



Office of the Chief Inspector

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

Name of designated centre:	Cuan Nua
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	31 July 2019
Centre ID:	OSV-0005704
Fieldwork ID:	MON-0021478

About the designated centre

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

This is a service providing residential care and support to four men with disabilities. The centre comprises of a large two storey house in close proximity to a number of towns and villages. Transport is provided for residents so as they have ease of access to community based facilities such as hotels, shops, shopping centres, restaurants and cafes. Each resident has their own private bedroom (some are en suite) and they are decorated to their individual style and preference. Communal facilities include large well equipped kitchen cum dining room, a spacious sitting rooms, utility facilities, adequate storage space and large well maintained gardens to the rear and front of the property. The centre also has an additional fully furnished unit in the back garden comprising of a bathroom/shower room, a kitchen and a large sitting room/dining room area. Residents can use this unit for day activation purposes, receiving visitors and holding parties. There is adequate private parking space available the front and side of the house. There are systems in place to ensure that the assessed social and healthcare needs of the residents are provided for. All residents have access to GP services and a range of other allied healthcare professionals as required. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, a clinical nurse manager, a social care workers and a team of health care assistants. All staff have appropriate qualifications, skills and/or training so as to meet the needs of the residents in a competent and comprehensive manner.

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
31 July 2019	10:30hrs to 14:30hrs	Raymond Lynch	Lead
31 July 2019	10:30hrs to 14:30hrs	Sarah Barry	Support

What residents told us and what inspectors observed

The inspectors met with all four of the residents that live in this house and spoke with two of the residents during the course of this inspection.

Residents communicated with inspectors through number of mediums to include facial expression and smiling, body language and speech. One resident reported that they were very happy with their home and liked living there. Some residents were happy to show the inspectors their bedrooms and it was observed that they were decorated to the individual style, taste and preference of each resident.

All residents had transitioned from a congregated setting to this house in 2017. The inspectors observed that residents appeared very much at home in the centre, liked to spend time in the kitchen when staff were cooking meals, had decorated their rooms to their own individual style and preference and appeared comfortable and happy in the company of staff. Some staff had previously worked with the residents when they lived in the congregated setting and reported to the inspectors that the residents quality of life had significantly improved over the last two years and they were now engaging in new social activities and skills development programmes which they enjoyed very much.

Over the course of this inspection the inspectors observed that staff treated the residents with dignity and respect, were professional and kind in their interactions with residents and residents appeared happy and relaxed in the company of staff.

Capacity and capability

Residents appeared very happy and content in this centre and the model of care provided supported their autonomy, individual choice and independence. However, the overarching systems of governance and management required review so as to ensure the service remained responsive in meeting the requirements of the regulations. Minor issues of non-compliance were found with healthcare, individual personal planning and notification of incidents while governance and management and risk management were found to be non-compliant. The person in charge and house manager (both of whom had only recently taken over the management of the centre) were aware of some of these issues, addressed some of them on the day of the inspection and had plans in place to address other issues identified prior to this inspection taking place.

The centre had a management structure which was responsive to residents' assessed needs and feedback on the service. There was a clearly defined

management structure which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in her role by a full-time and experienced house manager who was a clinical nurse manager 1 (CNM1).

The person in charge was a qualified social care professional and provided good leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being provided for. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to 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. Many held third level qualifications (in nursing, social care/healthcare) and all 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 skills necessary to respond to the needs of the residents in a knowledgeable, consistent, capable and safe way.

There were systems in place to ensure the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. However, some of the actions arising from the auditing process were not being addressed in a timely manner.

For example, an audit carried out January 2019 identified that a specific individual risk pertaining to one resident required the drafting up of a risk assessment and some healthcare plans required review. These issues had not been addressed at the time of this inspection. Another audit in March 2019 identified that some fire fighting equipment required servicing. This service had not been facilitated at the time of this inspection. However, when this was brought to the attention of the person in charge and house manager, the issue regarding the servicing of fire equipment was addressed immediately.

The person in charge (who had only taken over the management of the centre two days prior to this inspection) had already identified some of the issues as found on this inspection and had commenced initiating plans of actions to address those issues.

