an overall assessment of the clinical, environmental and operational risks within the centre. The inspector observed some practices within the centre which had a risk associated to them which had not been assessed. For example, the size and layout of the sitting room considering the number and needs of residents. The skill mix of staff at night had also not been assessed in line with the needs of individual residents. Control measures for individual risks were also not consistently implemented in practice. For example, it was identified that all staff should have training in basic life support. This had not occurred. The risk rating associated with certain risks were also not reflective of the actual level of risk present. For example, in one instance the risk associated with a resident ingesting inedible objects was identified as unlikely. However, it had occurred twice in a one year period. Improvement was also required in the management of falls to ensure that all identified control measures were implemented in an appropriate timeframe. For example, a control measure identified in January 2017 to reduce the likelihood of a reoccurrence of a fall from bed had not been implemented. This was to provide the resident with a double bed. While there was evidence of referrals and reviews by allied health professionals since that date, the bed was not provided. There had been a number of falls since then.

There were systems in place for the prevention and management of fire. This included a fire alarm, fire extinguishers and emergency lighting. There were serviced at regular intervals by external contractors. There was also adequate measures in place for the

containment of fire. Staff had received training in the prevention and management of fire and were aware of the procedure to be followed. Each resident had an individual evacuation plan in place. Records of fire drills demonstrated that residents could be evacuated to a place of safety in an appropriate timeframe.

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):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place for the protection of vulnerable adults. Staff had received training in the protection of vulnerable adults and were aware of what constitutes abuse. However, the inspector observed all residents in the living room and was not assured that residents were living in an environment in which they were not intimidated by other residents.

Residents in the centre required positive behaviour support. Each of the residents had a daily behaviour support plan. The behaviour support plan outlined interventions to prevent instances of behaviour. However, the inspector observed that the interventions were not implemented in practice. For example, it was identified that the environment should be as noise free as possible. However, the inspector observed the television and two tablets to be on at the same time in one room. The inspector reviewed a sample of incident records which had occurred following aggressive behaviour. The records did not identify if the proactive strategies had been implemented in practice prior to the incident occurring. Therefore not demonstrating that all efforts had been made to identify and alleviate the cause of the behaviour. Some staff had also not received training in positive behaviour support. Also some staff had not received training in breakaway techniques in a considerable period of time with their initial training being provided in 2010/2011. This training was a requirement in the centre based on the number of adverse events which had occurred.

Judgment:

Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
The inspector found that the health and well being of residents was promoted. This included regular access to their General Practitioner (GP) and other allied health professionals. Improvements were required to ensure that there was adequate oversight of the day to day care provided to residents to ensure that the support provided was in line with their personal plans.

Each resident had a health assessment in place which identified areas in which they required support. The health assessment was completed by the appropriate professional. There were plans of care in place for diet, skin care and osteopenia. However, the inspector found that there were occasions in which the plan of care had not been recorded as implemented. This had not been identified by management. There were plans of care in place for an acute need such as wound care.

Residents were also identified as requiring a specific dietary intake. The weekly grocery shop indicated that this was supported. Residents chose the menu at the weekly residents' meeting and told the inspector that they liked the food in the centre. Residents were supported to have their weights monitored. If a resident was identified as losing weight the appropriate action was taken.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
There were systems in place to promote safe medication management practice. This included policies and procedures. However, improvements were required to ensure that medication was stored securely and that the systems were fully implemented in practice.

The inspector reviewed a sample of prescription and administration records and found that they contained the necessary information. The times medication was administered correlated with the times prescribed. The maximum dosage for p.r.n (as required) medication was clearly stated and there was accompanying guidance to support the circumstances in which it should be administered.

There was systems in place for the receipt, storage and disposal of mediation. This included a weekly stock check. The inspector reviewed a sample of stock checks and found that the amount of medication recorded did not match with the medication that was present. The reason for the difference could not be accounted for.

The inspector observed the medication cupboard to be left open on the day of the inspection when no staff were present.

Medication audits were occurring in the centre.

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):
No actions were required from the previous inspection.

Findings:
There were systems in place to review the practice within the centre. Improvement was required to ensure that the systems adequately reviewed the care and support provided and did not focus primarily on the document systems in place.

The centre had a clear governance and management structure in place. The frontline manager of the centre had the responsibility of three designated centres and reported to

the person in charge. The person in charge held the post of clinical manager 3 and had the responsibility for six designated centres. The person in charge reported to the director of care and support who reported to the regional director. The regional director was the contact person for HIQA. Each individual had specific areas of responsibility.

