

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rivergrove
<b>Centre ID:</b>	OSV-0003010
<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>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	1
<b>Number of vacancies on the date of inspection:</b>	3

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 21 April 2017 09:30 To: 21 April 2017 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out following HIQA issuing the provider, St John of God's Community Services, with a notice of proposal to refuse and cancel the registration of the designated centre on 30 January 2017. This measure was taken due to a number of serious breaches of the Regulations found on an inspection carried out on 10 January 2017.

In early January 2017 two pieces of unsolicited information were received by the Health Information and Quality Authority (HIQA) which resulted in a triggered inspection of the centre.

The triggered inspection carried out on 10 January 2017 found that residents were in receipt of a poor quality of service and risk was not being adequately managed in the centre. At that time there were safeguarding concerns, the governance and management arrangements in place were not effective and the premises were not fit for their stated purpose.

This inspection focused primarily on the measures that the provider had taken following HIQA issuing the notice of proposal to refuse and cancel the registration of the centre on 30 January 2017.

It was found that the provider had addressed the majority of concerns raised by

HIQA since the last inspection and of the six outcomes assessed as part of this inspection, five were now found to be compliant and one substantially compliant.

How we gathered our evidence:

As part of the inspection, the inspector met and spoke with one resident who resided in this centre on the date of inspection. The inspector also met with the person in charge, the team leader and the director or nursing over the course of the inspection.

Documentation such as residents' care plans, transition plans, risk assessments, safeguarding and risk management policies, staff rosters, hygiene audits, the annual review of the quality and safety of care and training records were also viewed. The premises were also observed in detail as part of this inspection process.

Description of the service:

The centre comprised of a large detached two story building which was to provide accommodation for four residents. The inspector observed that it had recently been repainted and refurbished, it was clean throughout, it was bright, spacious and warm and new kitchen counters had been put in place

A fully functioning utility room had been provided for on the first floor, carpets had been deep cleaned, the sitting room had been updated and a new garden shed had been secured for the storage of mops and buckets.

Bedrooms had also been updated and where appropriate additional lighting was installed so as to make residents rooms brighter. It was also observed that bedrooms were personalised to individual likes and preferences.

The centre was located in a busy town in County Louth and was in walking distance to all local amenities such as churches, hotels, restaurants, barbers, pubs and shops.

The town had a regular bus service for trips further afield if and when required by the residents however, the centre could also provide private transport facilities for the residents to avail of if and when requested.

Overall judgment of our findings:

Overall, the inspector found that management and staff had addressed the majority of concerns raised in the inspection on 10 January 2017. There was now one resident living in the centre and they appeared well supported and cared for.

There were also robust systems in place to ensure that any new resident transitioning into the centre would be adequately supported and kept safe.

Of the six outcomes assessed five were found to be compliant including Residents' Rights, Dignity and Consultation, Premises, Risk Management, Safeguarding and Workforce. Governance and Management was found to be substantially compliant.

These are further discussed in this report and in the action plan at the end.



**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 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

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

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

**Findings:**

The issues found on the last inspection had been addressed satisfactorily and overall the inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents' individual choice was supported and encouraged.

The last inspection found that two residents had no alternative but to share a bedroom of which neither were happy with. There was also safeguarding issues pertaining to this arrangement and a number of complaints had been logged about the situation however, it had not been addressed in a timely or acceptable manner.

This inspection found that the issue had been addressed and the inspector was guaranteed by management that under no circumstances would residents have to share a bedroom again in the centre.

The centre was now a large four double bed roomed house in order to support four individual residents. This information was reflected in the centres' most up-to-date Statement of Purpose.

The inspector observed that policies and procedures were in place to promote and ensure residents were consulted with, and could participate in decisions about their care and about the organisation of the centre. For example, there were policies and procedures available on values to practice and rights protection.

These were to ensure that residents' rights were upheld and that their dignity,

autonomy and individual choice were respected. This was achieved in a number of ways. For example, residents would hold weekly meetings to discuss any issues in the house, plan weekly menus and decide on what social activities to partake in.

The inspector was satisfied that access to advocacy services and information about resident rights formed part of the support services made available to each resident. The identity and contact detail of an external advocate and an external advocacy agency was made available to residents and was on display in the centre.

The last inspection found that complaints were not being managed adequately or in a timely manner. However, this inspection found that a full review of the complaints procedures had been implemented and all complaints that had been outstanding at the last inspection had now been addressed.

A complaints policy on the management of consumer feedback to include comments, compliments, and complaints was available in the centre. The purpose of this policy was to ensure that any complaint could be brought to the attention of the service and would be investigated promptly with the aim of finding a satisfactory resolution.

The complaints procedures were displayed on the notice board and an easy to read version was also available in residents file. A dedicated log book for recording complaints was also available in the centre.

The last inspection also found that at times, the intimate care provided to one resident could be compromised. However, this inspection found that the service had addressed this issue in totality.