The inspectors observed that residents were involved in the running of the centre, held weekly meetings, chose what social activities to engage in and agreed weekly menus between them. Residents also appeared happy and relaxed in the presence of staff and enjoyed spending time with staff in the kitchen area when meals were being prepared.

Overall, while residents experienced a good quality of life in this centre issues pertaining to the overall governance and management required review. The person in charge and house manager (both of whom had only recently commenced working in the centre) were already aware of some of these issues and had commenced with

plans of action to address them.

Regulation 14: Persons in charge

The inspectors found that there was a person in charge in the centre, who was a qualified professional (social care graduate) with significant experience of working in and managing services for people with disabilities.

She had only recently taken over as person in charge for this centre and was found to be aware of her remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. She was also responsive to the regulatory and inspection process.

She (along with the house manager) provided good supervision and support to the staff team and knew the needs of each individual resident very well. The house manager had worked with the residents in a previous setting.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, 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.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in safeguarding of vulnerable adults, safe administration of medication, positive behavioural support, fire safety, basic life saving and Children's First.

From speaking with one staff members over the course of this inspection, the inspectors were assured they had the skills and knowledge necessary to support the residents and meet their assessed needs in a safe and competent manner.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors were satisfied that effective management systems were in place to support and promote the delivery of safe, quality care services under the current systems of governance and management. There was an experienced and qualified person in charge in place who was supported in her role by an experienced and qualified CNM 1 (both of whom had only recently taken over the management of the centre).

While the quality of care and experience of the residents had been monitored and evaluated on an ongoing basis since the centre opened in 2017, some important actions arising from the auditing process had not been addressed in a timely manner.

However, the inspectors were assured that the person in charge and CNM 1 had plans of action in place to address the issues as highlighted on this inspection (with some of these plans already in progress prior to this inspection taken place).

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspectors were satisfied that the statement of purpose met the requirements of the regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge (who had recently updated the statement of purpose) informed the inspectors that it will be kept under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the chief inspector of any adverse incidents occurring in the centre as required by the Regulations. However, prior to the commencement of her taking over the role of person in charge, it was observed that one adverse incident had not been notified to HIQA as required.

Judgment: Substantially compliant

Quality and safety

While the quality and safety of care provided to the residents was being monitored as required by the regulations, some of the actions resulting from the monitoring and auditing process were not being implemented in a timely manner. Some aspects of how risk was being managed required review, as did aspects of the individual planning process and residents healthcare plans.

Notwithstanding, residents were supported to have meaningful lives within the centre and their community (based on their assessed needs), reported they were happy with the service provided and comprehensive plans were in place to ensure they were supported to experience best possible mental health.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that they were being supported to achieve personal and social goals (that were relevant to each resident) and to maintain positive links with their families. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents liked to go shopping with support of staff and frequent community-based amenities such as pubs, hotels, shopping centres, cinema and restaurants. However, some aspects of the individualised personal planning process required review as no time lines and/or supports were identified to support residents in achieving some of their goals. This issue had been previously highlighted in an audit of the centre earlier in 2019.

Residents' healthcare needs were being provided for and, as required, access to a range of allied health care professionals also formed part of the service provided. The inspectors saw that residents had access to GP services, dentist, speech and language therapy and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals. However, some healthcare plans required review and updating as they contained conflicting information as to when residents last accessed some allied healthcare professionals. In turn, it was difficult for the inspectors to ascertain if access to some allied healthcare professionals was provided for in a timely manner.

Residents were supported to enjoy best possible mental health and, where required, had access to psychiatry and behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required. Comprehensive support plans were also in place to help residents manage anxiety. From speaking with two staff members over the course of this inspection, the inspectors were assured they had the knowledge and skills required to support residents in a professional manner

and based on their assessed needs. There were some restrictive practices in place (so as to ensure the safety of residents). However, they were reviewed regularly and implemented in agreement with the resident.

It was observed that the premises were suited to their stated purpose and provided a homely environment for each resident. They were very well maintained and tastefully decorated and each resident had their own bedroom which were decorated and furnished to their individual style and preference. While an issue was identified with the back garden (in relation to the boundary fence), the person in charge has already identified this prior to the inspection and had a plan of action in place to have it addressed urgently.

