

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. John of God North East Services - Greenmount
Centre ID:	OSV-0003992
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:	Michael Keating
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
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: 28 March 2018 11:30 To: 28 March 2018 17:50

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 11. Healthcare Needs
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection:

The centre consisted of a 13 bedded unit which formed part of a larger campus based setting. It was last inspected in July 2016 when there were 22 residents living in there. The numbers had reduced since then as part of a decongregation plan for the centre. As part of this plan the provider had notified HIQA of its intention to close this centre by 31 October 2018. In response to high levels of noncompliance across the campus HIQA had initiated a six month regulatory plan with the provider during 2017. During the six months, the provider was required to review the quality and safety of the services provided and put forward a specific and measurable plan to HIQA detailing how compliance would be achieved. Following this the provider put forward a number of centres to register and took the decision to close others, primarily due to the unsuitability of the physical premises to meet the assessed needs of residents.

While significant progress was made in relation to the transition of a number of residents to move to a more suitable accommodation, the provider contacted HIQA towards the end of March 2018 to state that the final stage of the plan could not progress due to the a decision of the funder (Health Service Executive) not to provide the remaining funding to discharge the remaining residents. The provider's representative set about putting a contingency plan in place. This resulted in a proposal to renovate another building on the campus into a designated centred with eight single bedrooms, to meet the needs of residents with healthcare supports related to ageing and dementia care.

The main aim of this inspection was to monitor the transition and discharge of residents and to consider the initial proposal as the provider has a short period of time in which to implement this plan and renovate the premises.

How we gathered our evidence:

As part of this inspection, the inspector met with three staff members and also engaged with six residents. Residents communicated through facial expression and body language and the inspector observed that they appeared relaxed in the company of the staff team. It was also observed that staff were knowledgeable on the care and support requirements of all residents. The inspector observed practice and reviewed documentation such as residents' personal plans, health and safety documentation and audits.

Description of the service:

The campus, in which the centre was located, was in Co. Louth and services were provided to male residents over the age of 18. It was operated by St. John of God Community Services Limited and was a large single story dwelling with four separate living areas. Five residents slept in one dormitory style setting and three slept in another. The five residents had single bedrooms which were small in size without sufficient space for residents to mobilise safely.

The centres provided care to residents primarily with age related support requirements including dementia, mobility issues, dysphagia, palliative and end of life care.

Overall Findings:

The findings of this inspection demonstrated that residents were well supported from a healthcare perspective and that transitions of residents was well planned. There was a clear rationale supporting the suitability of residents to move to community based houses in line with their assessed needs. Two residents were in hospital on the day of inspection and were receiving visits and support from staff in the centre. The centre was well equipped to provide palliative and end of life care to residents and had done so in recent times.

Within this report, the inspection findings are presented under 5 outcomes. 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):

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

Findings:

The inspection focused upon the transition of residents and their discharge plans under this outcome. The provider had informed HIQA of its intention to cease operating by 1 November 2018, in line with the overall decongregation plan for the broader campus.

The number of residents in the centre had reduced significantly over the past 18 months with 13 residents now living in the centre. The inspector found that residents were appropriately supported during the discharge process.

The inspector reviewed the transition plans for the next three residents who were due to move from the centre to a community based home. The plans included a compatibility assessment in order to identify the suitability of residents to live together. In addition efforts were made to involve the residents in the plans through the use of photographs and visits to the area as well as meetings with families and key stakeholders.

Some residents had also been transferred to an acute hospital in recent days. Appropriate information was made available to the hospital including a 'hospital passport' which included the key health conditions and support requirements applicable to each resident.

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:

Due to the layout of the designated centre, resident's privacy and dignity could not be appropriately provided for due to the use of shared dormitory style accommodation and communal bathroom facilities.

The bedrooms were used as thoroughfare for access through the centre. There was plenty of room in the centre however, residents were generally congregated in groups listening to music or sleeping in chairs. While there were 5 single rooms, they were all small in size with limited access. One single room in particular was so small the resident had to be pushed in and reversed out as there was no room to turn a wheelchair. In general it was found that the premises were not suitable to meet the needs of the ageing profile of residents who had associated health care issues, such as dementia. The provider was aware of these issues which had been well flagged both within their own reports as well as previous HIQA inspection reports. This was the main reason behind the decision to close the centre.

The reduced numbers in the centre had allowed the provider and person in charge to change the use of one large area into a separate space to provide end of life and palliative care to residents should they require it. This had been used in recent times. This large room was sensitively arranged and organised to provide appropriate end of life care. This included separate access and facilities available for families and visitors.

As referred to in the summary, the provider had informed HIQA of proposal to renovate another building on the campus into a designated centred with eight single bedrooms, to meet the needs of residents with healthcare supports related to ageing and dementia care. The inspector visited this building with the permission of, and in the company of the provider's representative. This was purely exploratory with the intention of putting into context the proposal before further information was sought.

In principal the inspector found that the proposal was line with meeting the assessed needs of the profile of residents for whom it was intended. As a result a plan identifying key milestones to track progress in relation to the proposal was requested for review with the office of the chief inspector post inspection.

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):

No actions were required from the previous inspection.

Findings:

It was identified that all residents who would remain in the centre had complex health care support needs.

At the time of the inspection there were two residents who were admitted to an acute hospital who were presenting with health complications related to end of life care and dementia. The centre continued to support these residents and liaise with the clinical support teams in the hospital. Staff spoken with had visited the residents, often in their own time, and had also sought a clinical review meeting for one resident which was due to take place the following day.

The residents were supported with appropriate clinical care including an epilepsy outreach clinic and a palliative care team.

Residents had access to a dietician and speech and language assessment in relation to dysphagia and modified diets. The modifications to resident's meals were known to staff and the appropriate textured diets were observed to be provided to residents during meal time on the day of inspection.

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 quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems were in place which supported and promoted the delivery of safe, quality care services.

There was a clearly defined management structure in place and the person in charge was suitably qualified and experienced to meet the needs of the residents. The management systems had recently been revised and enhanced in this centre and across the campus with a person in charge supported by a CNM1.

There had also been significant changes to the senior management personnel and structures which were found to be addressing the main concerns in the centre. The provider ensured that unannounced visits were happening every six months and an annual report had been produced.

The management team was also found to be responding swiftly to the changed circumstances concerning the plan to close this centre. The reports referred to all outlined the necessity to move residents from this dwelling given the unsuitability of the building.

The person in charge was only assigned to the centre three months previously but was found to be very knowledgeable on the support needs of all residents. She was very focused upon the welfare of the residents in this time. There was a full complement of staff in place in order to meet the assessed needs of residents in a safe and consistent way.

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:

Michael Keating
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-0003992
Date of Inspection:	28 March 2018
Date of response:	08 May 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 06: Safe and suitable premises

Theme: Effective Services

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

The layout and configuration of the centre did not meet the needs of the residents.

1. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed

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

and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The Provider accepts that the premises are unsuitable and to this end was planning to transition residents to vacancies (on campus and in the community), to two new community houses and a nursing home – for whom nursing /medical care is the highest need i.e. plan was to vacate the current premises by end October 2018. However, HSE Capital funding issues, as documented in separate communications with HIQA prior to this inspection, means that the current plans are to:

- 1. Transition three gentlemen into a new community house by 30 September 2018.**
- 2. Transition 8 gentlemen into a new Designated Centre on the St Mary's Campus by 31 October 2018.**
- 3. Transition the remaining gentlemen into vacancies on campus and in the community, created by the opening of (2017 capital funded) houses that will be registered and occupied by 30 September 2018.**

Proposed Timescale:

31 October 2018