



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	An Diadán
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	04 July 2019
Centre ID:	OSV-0005654
Fieldwork ID:	MON-0022048

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

An Diadán is a community residential house situated in a small village in Co. Louth. This house is home to four gentlemen over the age of eighteen some of who have health care and emotional needs. The house is a large bungalow with four bedrooms (one of which is en-suite), one bathroom, a large kitchen dining area, utility room and two communal areas. There is a garden to the back of the property and a driveway to the front. The gentlemen are supported by a team of staff 24 hours a day. The team consists of social care workers, nurses and health care assistants. There are three staff on duty all day and one waking night staff.

The person in charge is responsible for three other centres under this provider. In order to assure oversight of the centre they are supported by a clinic nurse manager who works 19.5 hours in this centre. A shift leader is also assigned to oversee the care and support provided each day.

The gentlemen do not attend a formal day service and are supported by staff to access meaningful activities during the day. A bus is provided in the centre in order to facilitate this.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
04 July 2019	10:20hrs to 16:20hrs	Anna Doyle	Lead
04 July 2019	10:20hrs to 16:20hrs	Sarah Barry	Support

What residents told us and what inspectors observed

Inspectors met and spent time with all of the residents who lived in the centre. Residents communicated through a variety of mediums to include facial expression, objects of reference and by use of a computer.

The inspectors observed practices in the centre and spent time with residents in the company of staff. Staff were observed to understand and respect the communication style and preference of each resident and supported them to make their own choices throughout the day. For example, one resident was anxious about a particular item that they could not find on the day of the inspection and staff were observed searching for a considerable period of time in order to alleviate the residents anxiety.

Two residents showed the inspectors their bedrooms. One resident appeared to be happy with their room and smiled when showing an inspector family photographs, their radio and other items in their bedroom. There were also photographs displayed in the centre of celebrations that had taken place throughout the year of birthdays and significant events in the house.

Residents were being supported to access activities in the community. Some went for walks, drives, swimming and to the shops on the day of the inspection and the inspectors observed they were happy and content to partake in these activities.

Capacity and capability

Overall the inspectors found that this centre was well managed and resourced to ensure that residents were supported to enjoy a good quality of life. Some improvements were required under three of the regulations which included: the premises, fire safety and auditing practices in the centre otherwise all regulations inspected against were found compliant.

There was a clearly defined management structure in place and people knew who they were accountable to. There was a person in charge who was supported in their role by a clinic nurse manager. An assigned shift leader was also in place everyday to assure that practices were monitored and adequate oversight of the centre. The person in charge reported to a director of care who was also a person participating in the management of this centre.

The person in charge who had recently been appointed to this centre was a qualified nurse, with considerable experience of working in and managing residential services for people with disabilities. They met with inspectors to outline some of the improvements they intended to make in the centre to further enhance the quality of care for residents. This included an improved recording system to review and assess if residents were happy with the activities they participated in. The person in charge also demonstrated a very good understanding of their responsibilities under S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

The provider had systems in place to ensure that the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available along with six-monthly auditing reports. A number of other audits were also conducted in areas such as medication management and infection control. These audits were to assure the provider, that the service was responsive, safe and bringing about improvements in the centre. All actions from the audits were recorded on a quality enhancement plan (QEP), which was reviewed by a senior management team so as to ensure that actions/issues were being addressed.

However, inspectors found that the last unannounced quality and safety review conducted in February 2019 had not included issues identified on the QEP. Therefore it was not evident that actions and areas for improvement arising from the QEP were being followed up and addressed.

There were adequate staff in the centre to meet the assessed needs of the residents. The inspectors observed that the provider had recently increased the staffing levels in the evening times to further enhance the quality and safety of care provided. This demonstrated that the provider had systems in place to review the staffing levels so as to ensure they were adequate at all times in meeting the assessed and changing needs of the residents .

Of the staff spoken with, the inspectors were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. All staff had undertaken a suite of in-service training including safeguarding, children's first, fire training, manual handling and positive behavioural support. This meant they had the knowledge and skills necessary to respond to the needs of the residents.

While there were some gaps noted in refresher training for staff, the person in charge had a plan in place to address this and had also implemented work practices to ensure that residents were supported by trained personnel at all times. For example; staff who had not completed refresher training in medication management were not permitted to administer medication until this training had been completed.