There were no current safeguarding issues in the centre however, staff had training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member over the course of this inspection, the inspectors were assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk of falling, specialised equipment was in place to support their balance and mitigate this risk. However, some aspects of managing risk required review (as highlighted in past internal audits of the centre). For example, individual risk assessments were required for one resident with regard to traveling on the bus and another resident with regard to the use of prn medicine. Neither of these risk assessments were available for review at the time of this inspection.

There were systems in place to ensure all fire fighting equipment (such as, fire panel and emergency lighting) were serviced quarterly. However, the fire extinguishers had not been serviced since 2017. When this was brought to the attention of the person in charge and house manager, they addressed the issue prior to completion of the inspection process.

A sample of documentation informed the inspectors that staff undertook weekly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). The most recent fire drill informed that all residents left the premises promptly when the alarm was sounded except one who stayed close by staff. In response, their personal emergency evacuation plan had been updated to reflect this.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre. All staff that administered medication were trained to do so. An issue was identified with prn medicines earlier in this report however, it was dealt with and actioned under regulation 26: risk management.

While a number of issues were identified with some of the regulations over the course of this inspection, residents spoken with by the inspectors reported that they were very happy with the service (and appeared happy with the service), their independence was being supported and encouraged and their emotional healthcare needs were being comprehensively provided for.

It was also observed that the person in charge and house manager (both of whom had only recently commenced working in the centre) were already aware of some of the issues identified on this inspection and had commenced initiating plans of action to bring the centre back into compliance. Both were also found to be responsive to the regulatory and inspection process and aware of their remit to 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.

Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. They were very well maintained and tastefully decorated and each resident had their own bedroom which were decorated and furnished to their individual style and preference

Judgment: Compliant

Regulation 26: Risk management procedures

Some aspects of managing risk required review (as highlighted in past internal audits of the centre). For example, individual risk assessments were required for one resident with regard to traveling on the bus and another resident with regard to the use of prn medicine. Neither of these risk assessments were available for review at the time of this inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspectors saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspectors informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that fire equipment including the fire alarm system was being serviced as required by the regulations. However, the fire extinguishers had not been serviced since 2017. When this was brought to the attention of the person in charge and CNM 1, they addressed the issue prior to completion of the inspection process.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found that the medication procedures were satisfactory and safe.

Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe.

There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Some aspects of the individualised personal planning process required review as no time lines and/or supports were identified to support residents in achieving some of their goals. This issue had been previously highlighted in an audit of the centre earlier in 2019.

Judgment: Substantially compliant

Regulation 6: Health care

Some healthcare plans required review and updating as they contained conflicting information as to when residents last accessed some allied healthcare professionals. In turn, it was difficult for the inspectors to ascertain if access to some allied

healthcare professionals was provided for in a timely manner.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to enjoy best possible mental health and, where required, had access to psychiatry and behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required. Comprehensive support plans were also in place to help residents manage anxiety.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspectors were assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to.

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	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cuan Nua OSV-0005704

Inspection ID: MON-0021478

Date of inspection: 31/07/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge has collated the actions identified during the previous internal auditing process and uploaded them into the Designated Centres electronic Quality Enhancement Planning (QEP) tool.</p> <p>The QEP will be reviewed/updated on a weekly basis until all actions outstanding are complete.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The specific incident identified had been included in the quarterly report to HIQA; however the Person in Charge will also submit a belated '3 day notification' regarding the adverse incident.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p>	

The Centre's Risk Management Policy and Risk Register have been updated to address the issue of concern.

All risk assessments within the Centre are currently under review, while specific risk assessments will be conducted and controls implemented to address PRN Medication and traveling on Centre transport.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

IPPs have now been fully audited by the Person in Charge and clear guidelines issued to staff for the review process going forward.

The Service's Goal Setting Coordinator will review information gathering for the setting/review/updating of goals with Keyworkers by 30th September.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

The Person in Charge has completed an audit of care plans and identified which areas require review/updating.

Keyworkers have been given guidance on updating health care plans, particularly when there has been (or needs to be) input from an Allied Health professional.

Keyworkers will be supported by the House Manager (CNM2) and the Service's CNS in Health Promotion.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/9/19
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/9/19
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Substantially Compliant	Yellow	30/8/19

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/9/19
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	30/9/19