

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ravenswell
<b>Centre ID:</b>	OSV-0003581
<b>Centre county:</b>	Wicklow
<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>	Naoise Hughes
<b>Lead inspector:</b>	Conor Brady
<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>	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 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: 11 April 2017 10:15 To: 11 April 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
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 unannounced inspection was carried out following HIQA issuing this provider, St John of God Community Services, with a notice to propose the cancellation of this designated centres registration on 21 February 2017. This measure was taken due to serious breaches of the Regulations found on previous inspections of this centre which put residents at risk and compromised their safety. A subsequent risk based and safeguarding inspection took place on 2 March given HIQA's concern about the operation of this centre.

The provider, St John of God Community Services submitted a representation to HIQA in line with Section 54 of the Health Act 2007.

This inspection focused on the measures within the provider's representation which specifically examined the actions the provider had taken following HIQA issuing the notice to propose the cancellation of this designated centres registration, to ensure residents in this centre were safe.

How we gathered our evidence:

As part of the inspection, the inspector met and observed residents who resided in

this centre on the date of inspection. Many residents in the centre communicated non verbally and on their own terms. The inspector spoke with, observed and reviewed the practice of the programme manager, persons participating in management, nursing and care staff. Premises refurbishments were also reviewed as part of this inspection.

The inspector reviewed documentation such as resident's personal plans, care plans, risk assessments, safeguarding referrals and follow up systems, accident and incident forms, staff rosters, and policies and procedures. The inspector focused specifically on the providers representation action planning to address regulatory breaches identified.

#### Description of the service:

The provider had a statement of purpose in place that outlined the service that they provided. The service offered residential and respite places to residents outlined as requiring 'medium and high support'.

There were two units in the designated centre and a provider run day service was also operated within the building. No residents from the designated centre attended the structured day services provided however the day centre's premises was accessed and used by residents. At the time of this inspection renovations were occurring in parts of the designated centre.

#### Overall judgment of findings:

Overall, the inspector found that the provider had implemented the majority of actions outlined in the representation action plan submitted to HIQA, however further improvements were required in a number of core areas. Some actions taken since the previous inspection indicated various changes and improvements in the operation and provision of services within this designated centre.

Concerns remained in relation to the ability of the provider to implement effective safeguarding and risk management practices. In addition, a number of actions were in process at the time of inspection such as premises refurbishments and elements of personal planning which will require further review.

All findings are discussed in further detail within the inspection report and accompanying action plan.

**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):**

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

**Findings:**

The inspector found an increased approach in consultative based care with residents and families in the areas of social activity since the previous inspection. The provider had implemented a number of elements of the action plan made in the providers representation submitted to HIQA. Further improvements were still required regarding resident respite admissions, which was a feature of the last inspection.

A new bathroom had been installed since the previous inspection which provided residents with appropriate access to bathing, showering and toilet facilities and improved privacy and dignity issues. Further bathroom and toilet facilities improvements in this designated centre were on-going at the time of inspection.

The inspector was informed that a compatibility assessment had been developed and a review of all respite residents would be undertaken and would inform respite admissions to the centre once completed. As there were three respite beds operating in this centre across two units, residential residents who lived full time in the centre were sharing their homes with a number of other residents on an on-going rotational basis. As outlined in the centres statement of purpose the centre provided care for residents with 'medium and high support needs'. Compatibility issues between some residents in this designated centre remained an issue and therefore the assessment and review of respite admissions remains a concern.

**Judgment:**

Non Compliant - Moderate

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

This area was addressed since the previous inspection and the provider implemented the actions outlined in the representation submitted to HIQA.

A weekly timetable was now in place regarding resident's access to community activities and social activation and community involvement. A weekly community engagement plan was developed and all families were invited into the centre to assist in developing person centre social support plans for all residents. Unit managers were supervising these plans to ensure there on-going development and implementation.

This task was now linked to staff meetings which occurred every three weeks and highlighted resident's community/social engagement as part of the agenda on an on-going basis. The minutes the first of these meetings was reviewed and the unit manager highlighted this would be a standing feature going forward.

**Judgment:**

Compliant

**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:**

Improvements were noted in a number of areas of resident's personal plans since the previous inspection however some plans were in their infancy and required further review to ensure goals were meaningful and contained an appropriate balance of social activities and appropriate skill teaching where this was in line with residents needs, wishes and preferences.