Staff also reported that they felt supported in their role and were able to raise concerns (should they have any) through regular staff meetings and supervision. At all times throughout the course of this inspection, staff demonstrated a very good

knowledge of the residents' needs. They were observed to be warm, friendly and respectful in their interactions with residents and ensured their assessed needs were provided for over the course of the inspection.

Regulation 14: Persons in charge

The person in charge was a qualified nurse, with considerable experience of working in and managing residential services for people with disabilities.

They were also aware of their remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

The inspectors were satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

A planned and actual staff rota was maintained. Contingencies were in place to cover staff leave in the centre in order to ensure consistency of care to the residents.

Personnel files were not reviewed at this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all mandatory training so as to provide a safe and effective service. Training included, safeguarding of vulnerable adults, safe administration of medication, positive behavioural support, fire safety and basic life support.

From speaking with staff members over the course of the inspection, the inspectors were assured they had the skills and knowledge necessary to support the residents.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the oversight and management of the centre was improving outcomes for residents in the centre. However, improvements were required to ensure that all improvements identified through audits conducted in the centre were addressed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1 of the regulations. This had been reviewed in June 2019 to reflect the recent changes in the management structure.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their remit to notify the Chief Inspector, as required by the regulations, of any adverse incidents occurring in the centre.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a good standard which was reflected in the high levels of compliance found on this inspection. However, some improvements were required with regard to fire safety arrangements and the premises.

The premises were found to be clean, spacious and homely. They were decorated to a high standard and residents' bedrooms had been personalised to their individual style and preference. The garden was well maintained and both residents and staff had developed a sensory garden to the back of the property which residents liked to avail of. However, it was observed that some maintenance works to the en-suite bathroom and to the boundary fence at the side of the property was required.

The provider had fire safety measures in place. A sample of documentation viewed by the inspectors informed that staff had been provided with fire safety awareness training. Weekly and daily fire checks were completed on all fire fighting equipment/fire exits and where required, any issues or faults were reported and responded to. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which had been updated recently).

However, the inspectors found that the learning from one fire drill had not been reviewed so as to assure that the arrangements in place (as outlined in one resident's personal emergency evacuation plan) were adequate in ensuring the resident could evacuate the premises in a timely and safe manner during a fire drill.

Fire equipment such as emergency lighting and the fire alarm system had been serviced as required by the regulations. However, while checks were completed by staff on fire doors in the centre, there was no certificate of inspection for when fire doors had been last checked by a competent and qualified person.

A sample of individual personal plans viewed showed that residents had an up to date assessment of need in place. Support plans were also in place to guide the care and support required for the resident in order to meet their assessed needs. These plans were reviewed regularly to ensure that the care and support being delivered to residents was effective.

Residents had goals identified to enable them to achieve their personal dreams and wishes. For example; developing the sensory garden had been a goal for one resident who loved the outdoors. Another resident was being supported to increase their independence in order to be able to prepare their own breakfast. While the inspectors found that some improvements were required in this, the person in charge had already identified this as an area requiring improvement and had plans in place to address same.

Appropriate health care was comprehensively provided for. Residents had access to a number of allied health professionals including a general practitioner in their local community, a speech and language therapist, dietician and behaviour support specialists. Where required residents had also been supported to avail of national

health screening services.

Each resident had a positive behaviour support plan in place to guide staff in supporting residents achieve best possible mental health. This ensured that residents had consistency of care provided by staff who understood their assessed needs. Staff were observed implementing interventions to support a resident and this practice was consistent with the interventions in the residents positive behaviour support plan.

A review mechanism was also in place to ensure that residents were supported at all times with appropriate support and care interventions. For example, a clinical nurse specialist in behaviours of concern had visited the centre the day before the inspection to review one residents support needs.

There were some restrictive practices in place so as to keep residents safe in the centre. They were reviewed regularly, recorded when implemented and discussed and agreed with the residents representative where appropriate. The review conducted included whether the restrictions in place were warranted and whether a least restrictive measure could be implemented. For example; one restriction had recently been reviewed by the staff team to see if it was still required and as a result of this review the restriction was removed. The inspectors were therefore assured that the staff considered the rights of the residents in the centre in relation to restrictive practices.

