

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Hillcourt
<b>Centre ID:</b>	OSV-0003000
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Provider Nominee:</b>	Declan Moore
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 30 August 2017 10:00 To: 30 August 2017 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was the second inspection of the centre. The first inspection of the centre was conducted in May 2016 following an application by the provider to register the centre under the Health Act 2007. The purpose of this inspection was to identify if the provider had taken the appropriate action to ensure compliance with the regulations and could be registered under the Health Act 2007.

How we gathered our evidence:

As part of this inspection, the inspector met 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 two houses located in Co. Louth. Services were provided to male and female residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:

The inspector found that residents were supported to live active lives. They told the inspector that they were happy with their home and the supports provided to them.

The provider had taken appropriate action and had addressed failings identified in areas such as policies and the written agreements between residents and the provider. However, additional improvement was required in the personal planning process and risk management.

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 actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

**Outcome 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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Residents were supported to take part in a variety of activities and lived active lives. However, improvements were required to the personal planning process to ensure that each resident had a comprehensive assessment of their social care needs and a clear plan which identified the supports they required to maximise their potential.

All of the residents attended a formal day service programme five days per week. In the evening and at the weekends residents were supported to engage in activities within their home such as relaxation, watching movies and beauty treatments. Residents also went out to dinner, attended Mass or went for walks. The inspector reviewed a sample of personal plans and found that each resident had an assessment of their health and social care needs. Goals were identified which aimed to meet the social care needs of residents. Some goals were short term activities such as trips to the theatre or going on holiday. In other instances they promoted learning and development such as developing cooking skills. However, the inspector found that the goals were not consistently linked to the assessment of need. In some instances, assessments identified a need but there was no plan in place to support that need. The inspector reviewed one personal plan where the goals were clearly linked to an assessment of need and a variety of supports were in place to facilitate the resident to achieve that goal.

There was also an inconsistent approach to the reviews of personal plans. Each resident had an annual review in which the resident and/or their family were present. The inspector reviewed a sample of minutes and found that they did not review if the previous plan had been effective. Interventions had also been identified at these

meetings which had not been identified in the subsequent plan of the resident.

The inspector met with a resident who was aware of their personal plan.

**Judgment:**

Non Compliant - Moderate

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The centre had policies and procedures to promote the health and safety of residents, staff and visitors. Overall, the inspector found that there was a low number of adverse events within the centres and risks to individual residents was adequately assessed. However, there remained an absence of oversight of all of the operational, clinical and environmental risks within the centre. Therefore the control measures in place to reduce the risk were not clearly identified and reviewed on a regular basis.

There was a centre specific safety statement which identified the roles and responsibilities of individual staff members. There was also a risk management policy which contained all of the requirements of regulation 26. There was a risk register which identified all of the risks to individual residents. For example, risk of falls or choking. However, the inspector identified hazards within the environment and the practices of the centre which had not been assessed and therefore the control measures in place were not clearly identified. As a result, there were not reviewed if an associated adverse event occurred. For example, there were challenges identified with using the back door as an escape route in the event of an emergency. The level of risk this challenge presented had not been assessed in the context of the needs of the residents. Not all staff had received training in the safe administration of medication. As a result, there was not always a staff member on duty who could administer medication to residents. This had not been assessed and there had been an incident in which residents' medication had been omitted. However, the inspector found that if an adverse effect had occurred, such as this, appropriate action had been taken immediately afterwards.

There were systems in place for the prevention and management of fire. This included a fire alarm, fire extinguishers and emergency lighting. Each of which were serviced at regular intervals by an external contractor. The centre also had measures in place for the containment of fire, such as fire doors which had self closers that were linked to the fire alarm. Staff had received training in the prevention and management of fire.

However, some staff had not received refresher training in line with the policy of the provider. Each resident had an individual evacuation plan and staff were familiar with this. A record of fire drills demonstrated that they occurred at regular intervals and all residents could be evacuated to a place of safety in an appropriate time frame with the lowest compliment of staff.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The centre had policies and procedures in place for the safeguarding of vulnerable adults. Staff had received training in this. Residents told the inspector that they liked their home and were observed to be comfortable in the presence of staff.

Residents in the centre required positive behaviour support. The inspector found while this support was provided it did not encompass all areas in which residents required support. There were plans in place which identified strategies to support residents. These had been completed by the appropriate allied health professionals. However, the inspector identified areas in which additional supports were required to support a resident to ensure that all of their needs were met. These needs had not been identified in the resident's assessment of need and therefore while some interventions had been identified, all efforts had not been made to identify and alleviate the cause of the resident's behaviour. Management stated that this had been completed in the past. However, it was not evident in the current plan of the resident. Training had also not been provided to all staff in positive behaviour support.

The centre promoted a restraint free environment and if a restrictive practice was used. The inspector found that it was the least restrictive option and was used for the shortest period of time.

