



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

Name of designated centre:	Chestnut Heights
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	27 September 2018
Centre ID:	OSV-0003004
Fieldwork ID:	MON-0024400

## About the designated centre

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

The designated centre is operated by Saint John of God Community Services Limited and provides residential services to 16 male and female adults. The centre is located in Co. Louth and is part of a larger campus setting. It consists of two separate units one of which accommodates 8 male residents. The other unit accommodates seven female residents. A self contained one bedroom apartment is attached to this unit which is home to one resident. It is the provider's long term plan to transition residents from this centre as part of a wider organisational de-congregation plan. One of the units in the centre is due to close late next year when seven residents will transition to a purpose built community home. The staff skill mix comprises of staff nurses and healthcare assistants. The person in charge is responsible for another centre under this provider but is supported in their role by clinic nurse managers. There are no formalised day services available to residents in the centre. Instead residents are supported to have meaningful activities with staff employed in the centre. Residents can also avail of on site therapies which they are required to pay for. The centre is located in a rural setting and residents require transport in order to access community amenities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	16
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## 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
27 September 2018	10:30hrs to 13:40hrs	Anna Doyle	Lead
27 September 2018	10:30hrs to 13:40hrs	Conan O'Hara	Lead

## Views of people who use the service

Inspectors met some of the residents residing in the centre on the day of the inspection. Residents were unable to express their satisfaction levels on the quality of services being provided in the centre.

Inspectors observed residents being supported by staff in a warm and caring manner. Some residents were observed engaging in activities during the inspection. For example, a complimentary therapist was visiting the centre on the day of inspection.

Some residents were also attending activities in their community. For example, two residents were doing flower arranging classes each week and their flower arrangements were on display in the centre.

## Capacity and capability

This inspection took place to follow up on the actions from the last inspection specifically in relation to significant failings identified in relation to the premises, fire safety issues, the availability of transport and the transition of residents from the centre.

Inspectors found that while some of the actions had been addressed in response to the premises since the last inspection, more improvements were required to ensure that the premises were homely, clean and updated. In addition, the providers intention to close one of the units in this centre by March 2019 was now not achievable by this time.

After this inspection a meeting was held with the regional director, senior managers and HIQA, to discuss the transition of residents from this centre and the remedial works required to the premises to ensure that they met the requirements of the regulations.

Assurances were provided at this meeting that the provider was still committed to closing one unit of this centre; however, the initial time frame of March 2019 would now not be reached until the end of 2019.

Three new community homes will also be purchased in 2019 to accommodate some of the residents from other units in this centre, with additional homes to be purchased in 2020 and 2021. This would mean that this centre will close by 2021.

In addition, as highlighted at previous inspections conducted in this centre, the premises were institutional in nature and some of the areas required significant improvements to ensure that they were homely, clean and maintained and updated to a reasonable standard. Assurances were given that issues related to the current

premises would be completed on a phased basis with acknowledgment that any areas that required significant remedial works may not be reasonable given that the centre will close in 2021.

There was a defined governance structure with clear lines of authority and accountability in the centre. However, inspectors were concerned as to whether the centre was adequately resourced as residents had limited access to transport in the centre. This was confirmed by staff who informed inspectors that access to wheelchair taxis could be limited and residents incurred a significant cost for this service. This had been an action from the last inspection and inspectors found that access to transport was even more limited at the time of this inspection.

For example, the number of vehicles available to residents had reduced from two to one. This meant that residents had limited access to transport which impeded on their access to community faculties. While the provider had put some measures in place at the time of the inspection such as taxis for medical appointments, inspectors found that the availability of transport in the centre required improvement.

The Statement of Purpose dated October 2018 contained all of the information required by Schedule 1 of the Regulations, however improvements were required to ensure that the layout of the centre was clearly identified in the Statement of Purpose.

The inspectors reviewed the directory of residents and found that it contained all of the information required by Schedule 3 of the Regulations.

### Regulation 19: Directory of residents

The directory of residents and found that it contained all of the information required by Schedule 3 of the Regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose dated October 2018 contained all of the information required by Schedule 1 of the Regulations. However, the floor plans did not accurately reflect the purpose of each room in the designated centre.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The centre was not adequately resourced in respect of the premises and the availability of transport in the centre

Judgment: Not compliant

## Quality and safety

Overall, inspectors found that there had been some improvements in fire safety and the upkeep of premises since the last inspection. However, improvements were still required in both of these areas.

Inspectors conducted a walk around of the centre. One of the units was being painted on the day. The inspectors found that other improvements had been made which included updating the paintwork in some communal areas, installing new windows in two bedrooms, the purchase of some soft furnishings, the removal of an outside decking area and one residents bedroom had been updated to a good standard.

