

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ladywell Lodge
Centre ID:	OSV-0003025
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Declan Moore
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

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: 20 June 2017 09:30 To: 20 June 2017 02:30

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 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out following the Health Information and Quality Authority (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 09 February 2017.

This measure was taken due to a number of serious breaches of the Regulations, some of which were recurring, found on an inspection carried out on 02 February 2017.

On this inspection it was found that the provider, with the support of the person in charge and the two persons participating in management had addressed (or was in the process of addressing) many of concerns raised by HIQA since that last inspection.

A quality enhancement plan had been developed by the provider to address deficits and the inspector found that it was being systematically implemented across the centre. Of the six outcomes assessed, five were found to be compliant and one was assessed as being substantially compliant.

Overall the inspector found that the service was being managed appropriately and it was being adequately audited which in turn meant the quality of care and support

being provided to the residents had improved significantly.

How we gathered our evidence:

As part of the inspection, the inspector met and chatted briefly with four residents. The inspector also met and spoke with the person in charge at length over the course of this inspection as well as one of the people participating in management, the director of services and the director of care and support.

Documentation such as residents' care plans, positive behavioural support plans, risk assessments, the annual review of the quality and safety of care and training records were also viewed as part of this inspection.

Description of the service:

The centre comprised of an L-shaped bungalow on a campus based setting belonging to St. John of Gods Services in County Louth and provided accommodation for 10 residents. It was observed that the centre was warm, clean, well ventilated and personalised to residents' individual preferences.

There were a range of small villages and towns in close proximity to the centre however, due to its rural location private transport was required to access these amenities. The centre had access to their own seven seater mini bus so as to ensure residents could access local facilities as and when requested.

Overall judgment of our findings:

Overall, the inspector found that management and staff had addressed most of the issues (or were in the process of addressing) the issues raised in the inspection on January 2017.

It was also observed that the quality and safety of care being delivered to the residents had improved significantly, their was a stable staff team in place and the centre was being appropriately audited so as to bring about positive changes for the residents.

It was also observed that the person in charge, the persons participating in management and the staff team knew the residents well and residents appeared comfortable in the company of all staff members.

Of the six outcomes assessed five were found to be compliant including Safeguarding, Governance and Management, Workforce, Risk Management and Healthcare Needs while Social Care Needs were found to be substantially compliant.

These were 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 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:

This inspection found that the Person In Charge and persons participating in management had audited residents' personal plans and plans and goals were systematically being identified, actioned and implemented for each resident.

However, some social activities remained basic in nature and were based within the confines of the residents home or on campus.

This inspection found that each resident had their personal plans audited and updated on a regular basis. Actions were being identified from the audits which were.

Inspectors found evident that the required change had being implemented and signed off. The person in charge showed inspector an audit schedule in place for the on-going review of resident's personal plans.

It was also found that management and staff were systematically facilitating circle of support meetings with residents, family representatives, key workers and representatives from the multi disciplinary team.

Inspectors reviewed a sample of personal plans and goals set with the residents. Some goals, such as holidays and specialised outings and trips had been identified, actioned and achieved for residents.

Documentation relating to each goal and the progress towards achieving it were

maintained. Inspectors found that once goals had been achieved staff consulted with residents and new goals were set.

Where it was not possible to achieve a goal within the initial time frame, the reason for this was recorded. Inspectors found that residents were to be supported to achieve these goals at a future date.

It was observed however, that a number of activities which were basic in nature and based in the residents home or on campus were being recorded as social activities. For example walks on the grounds of the campus were being recorded as social activities as were listening to music on the radio or listening to music in a bedroom.

The inspector observed however that person participating in management was aware of this, was actively putting plans in place to address this issue and to further support social based activities out of the home and off campus for the residents.

Judgment:

Substantially 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 inspector was satisfied that the health and safety of residents, visitors and staff was being supported and promoted in the centre and the issues identified in the previous inspection had been adequately addressed.