The inspector reviewed a number of resident's personal plans and reviewed progress notes, weekly timetables and activity recording logs. It was apparent that most residents in this centre did pursue activities and had active and meaningful days. The majority of residents were out of the centre at the time of this inspection doing various social activities and attending planned programmes.

Further review was required to ensure that newly developed personal plans were monitored and updated. In addition, some of the goal setting required further review as in some resident's plans goals were found to be basic and repetitive. For example, choosing an activity that the resident was already regularly doing as a future goal.

**Judgment:**

Substantially 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):**

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

**Findings:**

The inspector found that the provider had implemented and improved a number of areas of the premises since the last inspection. However further planned work was under development and some actions were yet to be completed/commenced.

Bathroom renovations were completed in one part of the designated centre with a completely new bathroom and toilet facility put in place for residents. Renovations were continuing at the time of inspection to update bathroom and toilet facilities in another unit in the centre.

Kitchens had been deep cleaned, refurbished and re-painted since the previous inspection. Renovations were noted in some resident's bedrooms whereby appropriate ventilation was now provided and alterations were made to a bathroom door and laundry facilities were now segregated from bathroom facilities.

In addition to the pending completion of bathroom refurbishment. Further renovations were required and painting was planned for a resident's dining room, sitting room and replacement suite of furniture was due. There were also plans for more soft furnishings and decorations in other parts of the centre to make it more homely, according to a unit manager.

**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 found that the issues regarding the health and safety of residents as identified on the last inspection had been addressed. However an area of risk regarding a shared area of the building with a local day service was found whereby a recent 'near miss' occurred with a resident. Similar issues regarding risks posed by residents accessing shared spaces was a feature in the last inspection in terms of resident safety.

The provider had secured several areas of the building since the previous inspection to ensure residents could not access unsafe areas. Modification had been made and thermostats and radiator covers had been installed/upgraded. A clear and safe protocol regarding the management of latex gloves was in place and operating effectively, which was an area of significant concern in this centre on previous inspections. There was a higher awareness of risk and safeguarding matters evident in documentation, staff knowledge and management oversight found on this inspection.

In reviewing one 'near miss' in the centres incident reporting log the inspector found an incident whereby a resident found a packet of expired anticonvulsant epilepsy medication in an activity day room. The resident was supervised at the time of this incident and the inspector was informed that the resident handed the medication to the staff member. This matter was discussed with the provider in terms of the risk posed to residents and the inspector sought an assurance report following this inspection as there was no information as to how or where this medication came from.



**Judgment:**

Non Compliant - Moderate

**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 it was recognised that there has been increased provider, management and staff awareness of safeguarding issues. The inspector found that safeguarding processes had changed in the centre and a new system of reporting, recording and investigation was now in place. Staff had been retrained in this system since the previous inspection. However further improvement was again required in this area as resident safety had been compromised due to service deficits.

The inspector observed one resident had their face badly marked as a result of an incident that occurred with another resident. The incident occurred when the residents were not being appropriately supervised and unit management were investigating the matter appropriately at the time of this inspection.

The inspector found further training was required for managers in the area of safeguarding given the policy and procedural changes made in this centre. For example, designated officer and trust in care training was required as responsibility for these areas had shifted under the new safeguarding process operating in this centre.

In addition, there were some gaps in staff understanding and implementation of safeguarding practices which needs to be reviewed. For example, staff not completing safeguarding forms post incident and different safeguarding processes on the notices boards in the two units.

**Judgment:**

Non Compliant - Major

**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 the actions outlined in the provider's representation had been satisfactorily implemented. Resident's healthcare needs were being appropriately met and provided for in this centre based on this inspection.

The inspector found appropriate instances of follow up, access to allied health professionals and nursing and medical support was facilitated when and where required.

The inspector found that healthcare plans had been updated, further multidisciplinary intervention had been sought and implemented where required and staff were following specific healthcare recommendations and appropriately monitoring and recording same.

**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:**

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 governance and management arrangements had improved and this was demonstrated as the provider had implemented a substantive amount of the actions outlined in the representation submitted to HIQA. Clearer accountability was found to be in place on this inspection and unit managers highlighted their roles in supervising their respective teams. However given the findings of non compliance in core outcomes on

this inspection sustained improvement was required in this area.

The inspector found that various improvements in terms of staff training, meetings, supervision and performance appraisal had taken place. Management oversight had increased in key areas and this was evident throughout the managerial hierarchy responsible for this centre. Management in the centre had overseen the majority of actions undertaken in the representation submitted to HIQA being appropriately implemented.

