

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tallaght Respite Services
Centre ID:	OSV-0002977
Centre county:	Dublin 24
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Lead inspector:	Conan O'Hara
Support inspector(s):	Michael Keating
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	7

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: 02 February 2018 10:00 To: 02 February 2018 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
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 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was HIQA's second inspection in this centre and was carried out by two inspectors over one day.

How we gathered our evidence

As part of the inspection process, inspectors completed a walk through the centre's premises, spoke with management and staff, reviewed documentation which included the residents' files, accidents and incidents logs and a number of the centre's policy documents. Interactions between staff and residents were observed by inspectors and were found to be respectful.

Description of the service

Tallaght Respite House is a designated centre operated by Saint John of God

Community and provides respite services to individuals with intellectual disabilities across three separate units which are located in close proximity to each other in established communities. Two of the units in the designated centre provide respite services to adult respite users and one unit provides a respite service to children (referred to as residents throughout the report).

Overall judgment of our findings

Of the eleven outcomes inspected against: three outcomes were found to be in moderate non compliance - social care needs, health, safety and risk management and notifications. One outcomes were found to be of substantially compliant - premises and seven outcomes were found to be complaint - residents rights, dignity and consultation, admissions, safeguarding, healthcare, statement of purpose, governance and management and workforce.

All inspection findings regarding compliance and non compliance 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):

Findings:

Overall, inspectors found that residents were consulted with and participated in decisions about how the centre was run and complaints were listened to and acted upon.

There was a complaints policy in place dated April 2016 and inspectors observed a pictorial complaints procedure displayed in the centre. Inspectors reviewed the complaints log and records demonstrated that complaints were logged, reviewed and responded to within an appropriate time. Complaints related to respite allocation and family concerns. The complaints form recorded if the complainant was satisfied with the outcome. In addition, information on resident's rights and advocacy details were on display in the centre.

Residents were consulted about how the centre is planned and run. The centre held regular resident 'Speak Up' meetings at the start of each group's visit and this was facilitated by staff. Inspectors examined the record of these meetings and found they reflected good quality consultation with residents around what activities they wanted to participate in and what meals they would like during their stay. Where residents were staying in the centre for a long period, they had a single room that was personalised to their own taste. This included furniture, pictures and decoration. Residents attending for shorter respite periods were able to bring belongings with them to make room feel more personal.

Judgment:

Compliant

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Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
There was an admissions and discharge policy in place dated June 2017.

The inspectors found that respite admissions took place in a planned manner and allocations were planned three months in advance. The admission process considered the wishes, needs and safety of other residents through the use of a compatibility matrix to ensure respite placements was suitable.

Before each admission, there was clear evidence of family input through the a pre-admission form which highlighted any changes since the last respite stay and identified goals to be achieved from the stay. In addition, discharge forms were in place which allowed for feedback.

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):

Findings:

On the day of inspection, there were a small number of people in receipt of long term residential care in the respite centre. The inspectors acknowledge that the centre has been in contact with other stakeholders and are seeking permanent residence for these individuals. However, on the day of inspection, it was found that the placement was not suitable to meet the needs of the residents and the plans for transitioning residents to more suitable placements were in the early stages. This was discussed at the feedback meeting.

Not all aspects of this outcome were reviewed as part of this inspection.

Judgment:

Non Compliant - Moderate

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):

Findings:

Overall the location, design and layout of the centre was suitable to meet the needs of the residents on a respite basis, however some improvement was required in the maintenance and upkeep of some areas of the centre.

The inspectors carried out a walkthrough in each unit of the centre and found that there were adequate private and communal areas for residents. In the first unit, there was six individual bedrooms, lounge, laundry, living area, games room, kitchen, bathroom and shower room. The unit provided a respite service for children and inspectors found the rooms to be age appropriately decorated with murals in the hallway and individual bedrooms.

The second unit consisted of seven individual bedrooms, lounge, living area, kitchen, bathroom and shower room. Inspectors found that parts of the unit were decorated in a homely way and the dining area had been recently decorated. Inspectors identified some areas which required attention. The centre manager informed inspectors that a plan was in place to ensure the premises was suitably maintained and decorated.

The third unit was a house in a residential area which provided respite accommodation for six people. The unit consisted of a lounge, dining room, staff room, kitchen and five bedrooms. All bedrooms were en-suite.

For long term residents, inspectors found their rooms had been personalised to their own tastes.

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):

Findings:

Overall, inspectors found there were systems in place to promote and protect the health and safety of residents, visitors and staff. However, some improvement was required in the management of risk and fire safety.

There was an up-to-date health and safety statement. In addition, there was a policy in place relating to incidents where a resident goes missing dated June 2017.

There was a policy for the management of risk in place dated August 2017. The risk management policy outlined the arrangements in place for the management of risk and the four specific risks as outlined by the regulations. The centre maintained a risk register dated May 2017 which outlined risks in the centre such as medication, manual handling and fire. In addition, individual risk assessments were in place for individual risks such as fire, behaviour and choking. However, inspectors found improvement was required in the management of risk. For example, one respite users personal file identified a number of individual risks for one resident however on review only one risk assessment was on file. Inspectors were informed that the centre was currently reviewing the risk management system and staff were scheduled to attend training in risk management.

There were adequate fire containment measures and means of escape. Suitable fire equipment was provided and inspectors reviewed evidence they were appropriately serviced. Personal Emergency Evacuation Plans were in place for residents which accounted for the mobility and cognitive understanding of residents. The evacuation procedure was prominently displayed within each unit.

