

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Chestnut Heights
<b>Centre ID:</b>	OSV-0003004
<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>Lead inspector:</b>	Anna Doyle
<b>Support inspector(s):</b>	Conan O'Hara
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	16
<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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From: 22 February 2018 10:30 To: 22 February 2018 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to inspection:

This was an announced inspection and was HIQA's fifth inspection in this centre. It was carried out by two inspectors over one day. The last inspection of the centre was carried out in September 2017 and was to ascertain if the actions being taken by the provider, under a six month regulatory plan, were appropriate and improving the quality and safety of care provided to residents. This six month regulatory plan was initiated due to high levels of non compliance identified across a number of units within the campus.

Subsequent to the last inspection the provider submitted a revised application form

requesting to reduce the capacity of the centre to 16 residents. The provider has instigated a long term plan for this centre to close and for residents to move to a community based setting. In addition, the provider is not accepting any new admissions to the centre from any external agencies.

The purpose of this inspection was to follow up on the actions from the last inspection and to inform a registration decision.

How we gathered our evidence:

Inspectors met all of the residents residing in the centre except one who was not present. Residents were unable to formally tell inspectors about their views on the quality of services being provided, but inspectors observed residents to be content and at ease in the centre. Staff were observed to respond to residents needs in a timely and respectful manner throughout the inspection. Any potential impact on resident's privacy and dignity was pointed out to inspectors at all times. As part of the inspection process, the inspectors also completed a walk through the centre's premises, spoke with management and staff, and reviewed documentation which included the residents' plans, fire procedures and a number of the centre's policy documents.

Questionnaires' completed by residents' representatives found that they were very satisfied with the care provided in the centre with some requests for a more accessible garden area. The feedback also found that representatives had regular contact with the staff, that visitors were always welcomed and felt included in any decisions around the care provided in the centre.

Description of the service:

The designated centre is operated by Saint John of God Community Services Limited and provides residential services to male and female residents with intellectual disabilities over the age of 18. The designated centre is located in Co. Louth and consists of two units which are part of a larger campus setting. A self contained one bedroom apartment is attached to one unit.

Overall judgment of our findings

The inspectors found that the actions from the last inspection had been implemented and some were still in progress in line with the action plan submitted. Improvements were noted in a number of areas including safeguarding, medication management practices and personal plans. However, significant improvements were required in order to ensure a safe evacuation of the centre for residents, this required inspectors to seek assurances from the person in charge and the provider on the day of the inspection.

In addition, while it is acknowledged that the provider's long term plan for the overall campus is to transition residents to community based settings, significant improvements were required to the premises to ensure that they were meeting the requirements of the regulations until such time that the transition of all residents was complete.

Inspectors found that residents' access to activities external to the centre had

improved since the last inspection. Rosters had been amended to support residents to attend evening activities of their choice. However, some activities were impeded due to a lack of available modified transport.

Some minor improvements were also required in a number of other outcomes inspected against and six outcomes were found to be fully compliant.

The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a policy for the management of complaints and an accessible version of this was displayed in the centre. On review of a sample of complaints logged in the centre, the inspectors found that complaints were being acted on. Some of these complaints had been initiated by staff on behalf of residents and inspectors found that actions either had been taken or were still in progress at the time of the inspection.

There was a policy on residents' personal property, personal finances and possessions which was under review in the organisation at the time of the inspection. The inspectors reviewed a sample of personal finance ledgers for residents and found that there were mechanisms in place to ensure accuracy and transparency in the records viewed.

