

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ard Na Rithe
<b>Centre ID:</b>	OSV-0005511
<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>	Declan Carey
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 07 March 2017 10:30 To: 07 March 2017 19:00

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 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to inspection:

This was an unannounced inspection in order to assess the centre's ongoing compliance with regulations. The centre was newly built in late 2016 in order to support four individuals and comprised of a large two-storey semi-detached residence. All four residents had transitioned into the centre by the end of January 2017.

The inspectors found that residents appeared very much at home in the centre, staff treated residents with dignity and respect, residents' healthcare needs were being supported and residents were also supported to have a meaningful day outside of the centre.

How we gathered evidence:

The inspectors interviewed one staff member, and spoke at length with the person in charge and the person participating in management about the service being provided.

The inspectors also chatted and had tea with all four residents. Some were very happy to show the inspectors around their home. The director of nursing was also spoken with at the end of the inspection process.

A sample of policies and documents were also viewed as part of the process; including residents' health and social care plans, health and safety documentation, risk assessments and safeguarding documentation.

**Description of the Service:**

The centre comprised of a large two-storey semi-detached house and was located in a town in County Louth. It was in reach of local amenities such as local church, restaurants, pubs, shops and shopping centres.

The town also had a regular bus and train service for trips further afield if and when required by the residents, and the centre could also arrange for transport to be provided for trips as well.

**Overall judgment of our findings:**

The inspectors were satisfied that the health care needs of the residents were being very well supported and compliance was also found in the management of medicines, governance and management, workforce and safeguarding.

However, some concerns were identified with the way in which some risks were being managed in the centre and with social care needs.

Of the core outcomes assessed, five were found to be compliant. Social care needs was found to be substantially compliant and a major non-compliance was found in risk management. These are further discussed in the main body of 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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found that measures had been put in place to meet the assessed health and social care needs of the resident with input of multidisciplinary professionals and family members as and when required. However, some issues were identified with the identification and monitoring of short and long-term social care goals for some of the residents.

The inspectors found that the wellbeing and welfare being provided to the residents was to a good standard and from a sample of documentation viewed, residents had health, personal and social care plans in order to support the best possible health and social care.

Individual care plans were informative of important information relating to residents such as their background, family members, important people in their lives, hobbies, likes, dislikes and communication needs. The inspector observed that the centre was being managed around the individual needs, likes and interests of the residents

All residents had a 'meaningful day' placement independent of the centre and attended a range of day activation centres and work placements. During the day, they had a range of activities to choose from including physical activities such as swimming, walks on the beach, working on a farm and playing football.

Residents also had the opportunity to engage in activities organised by the centre such as attending community-based clubs, and using the local restaurants, pubs, shops and shopping centres.

The inspectors met with all the residents during the inspection and observed that they seemed very much at home in the centre and were supported to visit their family members on a regular basis.

While person-centred plans were in seen to be in progress, this inspection found that they had not been sufficiently completed within 28 days of admission to the centre. While goals were being identified for each resident (and staff were able to verbalise them), social care goals had yet to be written up in individual plans and no written information was available to inspectors for review and analysis.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted; however, issues were identified regarding the process of how some risks were being recorded, managed and mitigated in the centre.

There was a Health and Safety Statement in place which was specific to the centre and it made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management which had been reviewed in 2016. The risk management policy was comprehensive and met the requirements of the Regulations.

However, since the residents moved into the centre a number of risks had been identified but the actions in place to mitigate those risks were not adequate.

For example, one resident liked to use the lawnmower and was supported to do this. There were a number of risks involved in this activity; however, the risk assessment required updating and review to ensure those risks were being adequately mitigated.

It was also observed that in some instances risks associated with some activities had not been assessed. For example, it was identified that there could be risks for some residents accessing the community.

While staff were very vigilant and no adverse incidents had been recorded, the inspectors found that these risks had not been assessed in the centre.

The inspectors found that a fire register was onsite for the centre and was up to date. Fire equipment such as fire blankets and fire extinguishers had been installed in 2016, as were emergency lighting, smoke detectors and fire doors

Documentation read by the inspector informed that staff did weekly checks on escape routes, smoke alarms, fire extinguishers and emergency lighting. Daily checks were also carried out on the fire panel and escape routes.

The inspector also observed that fire drills were to be carried out quarterly and from a sample of files viewed residents had individual personal emergency evacuation plan in place.

It was also observed that the last fire drill in February 2016 identified that a number of residents required prompting to evacuate the building. Personal evacuation emergency plans had been updated to reflect this.

The inspector also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of adverse weather conditions, flooding, power failure and how to manage an adverse incident should it occur.

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.

Of a sample of files viewed, all staff had the required training in fire safety and manual handling.

**Judgment:**

Non Compliant - Major

**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):**

No actions were required from the previous inspection.

**Findings:**

This inspection found that there were adequate systems in place to protect residents from all forms of abuse across the centre and all residents informed the inspectors that they liked living in the centre.

As with the last inspection, it was observed that 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 the resident in the centre.

Of a small sample of files viewed, staff had up-to-date training in safeguarding of vulnerable adults and from speaking with one staff member at length, the inspectors found them to be knowledgeable in relation to what constitutes abuse and on the related reporting procedures.

There was a policy in place for the provision of intimate personal care. Each resident had a personal and intimate care plan in place 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. However, the person in charge informed the inspector that there were no restrictions in use in the centre.

There was a policy for the provision of behavioural support and, where required, each resident had a positive behavioural support plan in place. From viewing a sample of these plans, the inspectors found it to be informative on how best to support each resident with behaviours of concern in a low arousal and calm manner.

