

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cois Ferraige
Centre ID:	OSV-0005649
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:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

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: 13 April 2018 09:30 To: 13 April 2018 15:50

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to Inspection:

This was the third inspection. The inspection was unannounced, the purpose of which was to follow up on the actions from the last inspection of the centre in January 2018.

The centre was previously inspected in 2014 as part of a larger configuration of two individual units (a house and separate apartment) and was registered with HIQA post that inspection.

However, in 2017 a reconfiguration of the centre was undertaken which resulted in the house becoming a standalone centre supporting four male residents. The centre had been inspected in June 2017 and on foot of the findings of this inspection, the provider attended a meeting in HIQA to discuss risk management in the centre.

At the last inspection in January 2018, significant improvements were required under a number of outcomes inspected in order to meet the requirements of the regulations.

Description of the Service:

The centre is a four bedroom bungalow situated in close proximity to a nearby town and within driving distance to a larger, busier town. Transport is available to

residents to access community facilities. The centre provides residential support to four adults. On the day of the inspection there was one vacancy in the centre.

How we gathered the evidence:

The inspector only met one of the residents residing in the centre. Staff were met including the person in charge and the director of nursing. Documentation pertaining to the actions from the last inspection were viewed.

Overall findings:

The inspector found significant improvements in the quality and safety of services being provided in the centre since the last inspection with all of the actions either completed or in progress at the time of this inspection.

A new clinic nurse manager had been appointed as part of the overall governance arrangements in the centre in order to support the person in charge in their role. The inspector found improvements in risk management processes and personal planning for residents which was contributing to positive outcomes for them.

The centre was clean and well maintained. One resident had been identified for admission to the centre and new bedroom furniture was been purchased for this resident.

Of the seven outcomes inspected, six were found complaint and one was found substantially compliant with the regulations.

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

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that the actions pertaining to the last inspection, which related to residents having access to their own finances was being implemented. Residents were now being supported to open personal accounts in their local credit union in order to have better accessibility to their finances.

The person in charge had also conducted audits on residents' finances and staff were clear on the improvements implemented as a result of the audits.

One action pertaining to the person in charge reconciling residents' finances on a monthly basis was still in progress at the time of this inspection. This was in line with the proposed timescales outlined in the last action plan.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

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 significant improvements had been implemented since the last inspection. All residents had an up to date assessment of need. A personal outcome measure assessment had also been introduced and it was evident that residents were more active and engaged in activities both in the centre and their local community.

Activity schedules in place at the last inspection were now more varied and included more activities external to the centre. One resident was being supported to sample a number of activities to assess whether they liked that activity. Annual reviews had been completed for residents.

Goals had also been set for residents some of which included going on holiday, gardening and becoming a member of a gym. On the day of the inspection two residents were attending a day service and one resident had planned activities for the day. Some improvements were still required to ensure that all goals were implemented for residents. However, the inspector was satisfied that the person in charge was in the process of ensuring this.

Judgment:

Compliant

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:

The inspector found that the actions from the last inspection had been implemented and some were still in progress as outlined in the agreed timescales from the last action plan.

The centre had a policy in place for the management of risk in the centre which outlined the arrangements in place for most of the risks specified under the regulations.

However, the arrangements in place for the management of a serious/adverse incident

referred the reader to a policy from the HSE. The inspector found that this did not fully guide practice as to the arrangements in place in this organisation.

The inspector was informed that there had been no incidents in the centre since the last inspection. Risk management processes outlined to the inspector provided assurances that the mechanisms in place ensured responsive timely actions to risk management.

For example, all incidents are escalated to the person in charge and the director of nursing. Any incidents considered high risk are reported to the director of care. Monthly reports are then formulated to review all incidents and identify if further actions are required to minimise the likelihood of a reoccurrence. In addition, to this all incidents are reviewed by the quality and safety team who meet on a monthly basis in the wider organisation. From this any incidents risk rated orange or red are alerted to the CEO of the organisation who includes them in the corporate risk register, which is discussed at board of management meetings.

All residents had individual risk assessments in place for identified risks and staff were aware of these. The person in charge was also currently in the process of updating the designated centres environmental and operational risk assessments. This was in line with the time lines outlined in the action plan from the last inspection.

The inspector also found that since the last inspection the person in charge had reviewed one incident that had occurred in the centre prior to the last inspection and had implemented control measures to minimise the risk.