Residents were observed to be treated with dignity and respect throughout the inspection. There were care practices in place to respect personal care and residents likes and dislikes were recorded in their plans to ensure that their choices were upheld.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

<p><b>Theme:</b> Individualised Supports and Care</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There was a policy on communication with residents available in the centre. Inspectors observed numerous practices in the centre which demonstrated that information was developed in line with residents needs. For example, residents were being assisted to develop communication aids on electronic tablets, one resident had an audio personal plan.</p> <p>Pictures of food choices and staff supporting residents that day were displayed in the centre.</p> <p>The inspectors were also informed that all residents had been referred to an allied health professional for a communication assessment in order to review and develop the current aids in place for residents.</p> <p>Residents had access to television, radio and while there was no internet access available to residents, inspectors were informed that this was being addressed by the provider as the availability of the internet was compromised due to the rural location of the centre.</p>
<p><b>Judgment:</b> Substantially Compliant</p>

<p><b>Outcome 03: Family and personal relationships and links with the community</b> <i>Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.</i></p>
<p><b>Theme:</b> Individualised Supports and Care</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspectors found that residents were being supported to maintain links with their families and some residents were involved in community groups in the surrounding areas.</p> <p>The views from residents representatives received through questionnaires and meetings confirmed that they were consulted and involved in residents care in the centre.</p>

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The contracts of care in place on the day of the inspection did not outline the charges to residents and all of the additional charges that may be incurred. However, the inspectors were aware that the provider was in the progress of finalising a revised contract of care that met the requirements of the regulations.

In addition, from a review of a sample of residents' financial records, the inspectors were assured that residents' charges were in line with the recommended guidelines from the Health Service Executive. While it was noted that two residents had been charged for small items considered to be equipment required to meet their assessed needs, the inspectors were satisfied that this was an administrative error and that the provider assured inspectors that residents would be reimbursed this money.

There was a policy on, and procedures in place for admissions, including transfers, discharge and the temporary absence of residents in the centre which considered the wishes, needs and safety of the individual and the safety of other residents currently living in the centre. The provider was not taking admissions to the centre from external referrals. A discussion took place around residents sharing rooms in the centre at the feedback meeting. The provider assured inspectors that it was not their intention to admit any residents from the campus to shared bedrooms should a vacancy arise in the future and agreed to outline this in the Statement of Purpose for the centre.

There had been no new admissions to the centre since the last inspection. The inspectors were shown a new template devised by the provider to assess residents who maybe transitioning from the centre. This document was found to be comprehensive and considered residents' wishes and needs for any proposed transitions.

**Judgment:**

Substantially Compliant



**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

Overall, there were improvements in the assessment of need and in opportunities to take part in activities outside of the residents' home or the campus.

The inspectors were informed that the centre had been progressively implementing the actions from the last inspection which included a new assessment of need for residents for which training was being provided to staff. All of the actions had not reached their completion date at the time of this inspection and consideration was given to this as part of this inspection.

Inspectors reviewed a sample of personal plans and found that residents had personal goals developed and opportunities to participate in meaningful activities appropriate to their interests. In addition, there was evidence of increased opportunities for activities outside the residents' home and campus. For example, residents had developed links with the community through local groups and activities. However, this system was in the early stages of implementation.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that the structure and layout of the centre required modifications in the layout, general maintenance and upkeep, and improvements in some areas to the flooring and outside area.

The centre is made up of two separate units. Both units accommodate 8 residents. It is the provider's long term plan to transition residents from this centre as part of a wider organisational decongregation plan. The inspectors had to consider this as part of the overall judgements on the day of the inspection, given that this process would take time in order for it to be completed in a planned, considered manner and ensure that residents' needs and wishes were considered as part of this process.

With this in mind the inspectors found that while some of the areas of the centre did not meet the requirements of the regulations, the resources required to address these would be impractical and may impede the overall plan for residents to transition from the centre.

However, some modifications were required to ensure that the layout of one of the units was accessible to all residents while also ensuring that residents' dignity and respect was maintained at all times. The details are not included in this report in order to protect anonymity but were outlined to the provider representatives at the feedback meeting.

In addition, the following improvements were also required:

Areas of one unit required the paintwork to be updated.

Some of the furniture in one unit required update or replacement. This included bedside lockers and wardrobes.

The outside area for one of the units required attention as the decking area was broken.

Curtains in the centre required replacement or adjusting.

Consideration was also required to the visitors room in one unit as it was located in the entrance to the unit.

One exit area in the apartment required review regarding respecting the residents right to privacy. This was addressed by the end of the inspection.

