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:	Hillcourt
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	10 May 2018
Centre ID:	OSV-0003000
Fieldwork ID:	MON-0024032

About the designated centre

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

This centre comprises of two community houses located ten kilometres away from each other in Co. Louth. One community house is a detached bungalow where five male and female adults live. The other house is a four bedroom semi detached home where four male adults live. All of the residents attend a day service Monday to Friday. The staff skill mix includes nurses and health care assistants. Student nurses also complete a work placement in this centre for defined periods. There is a waking night staff on duty in both houses and primarily a minimum of two staff is on duty when residents are not attending day services. The staff team from both houses work collaboratively to support residents in the centre as staff can be assigned to work in either of the two houses to ensure that consistency of care is maintained during staff leave.

The following information outlines some additional data on this centre.

Current registration end date:	12/11/2020
Number of residents on the date of inspection:	9

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
10 May 2018	09:00hrs to 17:00hrs	Anna Doyle	Lead

Views of people who use the service

The inspector met all of the residents residing in the centre and spoke to a number of them about their views on the quality of services provided. Residents said that they liked living there and liked the staff who supported them in the centre. They said if they were unhappy they would talk to a staff member or their family.

Some of the residents were unable to fully express their views on the quality of care being provided in the centre. In response to this the inspector observed some practices which demonstrated examples of where residents' rights and autonomy were upheld. For example: they were supported and encouraged to have their own front door key, had free access to all areas of their home and were consulted on how the centre was managed through weekly residents meetings.

Residents spoke about a number of activities they were involved in and how they were supported to maintain family links. For example; as well as accessing a community facilities on a regular basis, one resident liked to type their daily news for the day on their own computer and another resident was supported to have a pet. The inspector also observed from a review of a sample of plans that another resident was exploring opportunities to develop and maintain friendships

Capacity and capability

Overall the inspector found that the centre had effective governance arrangements in place which identified clear lines of accountability and ensured that service was monitored on a continuous basis to improve services for residents.

The person in charge was not present on the day of the inspection. The clinic nurse manager who supported the person in charge facilitated the inspection and demonstrated a very good knowledge of the residents needs in the centre. They were assigned supernumerary hours to aid effective oversight of the services provided. The clinic nurse manager met with the person in charge on a regular basis to discuss the centre.

The inspector found that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. A consistent staff team was present in the centre and staff spoken with were very knowledgeable of the residents needs. They were also observed interacting with residents in a respectful manner

throughout the inspection.

Staff felt supported in their role and were able to raise concerns through regular staff meetings, supervision or through daily contact with the clinic nurse manager or the person in charge. A new induction sheet had also been developed for new staff employed in the centre which the inspector found to be comprehensive.

From a review of the training matrix, the inspector found that all staff had completed mandatory training and additional training had also been provided in line with the assessed needs of the residents. A plan was in place for staff to complete refresher training in the coming months.

The inspector was also informed about a wider organisational training programme that staff in the centre will complete which will focus on enhancing a person centred culture in the centre.

An annual review had been completed for 2017 which included consultation with residents and their representatives. The findings from this consultation indicated that people were satisfied with the services provided and residents said that this was their home.

The provider had nominated a member of the quality team to conduct an unannounced quality and safety review. The last one completed was December 2017. The inspector found that all of the actions had been completed with the exception of one which related to fire door certificates in the centre. While there was no evidence on the day of the inspection to confirm if this was followed up, information submitted after the inspection, under the advice of the risk manager for the organisation demonstrated that the records mentioned in the quality and safety review were not required as alternative checks completed by staff were already in place in the centre.

Regular audits were also completed in areas such as medication practices and finances. Actions identified from audits and reviews were all outlined in a quality enhancement plans for the centre. The inspector found that the clinic nurse manager regularly reviewed and updated this plan to ensure actions were completed. A schedule of audits had also been developed for the year to ensure ongoing monitoring of service provision. The inspector was informed that future audits in the centre would be completed by persons in charge from other centres in order to assure transparency of findings.

At the opening meeting the inspector was informed that there were no complaints logged and volunteers were not employed in the centre.

Regulation 15: Staffing

The inspector found that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the training matrix, the inspector found that all staff had completed mandatory training and additional training had also been provided in line with the assessed needs of the residents. Supervision was facilitated with staff in the centre. A copy of the Act and the regulations was made available to staff in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had effective governance arrangements in place which identified clear lines of accountability and ensured that services were monitored on a continuous basis to improve services for residents living there.

Judgment: Compliant

Regulation 31: Notification of incidents

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents received services that were well managed and ensured that staff were striving to ensure continuous improvements to the quality of services being provided as evidenced from the regulations inspected.

Some minor improvements were required to the premises in one community home and in the review of social care goals for residents.