The centre had a policy on risk management which was comprehensive and met the requirements of the Regulations. The inspector was satisfied that where a risk was identified it was being appropriately addressed and actions put in place to mitigate it.

For example, a comprehensive incident management system was in place. This system provided an overview of any adverse incidents occurring in the centre and also provided the person in charge to identify any trends occurring and put systems in place to address them. Issues with the boiler room and the storage of chemicals had been adequately addressed since the last inspection.

It was observed that all incidents occurring in the centre were investigated thoroughly, discussed at team meetings and where appropriate risk assessments were updated.

The inspector also found that that a fire register was compiled for the centre and that fire equipment was being serviced as per regulations. Staff were now completing the fire register as required and from a sample of files viewed, staff had up to date training in site specific fire training.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

A mal odour in one of the bathrooms, evident in the last had been addressed. Infection control checks were a regular occurrence by the CNM 1 of the centre and training for staff in infection control remained on-going.

Of a sample of files viewed, staff had the required training in fire safety and manual handling. The person in charge also assured the inspector that there were plans in place to ensure that refresher training would be provided for as and when required.

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:

Overall this inspection found that there were adequate systems in place to protect the residents from all forms of abuse across the centre and the issues found on the last inspection regarding access to multi-disciplinary support and the management of residents' finances had been adequately addressed.

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 inspector was satisfied that there was adequate oversight by the person in charge and the two persons participating in management to ensure that residents were safe in the centre.

Residents now had regular and on-going access to multi-disciplinary support, including behavioural support and where required positive behavioural support plans had been reviewed and updated.

There was a policy in place for the provision of intimate personal care and the inspector saw that residents had on file a personal and intimate care plan which provided comprehensive guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to each resident.

There was also a policy in place for the use of restrictive practices and since the last inspection any restrictive practice in use had been reviewed. It was observed however, that where a restrictive practice was in use, it was to ensure the safety of the resident.

The inspector also observed that all staff had the required training in managing challenging behaviour (or were scheduled to undertake such training in the near future).

Residents' monies were now kept safe through robust record keeping procedures and auditing. The person in charge informed the inspector that records and receipts were to be kept of all financial transactions the residents made and their finances were regularly checked to ensure that they could be accurately accounted for.

Documentation informed the inspector that the residents' finances were also audited to ensure accuracy and transparency of their income and expenditure.

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):

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

Findings:

The inspector found that arrangements were in place to ensure that each resident's health care needs were supported, regularly reviewed and with appropriate input from allied health care professionals as and when required.

The person in charge and person participating in management informed the inspector that arrangements were in place in relation to residents having access to a GP and a range of other allied health care services as and when required.

From viewing a sample of residents' files the inspector observed that healthcare plans were informative of how residents were supported to experience best possible health regarding personal hygiene, nutrition, dental care, mobility, and positive mental health.

The inspector also found that monitoring documents were maintained in the centre. From viewing this documentation, the inspector was satisfied that GP check-ups were facilitated as and when required and clinical observations and treatments were be provided for.

Consultations with the dentist, speech and language therapist, physiotherapist, occupational therapist, dietician, optician, and chiropodist were also facilitated for and residents.

Positive mental health was also being provided for and where required residents had access to psychiatry support for their mental health and wellbeing.

Residents' health care plans were informative of how best to manage special conditions such high cholesterol and epilepsy. Where required, residents had comprehensive healthcare plans in place to support these conditions.

The inspectors found that arrangements were in place to ensure residents' nutritional needs were met and where required weights were being recorded and monitored .

The inspector observed that individual choice was respected with regard to the resident's individual preferences for food. There was a varied range of food options to choose from and where required in pictorial format to suit the communication style of the residents.

It was also observed that the centre was close to finalising plans to commence cooking meals for the residents in the centre. (As opposed to availing of the centralised kitchen).

