

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tin Tean
Centre ID:	OSV-0002993
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 December 2017 16:30	07 December 2017 20:30
08 December 2017 10:00	08 December 2017 15:30

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 third inspection of the centre. The inspection, prior to this, was conducted in March 2016 following an application by the provider to register the centre under the Health Act 2007. The purpose of this inspection was to identify if the provider had completed the actions as required following the last inspection and to ensure that a quality and safe service was provided to residents.

How we gathered our evidence:

As part of this inspection, the inspector met eight 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 one house and three apartments located in Co. Louth. 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 inspector found that the service provided was led by the needs and wants of

residents. Residents were observed to be comfortable within their home and staff were observed to engage with residents in a respectful and dignified manner. Residents told the inspector that they were very happy with their home. Staff were observed to be knowledgeable of the needs of residents.

Overall, the inspector found that the health and social care needs of residents were met. The provider had also responded adequately to previous failings. For example, each resident now had a written agreement which clearly identified the fees to be paid. Improvement was required to the medication management practices to ensure that they were robust and reduced the associated risks.

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 action 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:

The inspector found that residents were supported to live active lives in line with their wishes. The provider had implemented a systematic approach to the assessment of residents' health and social care needs, to support this.

The inspector spoke with five residents during the inspection. Each resident stated that they were happy with the service they received and were supported to learn new skills to maximise their independence. Residents were very clear about the contents of their personal plan and guided the inspector through the document, identifying their individual achievements. Residents were supported to engage in recreational, employment and educational opportunities which included holidaying abroad, learning how to use community amenities independently and developing and maintaining relationships which were important to them. There was clear guidance in place for the supports that residents required which informed staff and allowed for monitoring of residents' progress.

Each resident also had an annual review which was led by them and involved the important persons in their life. The review was an opportunity to evaluate the effectiveness of previous interventions and to make amendments to their plan, if required.

Support from allied health professionals had been obtained where required and recommendations were incorporated into residents' personal plan. Staff were clear of the recommendations and the inspector observed them to be implemented throughout the inspection.

Judgment: Compliant

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

Theme: Effective Services

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

Findings:
The inspector found that the practices of the centre promoted positive risk taking which did not place undue restriction on the freedom of residents while recognising that, at times, measures were required to safeguard individuals.

The provider had policies and procedures in place which promoted the health and safety of residents, staff and visitors. This included a risk management policy which included all of the requirements of regulation 26, a centre specific safety statement and a risk register. The risk register identified clinical, operational and environmental risks specific to the centre. It also identified risks associated with activities that individual residents undertook. Control measures had been identified and both residents and staff were clear of the control measures and the necessity of same.

The inspector reviewed a sample of adverse events and found that the appropriate action was taken, immediately after and also to prevent the likelihood of a reoccurrence. For example, the inspector found that a risk of falls had been identified so the relevant people attended a falls prevention class.

The inspector observed the centre to be clean. There were procedures in place to ensure that this was standard practice.

The provider had fire management systems in place to safeguard residents and staff, if required. This included the provision of a fire alarm, emergency lighting and fire extinguishers. There were also measures in place for the containment of fire, in areas which were deemed high risk. Residents were clear on the action to be taken in the event of a fire and confirmed fire drills were undertaken at regular intervals. The inspector reviewed some records of these drills which demonstrated that residents could be evacuated to a place of safety, if required. Staff had received training in the prevention and management of fire.

Judgment: Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Residents informed the inspector that they felt safe in their home and were observed to be comfortable both in their home and in the presence of staff. There were safeguarding policies and procedures in place to inform practice. Staff had received training in these policies and were aware of what constituted abuse and the actions to be taken if an allegation or suspicion arose. The provider had nominated an individual for the receipt and management of any allegations or suspicions. The inspector found that if the policies required implementation, they were implemented appropriately and with due regard for the dignity of the individual.