The inspector found that the both community homes were clean and for the most part well maintained. Some minor improvements were required to the flooring in one community home and of one piece of garden equipment needed to be replaced. All residents' bedrooms were well decorated and personalised. Assistive equipment such as handrails and ramps were available in the centre to promote access for residents.

Residents' healthcare needs were responded to in a timely manner and they had regular access to a range of allied health professionals including speech and language, psychiatry and clinic nurse specialists. Staff spoken with demonstrated a good understanding of the residents healthcare needs in the centre.

Adequate food was available in the centre and residents were observed helping themselves or being supported to avail of snacks and drinks as they wished. Pictorial menu boards were on display in the centre which demonstrated that the food was wholesome and nutritious. Residents who required assistance at meal times had been reviewed by a speech and language therapist and staff were aware of the needs of the residents in this area.

From a review of a sample of plans the inspector found that residents had developed goals and were also actively involved in activities external to the centre. For example, all of the residents attended day services, accessed all community facilities, were members of local community groups and attended social events in the wider community. However, some improvements were required to ensure that some goals and activities were reviewed on a regular and consistent basis to demonstrate how they were improving outcomes for residents and to ensure that they were completed in a timely manner.

The risk management policy was under review by the provider at the time of the inspection, the inspector was aware that part of this review will include the arrangements in place for of all of the requirements specified under the regulations. The risk management processes in place identified clear reporting systems which included escalating risks to senior managers and the board of management. Although no incidents had occurred in the centre over the last three months, the clinic nurse manager outlined how incidents were reviewed every month in the centre.

Operational risk assessments were in place along with individual risk assessments for residents where required. From a review of a sample, the inspector found the control measures listed were in place and assessments were reviewed regularly by the clinic nurse manager and the person in charge.

Fire safety systems were reviewed in one house which demonstrated that fire equipment provided was regularly serviced. Fire drills were also completed to ensure a planned safe evacuation of residents in such an event including when staff numbers were reduced in the centre. Staff were clear about the evacuation of residents and personal emergency evacuation plans were in place for each resident

to guide staff practice. Personal emergency evacuation plans highlighted the supports residents required in the event of an evacuation and a night time protocol was also in place for one resident to compliment this. Staff completed weekly checklists on fire systems in place which included checking fire equipment, fire doors and fire exits to ensure compliance in this area.

There were appropriate arrangements in place for the safe administration, storage and disposal of medicines in the centre. The clinic nurse manager had recently a conducted medication audit in the centre and actions had been identified to respond to the findings of this. Medication errors were notified to senior personnel and recommendations were made if required. Consideration had also been given to support residents to administer their own medications if they so wished.

The inspector found that all staff had completed safeguarding vulnerable adults training. They were aware of the different types of abuse and when to report any alleged incidents. Some safeguarding measures had been implemented in response to the impact of behaviours of concern in the centre. The inspector found that these were managed well and staff were aware of the measures in place to prevent an incident of this type reoccurring in the centre.

Regulation 17: Premises

Some minor improvements were required to the flooring in one community home and one piece of garden equipment needed to be replaced.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Adequate food was available in the centre and residents were observed helping themselves or being supported to avail of snacks and drinks when they wished. Pictorial menu boards were on display in the centre which demonstrated that the food was wholesome and nutritious. Residents who required assistance at meal times had been reviewed by a speech and language therapist and staff were aware of the needs of the residents in this area.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management policy was under review by the provider at the time of the inspection, the inspector was aware that part of this review will include the arrangements in place for of all of the requirements specified under the regulations. This policy was therefore not reviewed as part of this inspection.The risk management processes in place identified clear reporting systems which included escalating risks to senior managers.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety management systems in place in one community home were adequate to ensure a planned safe evacuation of the centre in such an event. All staff had completed fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate arrangements in place for the safe administration, storage and disposal of medicines in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which contained an up to date assessment of need. An annual review had been completed and goals had been developed for residents. However, improvements were required in the review of some residents goals, interventions and activities.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs were responded to in a timely manner and they had regular access to a range of allied health professionals including speech and language, psychiatry and clinic nurse specialists. Staff spoken to demonstrated a good understanding of the residents health care needs in the centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that all staff had completed safeguarding vulnerable adults training. They were aware of the different types of abuse and when to report any alleged incidents. Some safeguarding measures had been implemented in response to the impact of behaviours of concern in the centre. The inspector found that these were managed well and staff were aware of the measures in place to prevent an incident of this type reoccurring in the centre.

Judgment: 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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hillcourt OSV-0003000

Inspection ID: MON-0024032

Date of inspection: 10/05/2018

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The patio and garden furniture have been cleaned and redecorated • The floor in the dining area and conservatory will be recovered.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The social goals for one resident have been reviewed and a date has been set for the achievement of his goal 27.06.18. • A Monthly review of all social goals will be completed. • An audit and evaluation of social goals will be completed by the house manager every quarter.	

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)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31st July 2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31st July 2018