Modifications were also required to one bathroom/ toilet area attached to this apartment to make it more homely.

**Judgment:**

**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):**

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

**Findings:**

The inspectors found that there mechanisms in place in the centre for the management of risk, however considerable improvements were required in the planned safe evacuation of the centre on the day of the inspection, which required inspectors to seek assurances from the provider.

The centre had arrangements in place for the management of fire. There was suitable equipment available (fire alarm, extinguishers and emergency lighting) which was serviced as required.

Since the last inspection of the centre, personal emergency evacuation procedures had been updated and additional evacuation aids had been purchased to assist with evacuating residents in such an event.

However, the inspectors found that the information contained in these were not clear and became concerned when staff informed inspectors of the procedure they would follow in the centre. Inspectors were informed that some residents would be transferred from their bed to a wheelchair by lifting them in a bed sheet as the use of an alternative evacuation aid could only be done if staff had been provided with training on its use.

Only seven staff had been trained in the use of this evacuation aid and some staff reporting for duty that night had not received this training. Inspectors were not satisfied that the arrangements in place would ensure a safe evacuation of residents and raised these concerns with the person in charge. Assurances were sought from them and the provider to ensure that appropriate safe procedures were in place prior to the end of the inspection. The assurances were provided and the person in charge intended to inform all staff of the procedural changes prior to commencing shifts that evening. The person in charge also informed the inspector that the procedures would also be fully reviewed after the inspection.

The centre had a policy in place for the management of risk dated February 2018 which outlined the arrangements in place for the four risks specified in the regulations. The centre maintained individual risk assessments and general risk assessments. Inspectors reviewed a number of risk assessments and found that the measures in place to control and reduce the risk where implemented in practice.

**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):**

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

**Findings:**

Overall, there were measures in place to protect residents from harm and abuse and the actions from the last inspection had been completed.

There was a policy on the provision of intimate care dated February 2016. The inspectors reviewed a sample of intimate care plans in place and found that the plans appropriately guided staff to support the residents in line with their wishes and preferences.

There was a policy on the prevention, detection and response to abuse. There were measures in place to safeguard residents and protect them from abuse. Staff spoken to were clear on what constitutes abuse and what to do in the event of an allegation. Residents were observed to be relaxed in their home and to have positive interactions with staff.

The centre had a policy on positive behaviour support dated June 2015. The inspectors found that behaviour support plans in place as needed. The plans outlined the residents' likes and dislikes, proactive and reactive strategies. Staff spoken with demonstrated appropriate knowledge of the positive behaviour support plans.

The inspectors were informed that there were no restrictive practices employed in the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors reviewed a sample of incidents and found that incidents were notified as required.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspectors found that the actions from the last inspection were completed, with improvements noted in the food and nutritional records maintained in the centre. Residents had access to snacks and drinks in the centre. Residents also participated in some meal preparation if they wished and on the day of the inspection residents were baking.

In addition, on review of a sample of healthcare records, the inspectors found that the support plans in place were detailed in order to guide practice and a review process was also now in place to assess the effectiveness of the plan and documented any changes or allied health professional reviews. These plans would be reviewed at a minimum of every three months.

Inspectors also found that interventions that had been recommended by allied health were now incorporated into daily schedules for residents which included physiotherapy exercises.

Residents had access to a wide range of allied health professionals and staff spoken with

were aware of the residents needs in the centre. Inspectors found that one resident had not had a follow up review with one allied health professional as recommended. The person in charge was able to demonstrate that this had been followed up by staff in the centre and the resident was currently on a waiting list for this.

**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):**

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

**Findings:**

The inspectors found that the actions from the last inspection were implemented as there were now auditing practices in the centre on a weekly basis in order to ensure accuracy of stocks stored in the centre. In addition, on review of a sample of prescriptions sheets, inspectors found that all prescribed medication had been signed by a prescribing doctor and there was an appropriate administration sheet to record when medications had been administered to residents.

**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 centres Statement of Purpose and found it did not contain some of the information as set out in Schedule 1 of the Regulations.