**Judgment:**

Substantially Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the accident/incident register and found that all adverse events had been reported to HIQA as required by regulation 31.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The health and well being of residents was promoted in the centre. Residents had regular access to their General Practitioner (GP) if required. They were also supported to attend additional appointments if required such as outpatient appointments. However, improvements were required to ensure that the plans of care of residents were implemented and were effective.

Each resident had a health assessment completed, which was overseen by the appropriate professional. If a need was identified there was a clear healthcare plan in place which identified the appropriate interventions required. In the main, the inspector found that healthcare plans were implemented. However, there were instances in which they did not appear to be effective, particularly in areas of weight management. The reason for this was not considered in the reviews of personal plans.



Residents were involved in the development of the weekly menu. They confirmed that they were happy with the food provided to them and in some cases were involved in the preparation of the food. The inspector observed that residents had free access to food. There were assessments in place to support food modification if required.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that there was a clear governance and management structure within the centre which identified the roles and responsibilities of individuals. However, improvements were required to ensure the care and support provided to resident was effective and monitored on an ongoing basis.

The frontline manager of the centre had the responsibility of two designated centres and reported to the person in charge. The person in charge held the post of clinical manager 3 and had the responsibility for five designated centres. The person in charge reported to the director of care and support who reported to the regional director. The regional director was the contact person for HIQA.

It had been identified on the inspection in May 2016 that audits were not occurring in the centre. The provider had responded by stating that this would be addressed by August 2016. The inspector found that while there was a schedule of audits in place, they were not occurring as planned. The centre had a quality enhancement plan in place. The purpose of this was to compile all of the actions arising from audits, the unannounced visit by the provider and HIQA inspections. However, due to the absence of regular audits, the plan viewed by inspectors focused on the findings of the unannounced inspection and the previous HIQA inspection. As a result, the inspector found that the plan was primarily document focused and did not identify if the systems in place were effective and resulted in a positive outcome for residents. For example, it

identified that each resident had goals but it did not identify if the goals were in line with the assessed needs of residents, were being achieved and resulted in a positive outcome for the resident involved.

There had been an annual review of the quality and safety of care in the centre.

**Judgment:**

Substantially Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector had the opportunity to meet with some staff members and found that they were knowledgeable of residents' needs. They were observed to engage with residents in a dignified and respectful manner. Residents stated that they were happy with staff support. The inspector observed that the staffing levels on the day of inspection were sufficient to meet the needs of the residents. A sample of rosters confirmed that this was the standard staffing levels.

Staff had received mandatory training in areas such as manual handling. However, in some instances refresher training was required.

Staff received formal supervision from a member of the management team. Team meetings also occurred on a weekly basis which was used as a forum for information sharing and learning. The frontline manager also completed frontline duties and worked alongside staff regularly.

The inspector did not review staff files 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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0003000
<b>Date of Inspection:</b>	30 August 2017
<b>Date of response:</b>	19 September 2017

### 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 05: Social Care Needs

**Theme:** Effective Services

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

Reviews of personal plans did not consistently take into account the effectiveness of the plan.

#### 1. Action Required:

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

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The annual review going forward will include specific review of the effectiveness of the Plan

**Proposed Timescale:** 30/11/2017

**Theme:** Effective Services

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

Personal plans did not consistently identify the supports residents required to maximize their potential.

**2. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Personal plans will be reviewed and supports clearly identified with goals linked to the assessment of need.

**Proposed Timescale:** 30/10/2017

**Theme:** Effective Services

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

Assessments identified a need but there was no plan in place to support that need.

**3. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Individual plans for the residents will be reviewed to ensure that each contains strategies to address identified needs

**Proposed Timescale:** 30/10/2017

## Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

There was an absence of oversight of all of the operational, clinical and environmental risks within the centre.

### **4. 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:**

1. A risk assessment has been conducted of all the operational, clinical and environmental risks within the centre.

**Proposed Timescale:** 18/09/2017

## 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:**

All efforts had not been made to identify and alleviate the cause of a resident's behaviour.

### **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:**

A case conference including key workers and relevant members of the MDT will be conducted to identify, and develop a plan to address, contributors to the behaviour

**Proposed Timescale:** 30/10/2017

**Theme:** Safe Services

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

Not all staff had received training in positive behavior support.

**6. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

All staff that have not had training in positive behaviour will receive this training

**Proposed Timescale:** 30/10/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

There were examples of where health interventions did not appear to be effective.

**7. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Health Plan goals and strategies will be reviewed for their effectiveness and modified as necessary.

If required, a case conference will be conducted

**Proposed Timescale:** 30/10/2017

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

Improvements were required to ensure the care and support provided to resident was effective and monitored on an ongoing basis.

**8. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. All Individual Plans will be audited by the PIC and PPIM to ensure that goals are linked to the assessed needs of the residents.

2. A total review of the audit systems will be undertaken and all necessary audits will be completed

Proposed Timescale:

1. 30.11.17
2. 20.12.17

**Proposed Timescale:** 20/12/2017

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Some staff required refreshed training in manual handling and fire safety.

**9. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Required refresher training will be provided.

**Proposed Timescale:** 30/11/2017