There was a policy on the provision of intimate care and the current resident residing in the centre had an intimate care plan on their file. The inspector observed that these plan was informative of how best to support the resident while at the same time promoting their privacy, dignity and respect.

Overall the inspector was satisfied that the issues identified under resident's rights, dignity and consultation in the last inspection had been responded to and adequately addressed.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

The last inspection found that the premises were not suited for their stated purpose as they were not clean, laundering facilities were inadequate, two residents had to share a bedroom against their wishes, parts of the house were cold with inadequate lighting and some parts were in a poor state of repair.

On this inspection the inspector found that all these issues had been addressed and the location, design and layout of the centre was now suitable for its stated purpose and met the current resident (and would meet future residents) individual and collective needs in a comfortable, dignified and homely manner.

The centre comprised of a large detached two story building which was to provide accommodation for four residents. As stated in the summary of this report, the inspector observed that the house had recently been repainted and refurbished throughout.

It was also found to be clean throughout (a deep clean of the entire centre was conducted on 13 January 2017) and a new cleaning schedule had been implemented and circulated to all staff working in the centre. Two hygiene audits had also been carried out in the centre since the last inspection.

Bedrooms were found to have been updated, modernised, clean, uncluttered and spacious with adequate storage for residents' personal belongings.

One resident showed the inspector their bedroom, which was a large clean and very well equipped double room. It was personalised to the residents likes and taste and the resident had pictures of loved ones and family members on display. All bedrooms were now single occupancy rooms only.

The centre was found to be bright and spacious and the central heating had recently been serviced and repaired so the house was adequately warm throughout.

New kitchen counters had been put in place, a separate fully functioning utility room had been provided for, carpets had been deep cleaned, the sitting room had been modernised and updated and a new garden shed had been secured for the storage of mops and buckets.

External doors where required had been repainted and additional lighting had been provided for throughout the house. It was also observed that there were adequate toileting and showering facilities on both floors of the house.

The centre had spacious front and back gardens which were very well maintained. There was adequate garden furniture for residents to avail of as and when they wished.

There were also adequate private parking facilities to the front of the centre and on



street parking if required.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

The last inspection found that the procedures for the management of risk in the centre were not adequate and serious issues were identified with the management of infection control. This resulted in the centre being issued with three immediate actions.

However, this inspection found that the centre had adequately addressed all concerns related to the management of risk and infection control in the centre.

Since the last inspection on 10 January 2017 the inspector observed that the centre had put a number of steps in place for the effective management of risk, and any outstanding actions required to mitigate risk in the centre had been addressed.

For example, there was a significant risk associated with two residents having to share a bedroom in this centre. Since the last inspection this issue has been resolved and the centre now provides only single occupancy rooms for all residents.

Issues were also identified regarding the risks involved for the management of dysphasia. However, the inspector observed that these had since been addressed and all staff working in the centre had received up-to-date training in the management of dysphasia since the last inspection.

The systems in place to manage infection control were also found to be inadequate in the last inspection. Since then all staff have had training in infection control and the centre had made arrangements for the provision of more appropriate laundering facilities (separate to the kitchen).

It was also observed that the actions of an internal hygiene audit had been implanted and the centre was found to be clean throughout with the adequate provision of hand sanitizing gels as required.

The last inspection on 10 January 2017 found that the fire register was being maintained in the centre and was up to date. Fire equipment such as fire blankets and

fire extinguishers were installed as were fire doors and emergency signage lighting (placed over external doors).

The inspector observed that fire equipment had been checked by an external consultancy company in June 2016 and the fire alarm checked in January 2017. Fire drills were also facilitated and personal emergency evacuation plans were being updated as required.

The last inspection also informed that of a sample of files viewed, staff had the required training in fire safety and manual handling

**Judgment:**

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):**

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

**Findings:**

While the last inspection found that the systems in place to protect residents from all forms of abuse across the centre were inadequate and ineffective, this inspection found that those concerns had been addressed satisfactorily and in a timely manner.

While there was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff on how to protect residents in the centre, the last inspection raised some serious concerns where one resident was vulnerable to abuse from another and an issue with regard to the safeguarding of residents finances was also found.

As identified earlier in this report, two residents in this centre had no alternative but to share a bedroom. Over a number of months this situation had become untenable and both residents had explicitly stated via the complaints procedures that they were not happy with the situation.

It compromised their dignity and privacy, it was not safe and one resident was vulnerable to peer to peer abuse because of this situation.

By the time of this inspection this issue had been addressed. The resident who was vulnerable to abuse from another resident had successfully transitioned from the centre to a more appropriate facility and there was no requirement for any resident to share a bedroom any more in this centre.

The last inspection also found that one resident had been inappropriately charged for a medical device that should have been supplied by the centre.

Since then, the resident has been reimbursed and the centre has been audited by an independent auditing company to ensure that it was complying with the financial management policy of the organisation.

The results of that audit had not been received by the centre at the time of this inspection. However, the inspector was satisfied that residents were now being adequately protected from all forms of financial abuse.