**Judgment:**

Substantially 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):**

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

**Findings:**

Overall, the inspectors found that the centre had a defined management structure in place that outlined clear lines of accountability. However, given the fact that assurances had to be sought from the provider in relation to fire safety, the inspectors were not assured that the mechanisms in place to monitor and review fire safety procedures were effective.

The person in charge was in place since December 2017. The inspectors found the person in charge to be suitably qualified and had considerable experience working in the disability sector. They demonstrated a good knowledge of the residents needs in the centre given that they were only in the position a short time.

They were also a person in charge for another designated centre belonging to this organisation and had other responsibilities on the campus. However, inspectors found that two clinic nurse managers supported the person in charge in their role in this centre and at the time of the inspection, inspectors were satisfied that these arrangements were providing effective oversight of the centre.

The annual review for 2017 was still being drafted at the time of the inspection. An unannounced six monthly provider visits at been completed in November 2017, from which areas of improvement had been identified. The person in charge outlined some areas that had been addressed and some that were still in progress at the time of this inspection.

**Judgment:**

Substantially Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify HIQA, in cases where the person in charge is expected to be absent for 28 days or more and arrangements were in place to address this should the need arise.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that the availability of transport in the centre was impeding on residents access to community facilities and achieving some of their goals. For example complaints had been raised on the matter and it had also been highlighted in the last unannounced quality and safety review for the centre. The inspectors found that some days priority had to be given to residents who may be attending hospital appointments and therefore planned activities had to be cancelled.

While the provider had put some measures in place at the time of the inspection to address this, the inspectors were not satisfied that this would fully address this. For example one car and a bus were now available in the centre. However, this transport was only suitable for two residents who required wheelchair access and given that 12 residents required wheelchair accessible transport this meant that residents may have limited access to this transport.



**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspectors found that the actions from the last inspection had been completed. However, the staffing levels and skill mix for the centre were not outlined in the Statement of Purpose.

There was a planned and actual rota in the centre. On review and in consultation with the person in charge inspectors were informed that there were a number of vacancies in the centre. Some staff had been recently appointed and another staff member was due to commence employment next week. There were contingencies in place to cover these vacancies which included, relief and agency staff.

The inspectors found that in one unit there was an over reliance of agency staff, however from a review of rosters and a sample of induction records viewed some of these agency/relief staff had been employed for a number of years on a regular basis in the centre. The inspectors were therefore satisfied that the person in charge had measures in place to ensure consistency of care for residents.

The staffing arrangements in the centre included a skill mix of staff nurses and health care assistants. One unit had six staff on duty every day and two staff on night duty. The other unit had five staff on during the day and three staff on night duty. In an adjoining apartment one staff was rostered on 24hours a day. There was a minimum of one nurse on every shift in each of the units.

Since the last inspection changes had been made to the shifts in the centre to ensure that staff were available to meet residents needs. For example, in order to facilitate evening community activities for residents some shifts were now finishing at 10pm.

The training records for the centre were reviewed, the inspector found that training needs and refresher training were considered by the person in charge and that there was a plan in place for staff to attend this training.

The inspectors reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2.

The inspectors were informed that volunteers were not employed in the centre.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The inspectors reviewed a sample of policies and found the policy on personal property, personal finances and possessions had not been reviewed in the three year timeframe as required by the regulations and that the policy on information for residents was still in draft format on the day of the inspection. The provider representative informed the inspectors that both policies were awaiting approval from the board of management.

A directory of residents was maintained in the centre.

**Judgment:**

Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Anna Doyle  
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-0003004
<b>Date of Inspection:</b>	22 February 2018
<b>Date of response:</b>	07 April 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 02: Communication

**Theme:** Individualised Supports and Care

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

Internet services were not available for residents in the centre at the time of the inspection.

#### 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 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

1. Wi fi Internet services will be made available and accessible to residents in the centre.

**Proposed Timescale:** 31/07/2018

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The contracts of care in place on the day of the inspection did not outline the charges to residents and all of the additional charges that may be incurred.