There were audits occurring in the centre. They included areas such as medication management and personal plans. There had also been unannounced visits to the centre by the quality team and an annual review of the quality and safety of care. The inspector found that the reviews were primarily document focused and did not adequately account for the safety and effectiveness of services. For example, the audits of personal plans identified if all sections had been completed as opposed to identifying if they adequately assessed residents' needs and the supports they required. The inspector also found that there was an absence of oversight on the effectiveness of plans of care. For example, the food provided to residents was not reviewed to ensure it was in line with their dietary requirements.

Judgment:
Substantially Compliant

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

Theme:
Responsive Workforce

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

Findings:
The inspector found that there was sufficient staff on duty on the day of inspection to meet the needs of residents. A sample of rosters confirmed that this was the standard staffing levels. The staffing levels supported opportunities for residents to take part in activities. Residents were observed to be comfortable with staff.

The inspector reviewed a sample of training records and found that staff had received training in fire safety, manual handling and protection of vulnerable adults.

There were arrangements in place for staff supervision. However, it was not being completed in line with the centre's policy or used for a forum for developing staffs' practice. The inspector reviewed a supervision record and found that it did not adequately review staffs performance or areas of development in line with the areas identified by the provider. For example, a review of social care needs related to

organising a party as opposed to the role of the key worker and the assessed needs of the resident that the staff member was supporting. Informal supervision was occurring when management were working in the house.

There were no volunteers in the centre and staff files were not reviewed on this inspection.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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 Company Limited By Guarantee
Centre ID:	OSV-0005289
Date of Inspection:	25 August 2017
Date of response:	25 September 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Achieved goals were not reviewed to identify their effectiveness and if not achieved the reason was not clear.

1. Action Required:

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

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:
1.Goals will be reviewed to ensure their effectiveness and documentation will evidence whether achieved (or not) and why.

Proposed Timescale: 30/11/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not clearly identify the supports residents required to maximize their personal development

2. 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:
1.Personal plans will be reviewed and supports clearly identified with goals linked to the assessment of need.

Proposed Timescale: 30/11/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The assessment of need did not clearly identify each resident's individual social care need.

3. Action Required:
Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
1. The assessments will be reviewed to ensure they identify and address each person's social care needs.

Proposed Timescale: 30/11/2017

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:
Not all risks in the centre had been adequately assessed and identified control measures associated with unacceptable risks were not implemented within a reasonable time frame.

4. 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.A risk assessment will be conducted of operational, clinical and environmental risks within the centre and control measures documented and implemented as required.

Proposed Timescale: 30/11/2017

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 training in positive behavior support.

5. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
Staff will receive training in positive behaviour support

Proposed Timescale: 17/11/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff had not received training in breakaway techniques in a considerable period of time with their initial training being provided in 2010/2011.

6. 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:
1.Staff will receive training in Breakaway Techniques.

Proposed Timescale: 30/03/2018

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records of behavior incidents did not demonstrate that all efforts had been made to identify and alleviate the cause of a resident's behaviour.

7. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
1.Behaviour support plans will be reviewed to ensure that behavioural triggers are clearly identified.

2.Behaviour support plans will be updated and amended based on finding of the review.

Proposed Timescale:
1.15.10.17
2.30.10.17

Proposed Timescale: 30/10/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were occasions in which the plan of care had not been recorded as implemented.

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

Please state the actions you have taken or are planning to take:
1.The plan of care has been audited, documentation reviewed and updated appropriately.

Proposed Timescale: 18/09/2017

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:
The inspector observed the medication cupboard to be open on the day of the inspection.

9. Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
1. Refresher training was conducted on the Medication policy with all staff in the designated centre.

Proposed Timescale: 29/08/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector reviewed a sample of medication stock checks and found that the amount of medication recorded did not match with the medication that was present. The reason for the difference could not be accounted for.

10. 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.Medication stock was audited by the PPIM and the reason for discrepancy was found to have been a clerical error.
2.All staff have been reminded of the importance and reason for medication stock control.

Proposed Timescale:

1.25.09.17
2.29.08.17

Proposed Timescale: 25/09/2017

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:
Improvement was required to ensure that the systems adequately reviewed the care and support provided and did not focus primarily on the document systems in place

11. 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:
1.All IPP's will be audited to ensure that they are effectively addressing the assessed needs of the residents.
2.A total review of the audit systems will be undertaken and all necessary audits will be completed

Proposed Timescale:

1.30.11.17
2.20.12.17

Proposed Timescale: 20/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Supervision was not being completed in line with the centre's policy or used for a forum for developing staffs' practice.

12. 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:
1.Managers of the designated centre have received training in staff supervision and support
2.A schedule of staff supervision has been drawn up for all staff

Proposed Timescale:

1.05.09.17
2.08.09.17

Proposed Timescale: 08/09/2017