Residents were supported with their communication needs in order to enable staff to understand their individual style of communication. For example; all residents had a detailed communication support plan in place outlining how each resident communicated and included their likes and dislikes.

The centre had various modes of communication in place which enabled residents to make informed choices and to be aware of what was happening in their home. For example; staff rotas were in picture format so as residents knew what staff would be working in the centre each day. Daily menus were also in picture format to enable residents to choose their preferred meals. One resident also had a electronic tablet in order to maintain contact with their relatives.

Residents' preferences and needs in relation to food and nutrition were outlined in their personal plans and staff were trained to support residents with these specific needs. Weekly meetings were held in the centre to plan meals and residents were supported to go grocery shopping with staff. Inspectors observed that residents were supported to access snacks and drinks when they wanted them on the day of the inspection.

The staff outlined the medication management practices in the centre to the inspectors. The inspectors were satisfied that these practices assured a safe service to residents. For example all medicines were stored safely and medicine prescription sheets were maintained and reviewed regularly by the prescribing doctor. Medicines received into the centre were checked in by staff to ensure they were correct. Each resident had a medication support plan in place which outlined how they liked their medicines administered. An assessment had also been completed to see if residents

could be supported to self medicate if they wished.

All staff had been provided with training on safeguarding vulnerable adults. Of the staff met with, the inspectors were assured that they were aware of what constituted abuse and the reporting procedures in place and outlined what they would do to ensure that the resident was safe in such an event.

Where required, the provider had safeguarding measures in place to ensure that all residents were safe in the centre. For example as stated earlier in this report, the staffing levels were increased in the evening times in response to one safeguarding concern notified to HIQA in February 2019. Since then there had been no concerns reported in the centre.

Regulation 10: Communication

The inspectors were satisfied that residents were supported with their communication needs in the centre.

Judgment: Compliant

Regulation 17: Premises

Overall the premises were homely and spacious. Improvements were required to ensure that the en-suite bathroom and a boundary fence to the side of the property were maintained.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' preferences and needs in relation to food and nutrition were outlined in their personal plans and staff were trained to support residents with these specific needs. Weekly meetings were held in the centre to plan meals and residents were

supported to go grocery shopping with staff. Inspectors observed that residents were supported to access snacks and drinks when they wanted them on the day of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors found that the learning from one fire drill had not been reviewed so as to assure that the arrangements outlined in one residents evacuation plan guided practice.

There was no certificate of inspection for when fire doors had been checked by a qualified person.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors were satisfied that medication management practices in the centre were safe.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of personal plans viewed showed that residents had an up to date assessment of need in place. Support plans were also in place to guide the care and support required for the resident in order to meet their needs. These plans were reviewed to ensure that the care and support being delivered to residents was effective.

Residents' representatives had been involved in planning the care and support needs of residents where appropriate.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was provided for. Residents had access to a number of allied health professionals including a general practitioner in their local community, a speech and language therapist, dietician and behaviour support specialists. Where required residents had been supported to avail of national health screening services.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had a positive behaviour support plan in place to guide staff. Staff were observed implementing the interventions in place to support a resident on the day of the inspection and this practice was consistent with the interventions in the residents positive behaviour support plan.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training on safeguarding vulnerable adults. Of the staff met, they were aware of what constituted abuse, the reporting procedures in place and outlined what they would do to ensure that the resident was safe in such an event.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for An Diadán OSV-0005654

Inspection ID: MON-0022048

Date of inspection: 04/07/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The findings from the February 2019 unannounced internal audit have now been included on the Quality Enhancement Plan and subsequently actioned. The person in charge will ensure all future actions from audits will be uploaded to the QEP.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Improvement works identified with an en-suite bathroom have been completed. 2. A boundary fence maintenance issue will be fully addressed by 30/09/19.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. Learnings from an identified fire drill and subsequent fire drills, have been fully reviewed and incorporated into the resident's personal emergency evacuation plan and are reflective to the resident's specific needs. 2. Fires doors will be inspected by an appropriately qualified person by 30/09/19	

Section 2: Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2019
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	20/08/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	20/08/2019