Staff spoken with were also able to verbalise the content of the positive behavioural support plans, making reference to the strategies in place to best support residents with behaviours of concern.

Management and staff spoken with were also able to verbalise how to put the positive behavioural support plans into action. The inspector also observed that all staff had the required training in managing behaviour that challenges. One staff member required refresher training in this but the inspector was assured that this training was being prioritised.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**



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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that arrangements were in place to ensure that residents' health care needs were regularly reviewed with appropriate input from allied health care professionals as and when required.

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

As this centre was only operational for eight weeks at the time of inspection, residents continued to access their own GPs. However, the person in charge informed the inspectors that a process to source a local GP, close to the centre, was currently underway.

From viewing a sample of relevant documentation the inspectors observed that residents had a complete review of their overall healthcare needs completed in 2016 and there was a plan to review these needs at regular intervals.

These assessments informed how the residents were supported to experience the best possible health regarding personal hygiene, dental care, optical care, speech and language therapy, physiotherapy and positive mental health.

For example, a resident had a number of medical requirements and appropriate care plans were in place for follow-up for each health issue identified, with regular reviews.

The inspectors observed that residents were being supported for special conditions such as positive mental health, with appropriate review as and when required. Consultations with the mental health professionals were facilitated and the residents had on-going access to a psychiatrist as required. They also had an up-to-date positive behavioural support plans in place

Residents were supported to make healthy life style choices, with lifestyle and exercise plans in place. The inspectors observed that the evening meal was being prepared that appeared nutritious and wholesome.

The inspectors also observed that mealtimes were a relaxed and social occasion, and at times throughout this inspection staff were observed having cups of tea and chatting with residents in a relaxed and friendly atmosphere.

**Judgment:**

Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Health and Development

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

No actions were required from the previous inspection.

### **Findings:**

The inspectors found that the medicines management policies were satisfactory and that medication practices described by the social care worker were suitable and safe.

The inspectors were satisfied that there were appropriate procedures in place for the ordering, handling, administration and disposal of unused medicines in the centre.

Individual medication plans were also in place for the residents and were being reviewed accordingly and in line with residents' individual personal plans. The centre was not currently using p.r.n. (as required) medicines.

A secured, locked drug press was in place for each resident and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

The inspectors observed that non-nursing staff who were engaged in administration of medications were trained in the safe administration of medication in the centre.

The inspectors found that some residents' prescription sheets contained their previous address and this required updating. The residents had only recently moved to this centre in early January 2017, and the previous centre they lived in was listed as their address.

However, the social care worker informed the inspectors that residents continued to use and had regular access to GP services from their previous home, but once they secured a local GP service, all documentation regarding prescription sheets would be updated accordingly.

The inspectors were assured that medicines were being routinely checked and audited so as that all medication in use in the centre could be accurately accounted for at all times.

Systems were found to be in place for reviewing and monitoring safe medicines management practices. For example, the inspectors observed that there were systems in place to record any drug errors made and for learning from such incidents if and when they might occur.

However, the inspectors were informed that since the centre had opened there had been no adverse incidents reported regarding the administration of medication.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, inspectors 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 being managed by a suitably qualified, skilled and experienced person in charge who was supported in her role by an experienced and qualified person participating in management. Both were qualified nurses with experience of working in and managing services for people with disabilities.

From speaking with the person in charge and person participating in management it was evident that they had an in-depth knowledge of the individual needs and supports of the residents that lived 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 also found that appropriate management systems were in place for the absence of the person in charge. A qualified person participating in management (clinical nurse manager I) supported the person in charge and 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 was yet to be facilitated as required

by the regulations. The inspector saw the template for this and was satisfied that it would identify areas of compliance and areas of non-compliance. The inspector was also satisfied that appropriate actions would be put in place to address areas of non-compliance.

Systems had also commenced to facilitate announced and unannounced visits and audits of the centre. The person in charge informed the inspector that the service quality enhancement team would facilitate these visits and audits. The centre had only been operational for eight weeks at the time of this inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

At the time of this inspection, inspectors were satisfied that there were adequate staff numbers and skill-mix in place to support the residents and to meet their assessed needs

The centre was being staffed by a mixture of qualified nursing staff, qualified social care workers and qualified healthcare assistants.

From a sample of files viewed, inspectors observed that staff had completed mandatory and relevant training in line with regulation. Staff had up-to-date training in safeguarding, manual handling, fire safety and positive behavioural support.

One staff member required updated training for positive behavioural support; however, this training was being prioritised and the staff member in question was able to verbalise the strategies in place to support residents with behaviours of concern.

All staff were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspectors reviewed a small sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspector observed that there was good continuity of care in the centre and staff were familiar with the needs of each residents.

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

As part of this inspection staff supervision records were not viewed by the inspectors.

**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-0005511
<b>Date of Inspection:</b>	07 March 2017
<b>Date of response:</b>	28 March 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

While person centred plans were in progress, this inspection found that they had not been sufficiently completed within 28 days of admission to the centre.

**1. Action Required:**

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

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

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

ICT equipment has now been installed and the 4 resident Personal Plans which required updating will be complete by 7th April 2017.

**Proposed Timescale:** 07/04/2017

**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:**

Not all risks were being identified in the centre while the actions in place to mitigate other risks required review and/or updating

**2. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. A risk assessment was carried out for the resident where it was identified that there could be risks for the residents using the community.
2. The risk assessment for the resident who is supported to use the lawnmower was updated and reviewed to ensure the additional control measures identified by staff were added to the assessment.

Proposed Timescale:

1. 14.03.17
2. 14.03.17

**Proposed Timescale:** 14/03/2017

