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:	An Diadán
Centre ID:	OSV-0005654
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:	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:
04 January 2018 10:30	04 January 2018 18:00

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

Outcome 04: Admissions and Contract for the Provision of Services
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
Outcome 18: Records and documentation

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 July 2017 following an application by the provider to register the centre under the Health Act 2007. At this time, the centre was not occupied. The purpose of this inspection was to identify if the provider had implemented appropriate systems once residents were admitted to the centre.

How we gathered our evidence:
As part of this inspection, the inspector met all 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 is one house located in Co. Louth. Services were 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 found work had commenced in supporting residents to become accustomed to their new home and environment. Staff were observed to engage with residents in a respectful and dignified manner. Staff were observed to be knowledgeable of the needs of residents.

Overall, the inspector found that the health and social care needs of residents had been assessed. However, improvement was required to ensure that the risk management system were robust and reduced risk. Improvement was also required to ensure that residents were living in an environment in which they were not impacted by the behaviors of other residents.

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 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
Management informed the inspector that there was one written agreement between a resident and/or their representative and the provider which remained outstanding. The inspector reviewed the agreements which were present and found that they contained all of the necessary information including the fees to be charged. They also included additional charges which may be applied. However, the inspector found that they had not been signed within the timeframe required by the regulations, with one being signed 4 months after the resident took up residence in the centre.

Judgment:
Non Compliant - Moderate

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 work had commenced in exploring the opportunities residents had to develop their potential in the context of their new home. This was supported by a systematic approach to the assessment and planning of residents' health and social care needs. However, the provider had failed to ensure that the assessment of residents' needs was completed prior to or on the day of admission as required by the regulations.

The inspector found that each resident had a personal plan in place which identified their health and social care needs. The personal plan was informed by an assessment. The assessment consisted of a standardised tool. If a need was identified, there was a plan of care/goal which aimed to meet that need. For example, if a resident was identified as requiring support to develop links within their community, they were in the process of being supported to volunteer within a local organisation. Staff had also sourced and implemented a skills teaching programme to support residents to be active participants in the running of their own home. On the day of inspection, residents were being supported to learn how to launder their own clothes.

As the centre had only been operational for four months, there was no requirement for the assessments or personal plans of residents to be reviewed.

Residents had retained access to the allied health professionals who had supported them in their previous home and they had been involved in monitoring and reviewing the supports residents required during the transition.

There had been no residents discharged from the centre since it became operational.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The provider had policies and procedures in place to promote the health and safety of residents, staff and visitors. However, the inspector found that improvement was required to ensure that risk assessments were reviewed following adverse events and were reflective of the actual level of risk within the centre.

There was a centre specific safety statement and risk management policy. The risk

management policy contained all of the requirements of regulation 26. The centre also had completed a risk assessment for risks associated to the supports individual residents required. However, there was an absence of oversight of the clinical, operational and environmental of the centre. For example, the inspector observed that the supports residents required varied due to influencing factors such as their mental health presentation. However, the staffing levels in the centre remained the same regardless of this. This had not been assessed to identify what control measures were required to reduce the impact on other residents. The inspector also found that control measures were identified which were not in place. For example, a control measure for the risk of epilepsy was the presence of oxygen in the centre. However, staff confirmed that there was not oxygen in the centre. The risk assessments had been developed before the centre opened and had not been reviewed since. Adverse events had occurred. As the assessments had not been reviewed following these events, the level of risk had not been reviewed and therefore was not reflective of the actual risk within the centre.

The inspector observed that the centre was clean. There were procedures in place which demonstrated that this was standard.

The provider had implemented systems for the prevention and management of fire. This included the provision of a fire alarm, emergency lighting and fire extinguishers. There were also measures in place for the containment of fire, if required. Staff had been trained in the prevention and management of fire and demonstrated that they were aware of the actions to be followed in the event of an emergency. There was a centre specific evacuation plan and individual evacuation plans had been created for residents. Fire drills had occurred and records demonstrated that residents could be evacuated to a place of safety, if required. Learning had occurred if challenges were identified during these drills.

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:

The inspector observed that the residents were comfortable in their home and in the presence of staff. The provider had policies and procedures in place for the safeguarding of residents. Staff had also received training in these policies. However, the inspector found an inconsistent approach to allegations and suspicions of abuse. For example, there was an instance in which it was clear that it was managed in line with policy and appropriate action was taken to safeguard residents. However, there were also incidents in which residents had engaged in behaviours that challenge which negatively impacted on other residents in the centre. There was an absence of an overall plan in place to ensure that residents were safeguarded in these circumstances.

The inspector found that there were individual support plans for residents to promote positive behaviour and well being. These were developed by the appropriate allied health professionals and identified the potential cause/trigger to a resident becoming agitated. There were proactive and reactive strategies in place to guide staff on the supports residents may require in these circumstances. However, the inspector found that some of the strategies were not implemented in practice. Staff stated that they were not implemented as they found them to not be relevant. However, this had not been communicated back to the relevant allied health professionals in a timely manner. The provider had a clinical team which had the responsibility for monitoring the behaviour support provided to residents. However, the records did not demonstrate that the reviews of incidents identified areas for learning. For example, it was identified that a resident had become agitated and engaged in aggressive behaviour during a time in which there were a large number of staff congregated in one area. Crowded environments were identified as a potentially stressful environment for the resident involved. There was no plan in place to reduce the likelihood of a reoccurrence. One staff had not received training in positive behaviour support. Four staff had not received training in breakaway techniques. The day after the inspection, the provider submitted dates to HIQA in which this training would be completed.