The centre carried out regular fire drills, with four per quarter in an attempt to ensure all respite users were involved in drills. However, it was not clear that actions identified during drills were being monitored and implemented. The most recent drill had identified that a resident had refused to participate; the subsequent action was to complete more

drills with this resident. It was not known if this had occurred and therefore if the resident would evacuate in case of emergency. This resident was at home for the weekend on the day of inspection. The provider completed a fire drill post inspection when the resident had returned to ensure the safe evacuation of all respite users.

There were satisfactory procedures in place for the prevention and control of infection.

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):

Findings:

Overall, there were arrangements in place to safeguard residents and protect them from the risk of abuse.

The centre followed the national safeguarding policy for the prevention, detection and response to abuse. There were arrangements in place to safeguard residents and protect them from abuse. Staff were found to be knowable on what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. From a sample of staff files reviewed, inspectors found that staff had up-to-date training in safeguarding.

There was a positive behaviour support policy in place dated June 2015. Behaviour support plans were in place were required and were developed with input from the behavioural specialist. From the sample reviewed inspectors found that the behaviour support plans guided staff appropriately and included the proactive and reactive strategies.

The centre had an intimate care policy in place dated February 2016. Inspectors reviewed a sample of intimate care plans and found that the appropriately guided staff in supporting residents in line with their preferences.

There was a restrictive practice policy in place. Inspectors found that the use of

restrictive practices such as bedrails and lapbelts were monitored and protocols were in place for their use.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

Findings:

Inspectors reviewed a sample of incidents and found that not all notifiable incidents were notified to the Chief Inspector as required by the Regulations.

Judgment:

Non Compliant - Moderate

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):

Findings:

Overall, inspectors found that residents were supported to achieve their best possible health.

As the majority of respite users did not live in the service their families supported them with their healthcare needs. However, the centre is responsible for the management of healthcare issues for those residents availing of a long term placement.

From a sample of plans reviewed, inspectors found that resident's healthcare needs were assessed and were up-to-date. Where specific health needs were identified, care

intervention plans were developed which guided staff and were appropriately reviewed. For example, where residents had specific dietary needs and supports, plans were up-to-date and guided staff.

Inspectors found that residents had access to allied health professionals such as GP, physiotherapist, psychiatrist, optician and dentist as required.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

Findings:

The inspectors reviewed the up-to-date Statement of Purpose dated January 2018 and found that it contained all of the information as outlined in Schedule 1 of the regulations.

The Statement of Purpose accurately described the type of service and the facilities provided to the residents. It reflected the centre's aims ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met.

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):

Findings:

Overall, the inspectors found that the centre had a defined management structure in place to ensure the delivery of a safe and quality service.

The person in charge was in place since October 2016 and was formally supported by the programme manager. The inspectors found the person in charge to be suitably qualified, in the role on a full time and met the requirements of the regulations. She demonstrated a good knowledge and understanding of the residents.

There was a clear management structure with lines of authority and accountability. The units were managed by a social care leader and clinical nurse manager who reported to the person in charge. The inspectors spoke with the social care leader and CMN2 and found them to be knowledgeable about the service residents.

The inspectors reviewed the 2017 annual review of the quality and safety of care in the designated centre which identified areas for improvement. The report was in the process of being finalised pending consultation with the residents and feedback from representatives.

The inspectors reviewed the most recent six-monthly unannounced provider visit dated October 2017. The visit reviewed all outcomes and developed an action plan in place.

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):

Findings:

Overall, inspectors found that there was an appropriate staffing level to meet the assessed needs of the residents in the centre.

The centre maintained a planned and actual roster which demonstrated that there was an appropriate staffing level to meet the assessed needs of the residents in the centre. In addition, the inspectors were informed that the rota was currently under review to ensure the skill mix matched the needs of the residents. There is also an out of hours on call service if required.

The person in charge informed the inspectors that there were two current vacancies in the centre and they were in the process of recruiting for full time staff. The vacancies were covered by a regular relief panel which ensured consistency of care for respite users.

Staff spoken to were knowledgeable of residents needs and preferences. Staff members' interactions with residents were observed to be person centred and positive.

Inspectors reviewed a sample of staff training and found that staff had up-to-date training in manual handling, fire safety, safeguarding and breakaway techniques and safety.

Inspectors did not review staff files during this inspection.

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:

Conan O'Hara
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-0002977
Date of Inspection:	02 February 2018
Date of response:	07 March 2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The long term placement of individuals in the respite centre was not suitable to meet the assessed needs of the residents.

1. Action Required:

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

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:

Two individual's long term placement in respite has been under review by senior management and has been escalated to the relevant head of Social Care in the HSE and the National Safeguarding team is being dealt with as a priority.

The residential team are committed to prioritising the third individual for a permanent placement within our service this year. A permanent placement is actively being sought. The discovery process is underway for this resident.

Proposed Timescale: 31/12/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some areas of the designated centre needed attention to assure they were suitably maintained.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The PIC and supervisors will complete an audit on the environments in each location. A schedule of maintenance will be undertaken to address the required work as outlined in the audit findings.

Proposed Timescale: 30/04/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The system in place for the assessment and management of risk were not implemented effectively.

3. 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:

Risk management training for teams was completed on 15th & 16th February.
Risk management system in all respite area has been reviewed and updated.

Proposed Timescale: 16/02/2018

Theme: Effective Services

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

It was not evident that issues identified in a fire drill was appropriately followed up.

4. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Issues in relation to fire drill mentioned above were addressed and followed up on.
Fire drills systems have been reviewed and updated with an enhanced and more robust system of review of each fire drill, is in place.
All individual PEEPS have been reviewed and updated.

Proposed Timescale: 07/03/2018

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Not all notifiable incidents were notified to the Chief Inspector as required by the Regulations.

5. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

A more robust approach to incidents and reporting has been implemented by PIC in all respite areas.

Proposed Timescale: 07/03/2018