However, while it is acknowledged that the provider's long term plan for the overall campus is to transition residents to community based settings, inspectors identified that additional 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 completed.

For example, paintwork in a significant number of areas in the centre required updating, this included 3 bedrooms in one unit. A decking area outside the centre was broken, some curtains required replacement or adjusting, and modifications were also required to one bathroom/ toilet area attached to the apartment to make it more homely. The toilet area for one resident consisted of a number of cubicles which were institutionalised and not in keeping with an apartment style setting.

These areas for improvement were also identified in the previous inspection. In addition, the inspectors found that some areas of the centre were not clean which included kitchen areas, some toilets and a utility room in the centre.

Some residents shared bedrooms and there were provisions in place to protect their privacy and dignity. The sitting rooms and dining rooms were warm, personalised and homely on the day of the inspection.

There were campus wide plans in place for the transition of residents. The inspectors reviewed a sample of transition workbooks for residents who were in the process of being discharged to another centre on campus.

The workbooks included critical information and an environment and community assessment. However, it did not outline how the resident was to be supported in moving to the new home despite currently being in the process of moving.

Inspectors found that discharges and transitions were not taking place in a planned and safe manner and staff spoken to were not aware of a new resident being admitted to the centre.

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, staff had been trained in the use of evacuation aids and personal emergency evacuation procedures had been updated.

The inspectors reviewed a sample of fire drills and found that some improvement was required in fire drills. In a fire drill carried out during hours of darkness, a number of residents who required the use of an evacuation aid did not participate in the drill. The fire drill did not demonstrate that all persons in the designated centre could be effectively evacuated as it was unclear that the use of evacuation aids was taken into account.

### Regulation 17: Premises

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. For example, paintwork throughout the centre required updating, the decking outside the centre was broken, some curtains required replacement or adjusting, and modifications were also required to one bathroom/ toilet area attached to the apartment to make it more homely.

Judgment: Not compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The discharge and transition of residents were not taking place in a planned and safe manner.

Judgment: Not compliant

### Regulation 28: Fire precautions



A recent fire drill did not demonstrate that all persons in the designated centre could be effectively evacuated as the it was unclear that the use of evacuation aids was taken into account.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Chestnut Heights OSV-0003004

Inspection ID: MON-0024400

Date of inspection: 27/09/2018

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>1. Floor plans will be amended in the SOP to accurately reflect the purpose of each room in the designated centre.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. Following the transition of several residents off the campus transport allocations were reviewed and additional wheelchair accessible transport is now available to the designated centre.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1. We will complete an already commenced decoration, maintenance and minor works schedule (but not significant remedial works) for each registered DC on campus, commensurate with its anticipated timeframe for closure.</p> <p>We will work through the schedules, as funding permits, with a focus on creating and maintaining an improved living environment for residents, one that is conducive to addressing privacy, dignity and respect.</p> <p>The schedule for this DC will be completed by 30 November 2018 and will address the paintwork, decking and curtains as identified during the inspection.</p> <p>2. A new resident was admitted to the apartment following the inspection and his assessed needs indicate that cosmetic works in the bathroom, at this stage, would be inappropriate.</p> <p>3. The PIC will review the scheduled cleaning procedures, timeframes and</p>	

responsibilities, and the application of local infection control guidelines, to ensure ongoing compliance.

Regulation 25: Temporary absence, transition and discharge of residents

Not Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:

1. Following the HIQA inspection, the transition of one resident to another designated centre was carried out in a safe and planned manner over a period of 4 weeks in conjunction with the North East Service's Transforming Lives team. The resident was supported by familiar staff to visit his new home on a number of occasions, including an overnight stay, prior to completing his transfer.
2. Following the HIQA inspection, the transition of a new resident into this designated centre was carried out in a safe and planned manner over a period of 4 weeks in conjunction with the North East Service's Transforming Lives team. The resident visited this designated centre and was introduced to new staff on a number of occasions prior to transitioning while supported by familiar staff.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. During fire drills, staff will be assigned to all residents including non-participating residents.
2. When residents are non-participating, staff will discuss or simulate the use of evacuation aids.
3. Fire drill records will document the above.

## 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.	Not Compliant	Orange	30/11/2018
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/11/2018
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2018
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in	Not Compliant	Orange	26/11/2018

	accordance with the statement of purpose.			
Regulation 25(4)(b)	The person in charge shall ensure that the discharge of a resident from the designated centre take place in a planned and safe manner.	Not Compliant	Orange	26/11/2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/11/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2018