Residents were prescribed psychotropic medication in response to behaviours that challenge. The circumstances in which it should be administered were documented by the prescriber. Records confirmed that they were administered in line with the instructions and reviewed by the appropriate clinician at regular intervals.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that the health and well being of residents was promoted. This was supported by an assessment of residents' health care needs. Plans of care were in place if a need was identified.

Residents had a General Practitioner (GP) available to them which had been identified by the Heath Service Executive. Residents were supported to attend their general practitioner if a need arose. Staff were knowledgeable of the health care needs of residents and the supports that they required. Residents were also supported to attend appointments with a variety of other health care professionals, if required.

The inspector found that the centre were in the process of exploring residents' food preferences. This was the first opportunity residents had to be involved in the preparation of meals and work had commenced on identifying residents' current skills and the supports that they required. Due consideration had been given to the risk associated with this and therefore residents were not involved in the preparation of meals as of the day of inspection. Residents were supported to monitor their weight and healthy eating was promoted in the centre. Residents had been assessed by the appropriate allied health professional prior to moving into the centre and food was modified in line with these recommendations.

Judgment:
Compliant

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.

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 while they accounted for the amount of medication in the centre, they did not identify if this was the amount of medication which should be present in the centre considering what had been administered.

The inspector observed the medication to be stored securely and staff had received training in the safe administration of medication.

A medication audit had occurred in the centre and actions which had been identified were in the process of being addressed.

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:
The inspector found that the provider had identified appropriate systems for the oversight of the service provided.

There was a clear management structure in place. The person in charge reported to the director of care and support who in turn reported to the regional director. The person in charge was also supported by a person participating in management, who had day to day responsibility of the operation of the centre. The inspector found that they both had sufficient knowledge of their statutory responsibility and met the requirements of the regulations. The person in charge had the responsibility of four designated centres. The person in charge and the person participating in management stated that they aimed to be in the centre once a week. However, records did not confirm that this was occurring in practice. It was not evident that they were actively involved in the day to day practices of the centre. The person in charge informed the inspector that they were in the process of implementing a new daily report which would enable them to have increased oversight of the practices of the centre.

As the centre had only been operational for four months, there was no requirement for

an unannounced visit or annual review. However, management were aware of the need for an annual review of the quality and safety of care. The quality team of the provider would also have the responsibility of conducting the unannounced visits in the centre as required by regulation 23.

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 available on the day of inspection to meet the needs of residents. Staff confirmed that this was the standard staffing level and felt that it was adequate to meet the needs of residents. Residents were observed to be comfortable in the presence of staff and familiar with them.

Staff had received mandatory training in areas such as manual handling. A training schedule was also in place which identified when staff required refresher training.

Staff had not received formal supervision and as stated previously informal supervision was minimal due to the frequency that management were present in the centre. There had been two team meetings since the centre had opened. The inspector reviewed the minutes and found that they covered relevant topics such as the overall operation of the centre and individual needs of residents.

There were no volunteers in the centre.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The inspector reviewed a sample of staff files and confirmed that they contained all of the items as required by Schedule 2 of the regulations.

The records as required by Schedule 3 and 4 were also maintained. However the inspector noted that they were incomplete in parts as the name and signature of the person completing the record was absent.

The inspector did not review the policies and procedures as required by Schedule 5 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-0005654
Date of Inspection:	04 January 2018
Date of response:	07 February 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The inspector found that written agreements had not been signed within the timeframe required by the regulations. One agreement was outstanding as of the day of inspection.

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

1. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
The outstanding contract was posted out to family representative to be signed. The family representative signed the contract of care and brought it to the designated centre in person. Any future admissions to the designated centre will ensure that a signed supports agreement will be in place prior to admission to the designated centre.

Proposed Timescale: 04/02/2018

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:
Comprehensive assessments of need were not conducted prior to residents being admitted to the centre.

2. 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:
Assessments of residents' health, personal and social needs are in place for all residents. The Person In Charge will ensure that any future admissions of residents to the designated centre will have a comprehensive assessment of health, personal and social care assessment completed prior to admission.

Proposed Timescale: 30/01/2018

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:
Improvement was required to ensure that risk assessments were reviewed following adverse events and were reflective of the actual level of risk within the centre.

3. 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:
Risk assessments have been reviewed; additional risks were identified and have been incorporated, together with appropriate control measures, into the revised risk assessments. Additional risks were identified to assess the operational and environmental risks within the designated centre that arose as a result of living in a different environment.

Proposed Timescale: 30/01/2018

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:
Four staff had not received training in breakaway techniques.

4. 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:
The 4 staff have now received training in breakaway techniques.

Proposed Timescale: 01/02/2018

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records did not demonstrate that the reviews of incidents identified areas for learning.

5. 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:
All positive behaviour support plans will be reviewed and updated to address any current behaviours of concern in the new home

Proposed Timescale: 28/02/2018

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was an absence of an overall plan in place to ensure that residents were safeguarded when peers were exhibiting behaviors that challenge.

6. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
All positive behaviour support plans will be reviewed and updated to address any current behaviours of concern in the new home for each individual, together with the documentation of strategies to safeguard other residents when a peer's behaviour could impact upon them.

Proposed Timescale: 28/02/2018

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:
Weekly stock checks did not identify if the amount of medication present should be present in the centre considering what had been administered.

7. 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:
A new medication audit template has been introduced in the centre

Proposed Timescale: 25/01/2018

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The inspector noted that some records were incomplete in parts as the name and

signature of the person completing the record was absent.

8. Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
The PIC/PPIM will conduct an audit of residents' personal plans to identify and address any gaps in records and documentation

Proposed Timescale: 28/02/2018