However given the findings on this inspection in core areas such as risk and safeguarding further improvement was required to demonstrate effective oversight of these issues.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The inspector found that the provider had implemented some of the actions outlined in the last action plan and some actions remained in process. Overall there had been substantive improvement found in this area.

The rosters reviewed on this inspection highlighted all staff on duty. Staff had been retrained in safeguarding vulnerable persons and dysphagia and information sessions had been held regarding policies and procedures, risk management process and regulatory requirements. Staff meetings recorded that safeguarding was now a standing item on the staff meeting agenda.

While training was provided staff knowledge of this training and their implementation of this training in practice required some review.

**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:***

Conor Brady  
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-0003581
<b>Date of Inspection:</b>	11 April 2017
<b>Date of response:</b>	03 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Respite and residential residents compatibility requires to be fully reviewed in accordance with resident's assessed needs.

**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 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

- A review of respite will be completed using a compatibility assessment by the 31/5/17
- Recommendations from this review will be made to the Management Team in the Region for action
- A second new bathroom has been installed in the Designated Centre
- Painting of hallway, dining and sitting rooms has been scheduled to be completed by 31/5/17

**Proposed Timescale:** 31/05/2017

**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:**

The effectiveness of all elements of plans and social goal setting needs to be agreed, implemented and updated as required.

**2. Action Required:**

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:**

- Person In Charge has introduced an activity monitoring sheet in the centre
- Goals will be discussed at team meetings (supervisor and staff) and at area meetings (supervisor and PIC)
- Personal plans will be reviewed every 6 months
- Information Sessions on Person Directed Planning has been arranged for staff over the course of the coming months.

**Proposed Timescale:** 30/09/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

All renovations were not yet complete at time of inspection.

**3. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- New bathroom and toilet facilities have been installed in the second apartment in the Designated Centre
- Painting of hallway, dining and sitting rooms will be completed by 31/5/17
- New furniture and soft furnishings have been requested and will be sourced to improve the appearance of the apartments over the coming months

**Proposed Timescale:** 01/09/2017

**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:**

Significant risk remained within the use of shared spaces in and around the designated 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:**

- The Person In Charge conducts a daily walk around all locations and has a checklist to ensure all safety measures outlined are being implemented.
- The shared area noted in the report is inspected daily to ensure there are no inappropriate items left in the area following the day service vacating the area.

**Proposed Timescale:** 03/05/2017

**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:**

Ensure all staff and management are appropriately trained in appropriate safeguarding practice commensurate to their role.

**5. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and

response to abuse.

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

- A framework for enhanced training in safeguarding plan completion and the trust in care process will be developed for PPIMs in the Region
  - Staff are being introduced to the new Safeguarding Process on an individual basis with supervisors.
  - When complete the staff member will sign to indicate they understand the process and a copy of this document is kept on their permanent HR file.
  - Safeguarding is an agenda item at all team and area meetings
  - The staff member who failed to complete the Safeguarding form in the correct time frame was spoken to and went through the process again with the supervisor. This staff member has signed to indicate understanding of the process.
- New Safeguarding process will be displayed on all notice boards for ease of use

**Proposed Timescale:** 30/06/2017

**Theme:** Safe Services

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

A vulnerable resident was not appropriately protected by supervision practices in the centre.

**6. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- All incidents are reported promptly and followed up by supervisor and PIC
- All incidents are reviewed at team meetings.
- A review of incidents is carried out and record of same is maintain by the PIC in the centre
- Staff are reminded of their responsibilities for residents safety, supervision and implementation of behaviour support plans.

**Proposed Timescale:** 28/03/2017

**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:**

Management systems had improved however further review was required to ensure effectiveness and monitoring in all areas of service provision.

**7. 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:**

- A framework for enhanced training in Safeguarding plan completion and the trust in care process will be developed for PPIMs in the Region
- Staff are being introduced to the new Safeguarding Process on an individual basis with supervisors.
- When complete they sign to indicate they understand the process and a copy of this document is kept on their permanent HR file.
- Safeguarding is an agenda item at all team and area meetings
- Monitoring and Compliance meetings continue in the centre between the Provider Nominee, PIC and the PPIMs to review the corrective action plans ensure effective governance is taking place.

**Proposed Timescale:** 30/06/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The effectiveness of training requires review in terms of staff understanding and application to practice.

**8. 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:**

- Going forward supervisors will focus on policies/procedures on a rotational basis to help keep staff informed. This will be done as part of the team meeting.

**Proposed Timescale:** 31/05/2017

