

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St. John of God North East
Centre ID:	ORG-0011511
Centre county:	Louth
Email address:	Ann.hickey@sjog.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Ltd
Provider Nominee:	Bernadette Shevlin
Person in charge:	Ann Hickey
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Jillian Connolly
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 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 following receipt of unsolicited information. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 April 2014 10:30 To: 11 April 2014 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 18: Records and documentation

Summary of findings from this inspection

The Authority received unsolicited information and scheduled an announced inspection to assess whether the provider and person in charge were in compliance with the legislation in respect of the following matters: –

- Management of complaints.
 - Supervision of residents while travelling on the organisation’s transport.
- Inspectors were aware that the unsolicited information received by the Authority related to a complaint investigation which is currently ongoing.

Inspectors found that in accordance with the legislation there was a complaints policy and procedure which had been invoked on behalf of a resident. There was evidence of nominated persons to deal with complaints and an investigation procedure/process. The documentation reviewed by the inspectors was comprehensive and investigators had good knowledge of the pertinent issues. While there was evidence of communication between the parties it was also evident that communication was insufficient and or open to varying interpretations and the measures taken to date had not led to improvements for the resident.

With regard to a complaint in respect of insufficient staffing levels inspectors found that an investigation had been carried out and while it have been concluded that the complaint had not been substantiated, the complainant had not been sufficiently briefed in respect of the process, substantiating evidence and outcome.

The inspectors considered that the health and safety of residents was promoted and protected in respect of the supervision of residents while travelling on the organisation’s transport.

The action plan at the end of this report identifies areas where improvements are required 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that a resident's next of kin/relatives were aware of the organisation's complaints policy/procedure, had invoked it in order to have a matter investigated and had met with the nominated persons.

Inspectors heard from the designated investigators in respect of the complaint and reviewed the details of the documentation in relation to the investigation, outcome and action taken as a result of the complaint.

In the main, documentation was detailed, comprehensive and addressed key issues and the investigators were knowledgeable regarding aspects of safeguarding and the complaint procedure.

While there was evidence of communication between the parties during the timeframe of the investigation it was also evident that there was either insufficient communication of the safeguarding concerns/incidents which had precipitated the complaint, inadequate assistance for the complainant to understand the complaints procedure/process and or differing interpretations of what was communicated.

To date, the complainant remains dissatisfied with the actions taken which primarily relates to the resident not being able to participate in the structured/routine day care which was deemed appropriate to meet the resident's individual needs and preferences. Inspectors found that management on behalf of the resident took the decision (based primarily on safeguarding concerns) that for the week commencing 7 April 2014 the

resident would not attend the day care which hitherto had been deemed meaningful and purposeful and reflected the resident's interests and capacities. Instead the resident had been assigned a staff member and activities were planned around the residential centre. Inspectors met with the resident, staff and read documentation pertaining to the activities that the resident was assisted to engage in and concluded that the resident's daily/weekly routine had been completely interrupted and opportunities had not been provided for the resident to meet, socialise and participate in events with friends. Overall there have not yet been positive changes for the resident as a result of the complaint and limited evidence that the resident has been enabled to exercise choice and have control about this aspect of life as the resident was not assisted to access an advocacy services .

With regard to a complainants identification of insufficient staffing levels inspectors found that an investigation had been carried out and while it have been concluded that the complaint had not been substantiated, the complainant had not been sufficiently briefed in respect of the process, substantiating evidence and outcome.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

In respect of the supervision of residents while travelling on the organisation's transport inspectors considered that the health and safety of residents was promoted and protected. Inspectors reviewed documentation such as general and individual residents' risk assessments, incidents which had occurred when residents were travelling by bus, interviewed key personnel and residents who have just completed a journey by bus and examined a vehicle to determine whether residents were sufficiently supervised and if adequate equipment was made available to keep residents' safe while travelling.

A record existed to confirm that each staff member driving a bus was legally fit to do so. A resident informed the inspectors that staff members were always available to travel and assist as necessary. Inspectors concluded that there was no evidence to suggest that residents were not supervised by travelling on the organisation's buses/vehicles.

Inspectors heard that the staff were trained by an experienced staff member in regard to driving the buses and operating equipment used on the buses and some staff members confirmed that they had participated in the training and demonstrated that they were knowledgeable in these matters. However, there was no record pertaining to

the training provided or declaration by staff/trainer of competency achieved.

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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

From a review of the documentation/investigation records in respect of a matter which came to the attention of the Authority inspectors found that measures to protect residents being harmed or suffering abuse were in place and action was taken in accordance with the organisation's criteria, policies and procedures.

As a result of discussions and a review of documentation inspectors found that although a resident had been assessed by a behavioural support specialist in March 2013, there was no evidence that the assessment had been continuously implemented and reviewed as part of the resident's personal planning process as the resident had been involved in a number of challenging behaviour incidents. Inspectors did not see evidence of where every effort was made to identify and alleviate the cause of the resident's challenging behaviour.

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors found that a resident's day care provision did not provide an opportunity for new experiences, social participation, education, training and employment as the resident was suspended from attending the day care facility. See outcome 1 for details.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that a PRN medication had been used in the centre but there was no policy/procedure in respect of when and where it should be used.

While there was a copy of the duty roster of persons working at the designated centre, and a record of whether the roster was actually worked was available it was difficult to interpret as there were no codes in respect of abbreviations and had not been accurately maintained in respect of persons on duty.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St. John of God North East Services
Centre ID:	ORG-0011511
Date of Inspection:	11 April 2014
Date of response:	09 May 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

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

A resident had not been assisted to access an advocacy services for the purposes of making a complaint.

Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

1. A meeting took place on 28/04/2014 with next of kin regarding proposals around the residents Individualised Day Programme and referral for an Independent Advocate.
2. Referral Form sent to the National Advocacy Services on 30/04/2014

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

3. An Independent Advocate through the National Advocacy Services has been secured for the resident and meeting date is due by 24/05/2014.
4. Clarification was made with the next of kin by telephone on the 14/04/2014 with regard to the contents of a letter furnished to the next of kin on 31/03/2014. And again at a meeting with family on 28.04.14

Proposed Timescale: 24/05/2014

Theme: DCAD10 Individualised Supports and Care

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

Measures required for improvement in response to a complaint had not been put in place.

Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

1. A meeting was held on 28/04/2014 with the next of kin, family advocate and other relevant agencies to agree proposed way forward in fully addressing the complaint.
2. Follow up through written correspondence is currently taking place with Director of Services and Family Advocate with regard to the complaint and a meeting will be schedule by 24/05/2014.
3. An Independent Review of this complaint will be completed by 30/05/2014.

Proposed Timescale: 30/05/2014

Theme: DCAD10 Individualised Supports and Care

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

A complainant was not assisted to understand the complaints policy/procedure and process.

Action Required:

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

1. An additional copy of the Saint John of God Complaints Policy will be forwarded to the next of kin and an offer to them to meet the Principal Social Worker regarding this by 14/05/2014.
2. Clarification was made with the next of kin by telephone on the 14/04/2014 with regard to the contents of a letter furnished to the next of kin on 31/03/2014.
3. Clarification was also given to the next of kin at the meeting which took place on

28/04/2014.

Proposed Timescale: 14/05/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The assessment of a resident by a behavioural support specialist had not been continuously implemented and reviewed as part of the resident's personal planning process as the resident had been involved in a number of challenging behaviour incidents.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1. A full review of the Behaviour Support Plan for this resident will be completed by 20/06/2014.
2. This Behaviour Support Plan will be fully implemented by the residents key support staff on an on-going basis and this will be monitored and reviewed as part of the residents Personal Planning Process by the residents support team and by the Clinical Nurse Specialist/ Positive Behaviour Support Committee.
3. This residents Behaviour Support Plan will include input from his family, day services support staff and residential support staff.

Proposed Timescale: 20/06/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no evidence that every effort had been made to identify and alleviate the cause of a resident's challenging behaviour.

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:

1. A full Behaviour Support Plan will be completed by 20/06/2014 and this

comprehensive plan will identify the cause of the resident's behaviour and promote pro-active strategies to support the resident.

2. On completion of this resident's Behaviour Support Plan all key support staff and significant others in his life will be fully inducted into the plan to ensure consistent implementation of the plan and to ensure the use of pro-active strategies for the resident.
3. The PRN medication for this Resident was discontinued on the 7/05/2014

Proposed Timescale: 20/06/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A resident's day care provision did not provide an opportunity for new experiences, social participation, education, training and employment.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

1. An Individualised weekly programme has been developed in conjunction with this resident with a primary focus on the provision of a meaningful day which includes interaction with his peers. This Individualised Programme commenced on 15/04/2014 it also focuses on an opportunity for new experiences, social participation, education, training and employment.
2. This Individualised Programme will be reviewed on a weekly basis by the resident with the support of his Independent Advocate and with his support staff.
3. Following on from the commencement of the Independent Advocates role in supporting this resident with regard to his current situation, should any recommendations be made with regard to the suitability of his Individualised Programme, a committee will be established to review and respond to this by 10/06/2014

Proposed Timescale: 10/06/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no policy/procedure in relation to PRN medication.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

1. An individual protocol for the administration of PRN medication was developed for this resident on the 14/04/2014 however this resident discontinued PRN medication on the 7/05/2014
2. A PRN medication protocol has been developed for all Individuals in this Designated Centre who requires the use of PRN and this was completed on 6/05/2014
3. The PRN prescription for this resident has been discontinued on 7/05/2014
4. All Duty Rosters have now a code in respect of abbreviations. 21/04/2014

Proposed Timescale: 07/05/2014**Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A copy of the duty roster of persons working at the designated centre had not been maintained accurately.

Action Required:

Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

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

1. All Duty Rosters have now a code in respect of abbreviations. 21/04/2014
2. An Operational Procedure will be developed for the maintenance and completion of all staff rosters by the 16/05/2014
3. All managers will be provided with a copy and inducted into this Operational Procedure by 19/05/2014.
1. All staff will receive refresher training on using equipment in the vehicle's by 1/06/2014
2. An Operational Procedure regarding the driving and operation of buses and equipment on buses will be developed and implemented into practices by 1/06/2014.
3. The implementation of the Operational Procedure into practice will be audited by 1/12/2014

Proposed Timescale: 01/12/2014**Theme:** Use of Information

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

There was no record of attendance at staff training and development in regard to driving the organisation's transport/buses and using the equipment in the vehicles.

Action Required:

Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

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

1. Records of attendance for staff at training and development relating to driving the organisations transport/buses and using the equipment in the vehicles will be included in the Services training and attendance records which are maintained by the Human Resource Department and centrally held. This process will commence on 15/05/2014.
4. All Supervisors/person in charge will be informed by the Administrative Manager of this practice by 21/05/2014
5. All staff will receive refresher training on using equipment in the vehicle's by 1/06/2014
6. An Operational Procedure regarding the driving and operation of buses and equipment on buses will be developed and implemented into practices by 1/06/2014.
7. The implementation of the Operational Procedure into practice will be audited by 1/12/2014

Proposed Timescale: 01/12/2014