Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Solas Na Gréine
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	09 October 2018
Centre ID:	OSV-0002990
Fieldwork ID:	MON-0024912

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Solas Na Greine is a two-storey detached residence situated in a mature housing estate in a town in county Louth. It is in walking distance to local facilities like pubs, restaurants and shops. It has its own transport which gives opportunity to avail of the facilities in the local towns of Dundalk and Drogheda. It can accommodate 3 Residents with an Intellectual Disability. The house can cater for a mixed gender of adults above the age of 18 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
09 October 2018	10:30hrs to 16:00hrs	Andrew Mooney	Lead

Views of people who use the service

The inspectors judgments in relation to the views of the people who use the service, relied upon speaking with residents, documentation, and discussions with staff.

The residents that spoke to the inspector said they were very happy in their home. Residents were supported to engage in activities within the community that they enjoyed. These activities varied from person ot person but included going to sporting events, planning holidays abroad and attending local day services. Residents were very clear on what do do if they were unhappy with any aspect of their care and could tell the inspector how they would make a complaint. Residents appeared very comfortable in the company of staff and knew them well.

Capacity and capability

The inspector found the governance and management of the centre led to positive quality of life outcomes for residents.

Staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who attended the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. During the inspection the inspector observed staff interacting in a very positive way with residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents.

The centre had effective leadership, governance and management arrangements in place and clear lines of accountability. A new centre manager had been recently appointed and during the day of inspection, was beginning their induction. This induction included an introduction to residents and the centres governance systems. The centre utilised a quality enhancement plan to identify service deficits and the progress that was being made to address these deficits. The provider had complied with the regulations, by ensuring there was an unannounced inspection of the service every six months and these informed the annual review of the quality and safety of the centre.

The centre had a complaints policy and the process for making complaints was user friendly and displayed prominently. The centre also maintained a log of complaints, compliments and comments. The inspector spoke with residents about the

complaints procedure and they clearly understood how to raise concerns if they had them. The inspector reviewed a sample of complaints made and these had all be addressed appropriately.

Regulation 15: Staffing

The staffing levels and skill mix were appropriate to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were made aware of the complaints process and complaints were resolved in a proactive and timely manner.

Judgment: Compliant

Quality and safety

The quality and safety arrangements in place ensured residents' safety was assured. However, improvements were required relating to the consistent application of the national safeguarding policy and the maintenance of the premises.

Incidents, allegations and suspicions of abuse at the centre were generally investigated in accordance with the centre policy. However, there was evidence that on one occasion, an incident was not investigate appropriately. Therefore, a safeguarding plan was not implemented and the required notifications to external bodies were not completed.

The premises met the assessed needs of residents but there were areas of the centre that required improvement. There was a sitting room, separate kitchen and an adequate number of baths, showers and toilets available, and each resident had their own private bedroom. However, whilst the provider had identified areas of the centre that required redecoration and repair, these works had not been completed within a reasonable time frame. This included two bedrooms without sufficient heat and internal and external painting requiring attention.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. Resident were supported to access and be part of their communities, in line with the personal plans. There was also a comprehensive personal plan review process in place.

Residents' assessed healthcare needs were generally supported very well. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. However, on one occasion it was unclear if all follow up recommendations made after an assessment were appropriately implemented.

Appropriate supports were in place to support residents with their assessed support needs. This included the on-going review of behaviour support plans. Staff were very familiar with residents needs and any agreed strategies used to support residents. Where restrictive procedures were required they were applied in accordance with national policy and were reviewed regularly.

The centre had a risk management policy in place for the assessment, management and on-going review of risk.This included a location risk register and individual risk assessments. Any incidents were reviewed and where appropriate additional control measures were put in place to reduce risk.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre. However, improvements in the follow up to recommendations

made relating to additional emergency lighting required improvement. It was unclear what steps if any were being taken relating to these recommendations.

The practice relating to the ordering, receipt, prescribing, storing, disposal, and administration of medicines was appropriate. Where residents received medicines as a form behaviour support, this was clearly documented and the effectiveness of using such medicines was closely monitored. Staff were able to clearly tell the inspector under what circumstances these medications were to be used.

Regulation 17: Premises

Areas of the centre required decoration and some essential maintenance works had not been completed in a timely manner.

Judgment: Not compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

Regulation 28: Fire precautions

While there were adequate policies, procedures and appropriate practices in place, there were some gaps in how documents were maintained. For example, there was no clear follow up actions recorded when emergency lighting upgrades were recommended following emergency lighting servicing.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt, prescribing, storing, including

medicinal refrigeration, disposal and administration of medicines was appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment that met the needs of residents and the outcome of this assessment was used to inform an associated plan of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge. Where restrictive procedures such as chemical restraint were used, such procedures were applied in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

Whilst incidents, allegations and suspicions of abuse at the centre were generally investigated in accordance with the centre policy, on one occasion an incident was not investigated as per the centres policy. As a result no formal safeguarding plan was developed.

Judgment: Not compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to that residents' personal plan. However, there were some gaps evident in the maintenance of documentation but care was delivered to a high standard. For example the documentation relating to a specific residents health assessment was not fully completed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 6: Health care	Substantially compliant

Compliance Plan for Solas Na Gréine OSV-0002990

Inspection ID: MON-0024912

Date of inspection: 09/10/2018

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Additional heating was place into the 2 bedrooms (30/11/18) 2. Internal & external painting has been scheduled and will be completed by 30/03/18	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. An independent Fire Safety Consultant examined the premises on the 23/11/18 and advised that the emergency lighting met the appropriate standard.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The incident, recorded and documented on the 26/06/18 had not been discussed with the Designated Officer as per policy. Subsequent to the inspection, the Designated Officer reviewed the incident (at the PIC's request) and advised that it did not constitute a safeguarding incident under the HSE or SJOG policies. 1. The individual's positive behaviour support plan has been reviewed and updated.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: 1. Recommendations made regarding a resident's health assessment, conducted by the Provider's Clinical Nurse Specialist in Dementia, have been reviewed and actioned.	

Section 2: Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/03/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2018
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	23/10/2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	20/11/2018
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	27/11/2018