This initiative was to promote a more person centred culture in the centre where residents, with the support of staff would be involved in the preparation of their own meals.

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):

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

Findings:

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was supported in her role by two experienced and qualified person participating in management. All three 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 one of the persons participating in management it was evident that they had an in-depth knowledge of the individual needs and supports of the residents living in the centre.

They 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.

The inspector found that the person in charge provided good support, leadership and direction to her staff team. She was regularly in the centre and could be contacted by staff at any time for advice and/or support.

The inspector also found that appropriate management systems would in place for the absence of the person in charge. Two qualified persons participating in management had a remit to the centre and could also be contacted by staff at any time for advice and support.

There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual review of the Quality and Safety of Care had also been conducted for 2016 and there was a comprehensive system of internal auditing in place.

The inspector was satisfied that appropriate actions were being put in place to address areas of non compliance identified in the internal audits and annual review. 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 facilitate these visits and audits and had just recently visited the centre.

Overall the inspector was now satisfied that there was a person in charge in place with

the appropriate skills and experience to manage the centre.

In turn she was supported by two experienced and qualified clinical nurse managers who worked on a full time basis in the centre. They also had protected management hours to ensure they could meet the obligations of their role.

A system of comprehensive audits were on-going in the centre which were highlighting areas of compliance with the Regulations and areas that required action so as they would be compliant.

Action plans were in place in order to address areas of non compliance.

Judgment:

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 was satisfied that there were adequate staffing arrangements and skill mix in place to support the residents and to provide for the safe delivery of services. The issues pertaining to the previous inspection had been addressed satisfactorily.

The centre was staffed by a mixture of qualified nursing staff, health care assistants and household staff. The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation (or would have it completed in a very short time frame as where a gap was identified, a training date had been organised to address it).

It was observed that the person in charge and or the clinical nurse managers met with their staff on a regular basis and undertook annual appraisals with them. All annual appraisals for 2016 had been completed and were up-to-date.

All staff were supervised on an appropriate basis and it was observed that the quality of the supervision provided was to a good standard as it was supportive to the staff member in achieving their goals and targets.

The inspector observed that there was good continuity of care in the centre as only staff that were familiar with the residents worked in the centre.

At all times throughout the inspection the inspector noted that all management and staff spoken with spoke very respectfully about the residents and knew their care support requirements at an intimate level.

Staff files in relation to Schedule 2 of the Regulations were not viewed as part of this inspection process.

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 report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0003025
Date of Inspection:	20 June 2017
Date of response:	13 July 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

It was observed that while personal plans were being audited and bringing about positive change for residents, some goals were basic in nature and based on campus or within the confines of the residents home.

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

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Residents have social goals identified, some of these goals are specific skills teaching in nature and are home based. It is the intention that when skills are developed in this supportive home environment, they will then be transferable to opportunities in the wider community and so will ensure that residents have a more positive social outcomes.

Weekly meaningful day schedules are devised in conjunction with the residents based on residents' likes and preferences. While we acknowledge the findings of this inspection which found that some activities were basic in nature and based on campus or within the confines of the residents home, based on the age profile and health care needs of the residents activities may vary from day to day based on the residents' health presentation.

There is a social opportunities review form in place in the Designated Centre. This is completed on a weekly basis. The findings of this review are then discussed at the residents meetings every week in order to ensure all residents have opportunities to access their community socially and as they wish.

1. The PIC/ CNM will ensure that all staff are aware, when developing weekly activity schedules with residents that activities must be varied, and include off campus elements where appropriate

TIMEFRAME: 14/07/17

2. The activity schedule will be reviewed each week by the PIC/CNM to verify that residents have been offered appropriate and sufficient social opportunities in accordance with their preferences and presentation.

TIMEFRAME: 08/08/17

Proposed Timescale:

1. 14/07/2017

2. 08/08/2017

Proposed Timescale: 08/08/2017