Positive behaviour was promoted within the centre and the necessary supports were place. Residents had access to and were supported by a range of allied health professionals. Residents were aware of the recommendations of allied health professionals and told the inspector of the supports they required. They confirmed that they had consented to these supports. Staff were knowledgeable of the needs of residents and the inspector observed interventions to be implemented throughout the inspection. Staff had received training in positive behaviour support and breakaway techniques.

Restrictive practice was not used in the centre. However, the inspector found that the provider had the appropriate structures in place to ensure that it would be implemented in line with best practice, if required.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre promoted the health and wellbeing of residents. Residents were aware of their own needs and the supports that they required.</p> <p>Each resident had a General Practitioner (GP) which they visited, when needed. They also had access to a wide range of other health professionals such as dentist, optician and audiologist. They were also supported to attend hospital appointments, in line with their needs. Personal plans identified the supports that they required, with specific interventions in place for conditions such as epilepsy. Staff were also aware of the needs of residents and the actions to be taken if an acute health care need arose.</p> <p>Healthy eating was also promoted in the centre. Residents chose what they ate and when, with the support of staff. Residents completed the food shopping for the centre and were involved in the preparation of food, if they chose to be. Residents were supported to monitor their weight and strategies were in place if an associated risk was identified.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The provider had policies and procedures in place to promote safe medication management practices. However, the inspector identified that improvement was required in the day to day practices of the centre to reduce the risks associated with medication management.</p> <p>The inspector observed that medication was stored in a secure location. The majority of staff had received training in safe administration of medication. If a staff member had not received training, additional personal were made available. Residents had been</p>

assessed and supported to be actively involved in the administration of their medication. The inspector reviewed a sample of prescription records and noted that medication had been discontinued for one resident. There was no signature of the prescriber available to confirm that this had been a direction by them. Records confirmed that medication was administered at the times prescribed.

The maximum dosage for PRN medicines (medicines only taken as the need arises) was stated. There was also individual guidance in place for each PRN medication. However, the inspector found that a resident was prescribed pain relief on a PRN basis. The medication was not available on the day of inspection.

There were recording systems in place for the receipt and return of medications to the pharmacy.

Medication audits were occurring in the centre.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were systems in place for the oversight of the care and support provided to residents.

There was a clear management structure in place. The frontline manager of the centre held the post of social care leader. They reported to the person in charge. The person in charge held the post of clinical manager 3 and had the responsibility for four designated centres. Inspectors confirmed that they met the requirements of the regulations. 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. There were clear reporting structures in place in which each of the pre mentioned met to review the operation of the centre.

The inspector found that the provider had a variety of audits in place, which were conducted in the centre. The centre also had a quality enhancement plan in place. The purpose of this was to compile all of the actions arising from audits, the unannounced visit by the provider and HIQA inspections.

There had been an annual review of the quality and safety of care in the centre. This included the views of residents and/or their representatives.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector observed that there was sufficient staff to meet the needs of residents throughout the inspection. The residents confirmed that they were happy with the staff available and were complimentary about how they were supported by staff. Residents and staff confirmed that this was the standard staffing levels. Residents had been involved in the recruitment process of new staff.

Staff had received mandatory training such as manual handling. The team leader and person in charge had oversight of staff training and had a schedule in place to ensure staff received refresher training, in an appropriate time frame.

Staff received formal supervision with the team leader or the person in charge. This was a forum for development. There was also a centre specific induction for new staff members who confirmed that they had received it prior to commencing work in the centre.

The inspector did not review staff files on this inspection.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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 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-0002993
Date of Inspection:	07 & 08 December 2017
Date of response:	08 January 2018

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 12. Medication Management

Theme: Health and Development

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

Improvement was required in the day to day practices of the centre to reduce the risks associated with medication management.

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 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:

A new stock control/ medication administration sheet with a count down on each PRN medication administered has been developed and implemented on the 13/12/17 in the DC for each resident. There is a weekly stock control included in the new form

Proposed Timescale: 13/12/2017