At the last inspection the inspector observed that there was a policy for the provision of behavioural support and where required residents had a positive behavioural support plan in place. From viewing a sample of those plans, the inspector found them to be informative on how best to support a resident with behaviours of concern in a proactive manner.

Staff spoken with at that time were also able to verbalise how to put the positive behavioural support plan into action. Positive behavioural support plans were also reviewed as required by a clinical nurse specialist on regular basis and support was provided from other allied health care professionals such as a psychiatrist if and when required.

The inspector also observed on the last inspection that from a sample of files viewed, staff had required training in the management of challenging behaviour.

Since the last inspection all staff had also been re-inducted into the safeguarding policy of the organisation.

**Judgment:**

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:**

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

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

**Findings:**

The previous inspection found that the systems of governance and management in place were not adequate to ensure the centre was being managed and monitored effectively. However, this inspection found that the provider nominee and management had addressed the majority of concerns raised in the last inspection

The centre was managed by a suitably qualified, skilled and experienced person in charge who was being supported in her role by an experienced and qualified house manager. Both were qualified nursing staff with significant experience of working in and managing services for people with disabilities.

From speaking with the person in charge and house manager it was evident that they had an in-depth knowledge of the individual needs and supports of the resident living in this centre and were putting steps in place to ensure the successful transition of new residents into the centre.

Both the person in charge and the house manager were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in the management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

However, the last inspection found that the person in charge had a significant management remit, as she was person in charge for four centres comprising five individual residential houses. This resulted in an action in the last inspection and the situation had not been addressed by the time of this inspection.

The person in charge was seen to provide good support, leadership and direction to her staff team and staff spoken with spoke very positively about her. She provided regular supervision to her staff team and a sample viewed by the inspector found that the process of staff supervision was to a good standard and supportive to staff.

At the last inspection the inspector observed that the provider nominee did not make arrangements to facilitate an annual review of the quality and safety of care of the service as required by the regulations in 2015.

By the time of this inspection an annual review had been completed for 2016 and the inspector found that it was informative of where the centre was compliant with regulations and what actions were needed to bring the centre into compliance.

Systems were also in place to facilitate announced and unannounced visits and audits of the centre. The person in charge informed the inspector that the service quality

enhancement team facilitated these visits and audits.

The inspector observed a sample of these audits and saw that while they were thorough and the actions arising from them were being implemented systematically.

For example, a referral had been recommended for a resident to a speech and language therapist (SALT). The inspector observed that an appointment had been made for the resident in question to visit a SALT.

Another recommendation was that additional and improved lighting be installed in some of the bedrooms. This work was complete by the time of this inspection.

**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 last inspection found that the skill set and mix of staff in place to support the residents was appropriate, however the staffing arrangements at weekends required review to ensure the safe delivery of services. It was also observed at that time there were gaps in staff training that needed to be addressed urgently.

This inspection found that there were adequate staffing levels to meet the needs of the residents and the gaps in staff training had been satisfactorily addressed.

The centre was staffed by a mixture of qualified nursing staff, social care workers and qualified health care assistants. It was observed that there were now three vacancies in the centre however the inspector was assured that adequate staffing arrangements would be provided for once those vacancies were filled.

A sample roster informed the inspector that management intended to provide three staff members to meet the needs of the residents throughout the day and two waking night staff to support the residents during night time.

This inspection also found that gaps in staff training had been addressed and from a sample of files viewed, staff had completed mandatory training as well as training in infection control and dysphasia (as required by a number of risk assessments completed in the centre).

It was observed that the person in charge and house manager met with their staff on a regular basis and undertook annual appraisals with them. A sample of staff files also informed the inspector that individual staff supervision with all staff members took place on a six to eight weekly basis.

From a sample of files viewed at the last inspection, all staff were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files on 10 January 2017 and found that records were maintained and available in accordance with the Regulations.

At all times throughout this inspection the inspector noted that management and staff spoken with, were very respectful towards residents and knew their care support requirements at an intimate level. They also interacted with the resident at home at the time of this inspection in a respectful and dignified manner.

**Judgment:**

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:***

Raymond Lynch  
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-0003010
<b>Date of Inspection:</b>	21 April 2017
<b>Date of response:</b>	08 May 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 14: Governance and Management

**Theme:** Leadership, Governance and Management

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

The person in charge was responsible for the management of multiple centres. This situation required review.

**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 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

1. An electronic system is being developed which will improve the Governance process and enable the PIC to have more immediate oversight of all outstanding action requiring updating or addressing in the Designated Centre.
2. The PIC is rostered 39hrs supernumerary to ensure governance of the centre
3. The PIC is visiting the designated centre on weekly bases, and will have weekly designated centre management meetings with the PPIM.
4. The PPIM is in the designated centre 30 hrs per week with protected management time.
5. The designated centre will have 4 - 6 weekly house meeting with all staff.

Proposed Timescale:

1. 08.05.17
2. 01.05.17
3. 01.05.17
4. 01.05.17
5. 01.05.17

**Proposed Timescale:** 08/05/2017