Judgment:

Substantially 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):

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

Findings:

The inspector found that since the last inspection that residents who had positive behaviour support plans in place had been reviewed by a behaviour nurse specialist to ensure that interventions in place to support residents were reflective of the practices in

the centre. One area of improvement identified had been completed by the end of the inspection.

There were systems in place to ensure that all incidents relating to residents behaviour support were reviewed after each event to try and establish possible causes.

One environmental restriction was in place in the centre due to an identified risk. The inspector found that staff were currently maintaining records of how this may be impacting on other residents in the centre. The person in charge intended to review the records to assess the impact on other residents rights with a view to considering other options if required.

Judgment:

Compliant

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 since the last inspection residents health care needs were assessed, planned for and reviewed. Some residents had commenced specific therapeutic interventions with the support of a clinic nurse specialist in health to allay some anxieties for the residents.

Residents had been reviewed by allied health professionals and were being supported to have timely access to health care professionals as required.

Residents who required support during mealtimes had this identified in their personal plan and staff were clear about the support residents required in this area.

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 inspector found that the systems in place to review the quality and safety of care in the centre had improved since the last inspection.

The person in charge was fulltime, however was employed in three other centres under this provider as the person in charge. At the last inspection it was found that the governance and management systems in place required improvements. Since then a new clinic nurse manager had been employed to support the person in charge. They had supernumerary hours assigned to this centre and two others under the remit of the person in charge.

The inspector found that the clinic nurse manager was also in daily contact with the staff in the centre and staff felt supported by them and the person in charge. There were records to demonstrate that the person in charge visited the centre at least weekly and attended staff meetings. They had also completed a number of audits in the centre to improve the quality of services provided.

The person in charge also informed the inspector that further changes were been implemented as the person in charges office would now be located in this centre which would increase their presence in the centre.

An annual review had been completed for the centre which included consultation with residents and their representatives. Other audits had also been completed on infection control practices and residents finances. The inspector found that areas of improvement had been identified and actions had been developed to address these improvements.

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):

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

Findings:

Since the last inspection the statement of purpose had been updated to include the actual skill mix and staff numbers available in the centre.

A planned and actual rota was maintained in the centre. The actual hours worked by the clinic nurse manager was not reflected on the rota. However, the inspector found that this was recorded elsewhere and the person in charge intended to include it on the rota going forward.

There were no staff vacancies in the centre at the time of the inspection. Since the last inspection all vacancies had been filled. The inspector found that induction processes in the centre were detailed. From a sample viewed the records were up to date and demonstrated that new staff to the centre had completed it.

Staff also said that a three day induction training had been provided in the wider organisation for new employees and had included training in safeguarding vulnerable adults, positive behaviour support and fire training.

The actions from the last inspection pertaining to staff training was reviewed. The inspector found that while some training was still outstanding, there was a plan in place to have this completed within the timeframes outlined in the last action plan.

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:

Anna Doyle
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-0005649
Date of Inspection:	13 April 2018
Date of response:	23 July 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 07: Health and Safety and Risk Management

Theme: Effective Services

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

The arrangements in place for the management of a serious/adverse incident outlined on the risk management policy did not fully guide practice.

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 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

1. Email sent to HIQA on 17.04.18 stating The current risk management policy for the Designated centre, is primarily based on the HSE risk management policy (2011) The policy is generic from section 1 through to section 6. It is in section 7 (hazard identification specific to the DC that makes each policy specific to the location where it is implemented. The policy (section 7 and the cover pages) is updated each year by the management team within each DC.

In March 2017, the board signed off the new HSE Integrated Risk management Policy 2017.

The organisation plan to roll out a new electronic risk management system based on the new HSE policy.

This system will be supported by an electronic risk assessment process and automatic upload to a DC risk register.

The register will be populated with Red rated risks (High) and open risks (risks that require action).

In addition there will be two additional levels of risk register in the organisation.

- Regional risk register
- Organisation risk register

Whilst risk will be “notified” up through the system; the risk itself will remain in the location where it was identified.

The time taken to design and develop the new risk management system has taken a little longer than was originally planned.

2. The PQS department will roll out the 2017 HSE Risk management policy and electronic risk management system simultaneously as soon as it is ready. Until then; the current SJOG risk management policy will be utilised.

3. A Local Risk Management policy was developed 06.06.18 as an addendum to the HSE policy to fully guide staff practice around the area of risk and comply with the risk assessments required under regulation.

Proposed Timescale: 20/12/2018