**2. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

1. The Registered Provider will ensure that each resident in the centre has a contract of care that details the services to be provided for each resident, fixed charges to the resident, and any additional charges that may be incurred.

**Proposed Timescale:** 31/07/2018

**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:**

Areas of one unit required the paintwork to be updated.

Some of the furniture in one unit required update or replacement. This included bedside lockers and wardrobes.

The outside area for one of the units required attention as the decking area was broken.

Curtains in the centre required replacement or adjusting.

Consideration was also required to the visitors room in one unit as it was located in the entrance to the unit.

Modifications were also required to one bathroom/ toilet area attached to this apartment to make it more homely.

**3. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

1. Damaged paintwork in communal areas and bedrooms will be updated.
2. Damaged furniture, including bedside lockers and wardrobes, will be updated or replaced as required.
3. Broken decking will be repaired/ removed as required.
4. Curtains will be repaired/ replaced.
5. Cosmetic work will be carried out in bathroom attached to apartment to make it more homely.

**Proposed Timescale:** 31/08/2018

**Theme:** Effective Services

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

Some modifications were required to ensure that the layout of one of the units was accessible to all residents while also ensuring that residents' dignity and respect was maintained at all times.

**4. Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

1. A stud wall/ partition will be erected to provide for privacy/dignity.

**Proposed Timescale:** 31/08/2018

**Theme:** Effective Services

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

Consideration was also required to the visitors room in one unit as it was located in the entrance to the unit.

**5. Action Required:**

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

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

1. The entrance referred to in the report is not a main entrance to the home. A sign requesting privacy will be put up in the visitor's room when it is in use by visitors.

**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 arrangements in place to ensure a safe evacuation of the centre were not satisfactory on the day of the inspection.

**6. 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:**

1. All staff will be trained in the use of ski mats.
2. The local fire SOP devised in conjunction with the fire safety officer for the centre will be reviewed and updated.
3. Site specific fire training will be carried out.
4. All staff will be made aware of the procedure to be followed in case of fire, as agreed with fire safety officer during site specific fire training.
5. PEEPs will be updated to reflect changes.

**Proposed Timescale:** 31/05/2018

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory**

**requirement in the following respect:**

All staff had not been trained on the use of one evacuation aid in the centre.

**7. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

1. All staff will be trained in the use of ski mats.

**Proposed Timescale:** 31/05/2018

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The Statement of Purpose did not contain all of the information as set out in Schedule 1.

**8. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. The Statement of Purpose will be updated to contain all of the information as set out in Schedule 1.

**Proposed Timescale:** 30/04/2018

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The mechanisms in place to monitor and review fire safety procedures were not effective at the time of the inspection.

**9. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to



residents' needs, consistent and effectively monitored.

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

1. The local fire SOP devised in conjunction with the fire safety officer for the centre will be reviewed and updated.
2. Site specific fire training will be carried out.
3. All staff will be made aware of the procedure to be followed in case of fire, as agreed with fire safety officer during site specific fire training.
4. PEEPs will be updated to reflect changes.

**Proposed Timescale:** 31/05/2018

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The availability of transport in the centre was impeding on residents access to community facilities and achieving some of their goals.

**10. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

1. Additional wheelchair accessible transport will be available to the centre.

**Proposed Timescale:** 31/05/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Not all staff had up-to-date mandatory training.

**11. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

1. 24 staff will complete MAPPA training.
2. 8 staff will complete Safeguarding refresher training.
3. 11 staff will complete Manual Handling refresher training.
4. 16 staff will complete Basic Life Support refresher training.

**Proposed Timescale:** 31/07/2018

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The policy on the Provision of Information to Residents was in draft.

**12. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. The policy on the 'Provision of Information to the People We Support' was approved in February 2018.

**Proposed Timescale:** 07/04/2018

**Theme:** Use of Information

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

The policy on residents' personal property, personal finances and possessions was not reviewed within the three timeframe.

**13. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

1. The policy on resident's personal property, personal finances and possessions was reviewed and approved by the Board on 22 February 2018.

**Proposed Timescale:** 07/04/2018

