

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Lukes and St Matthews
Centre ID:	OSV-0003013
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	2

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 February 2018 09:50 To: 21 February 2018 16:10

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 the inspection:

The centre consists of two units which are part of a larger campus setting. Due to high levels of noncompliance across the campus HIQA took the extraordinary measure of initiating a six month regulatory plan with the provider. During the six months, the provider was required to review the quality and safety of the services provided and put forward a specific and measurable plan to HIQA in which compliance would be achieved. The centre had been last inspected in August 2017 to establish if actions proposed as part of the regulatory plan were being implemented.

Having been through this process the provider then submitted a revised registration application for this centre, reducing the number of residents applied for from 12 to 9.

The purpose of this inspection was to establish if actions taken since the last inspection and as a result of the regulatory plan had sufficiently enhanced the quality and safety of care provided to residents.

How we gathered our evidence:

As part of this inspection, Inspectors met five residents and engaged with each of them on their terms. The inspector also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits.

Description of the service:

The campus, in which the centre is located, is in Co. Louth. Services were provided to male residents over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:

The findings of this inspection demonstrated that the provider was identifying deficits in the quality of care provided and implementing actions to address these deficits. The number of residents residing in the centre had reduced from nine to seven since the last inspection in line with commitments provided to HIQA.. The provider intends to close the centre by March 2019, as part of an overall decongregation plan and in recognition that the premises were not fit for purpose. This inspection focused upon the quality and safety of care provided to residents at this time in order to determine if it was fit to be registered.

This inspection found a high level of compliance with continued improvements to the service provided including; increased opportunities for residents to take part in activities, modifications made to the premises, governance arrangements and an overall implementation of a systematic approach to assessing residents' need. In addition, the provider ensured all of the actions identified from the last inspection had been completed, or were in progress and were having a positive impact upon all residents.

Within this report, the inspection findings are presented under 17 outcomes. 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:

In general it was found that residents were consulted with and participated in decisions about their care and support in the centre. Residents had access to an independent advocacy service and this was particularly pertinent for residents with limited family contact and in the transition planning for residents planned to decongregate from the centre.

Each resident had their own bedroom which had been decorated and personalised in line with the interests and backgrounds of residents. In addition, as a result of a reduced number of residents in the centre, there were more rooms for residents to utilise during the day to meet people privately or to spend time alone.

Due to the campus style accommodation institutional practices remained such as centralised kitchens; however, residents were also encouraged and supported to access and use kitchen facilities in the centre. During this inspection residents were observed preparing tea and coffee with appropriate support provided.

There was a policy and procedure in place in relation to the management of complaints. There was recognition that families had not made complaints. As a result the person in charge had logged the concerns of staff and advocates in relation to resident issues as complaints and managed these appropriately in line with the complaints policy. However, within family communication records issues were raised in relation to care and support that were not dealt with under the complaints policy.

Judgment:

Substantially 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.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to communicate at all times with effective and supportive interventions in place.

This support was most apparent in the observation of staff interactions with residents. It was clear residents were supported by staff who knew them well and understood the individual communication styles of residents. A number of staff also supported the inspector to communicate with many residents throughout the day in a very natural and sensitive manner.

Daily communication passports were in place within each resident's records to help new staff 'know all about me'.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community were being enhanced.

There were pictures of resident's families throughout the centre and particularly in each

bedroom. It was also noted that meetings such as personal planning meetings were arranged around the wishes of family; especially in relation to trying to ensure family members living overseas had an opportunity to contribute.

There had also been significant efforts to re-establish family networks in an appropriate fashion and a number of residents were also supported to visit family home or stay overnight.

Resident's goals which were recently set focused upon the need to enhance community involvement and ensure residents had more opportunity to spend time away from the campus.

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 centre and campus had been closed to new admissions. Admissions to the centre were confined to transfers between designated centres on the campus, in line with the assessed needs of residents.

The provider had submitted a plan in relation to the decongregation of this centre which would lead to the closure of this centre. The plan referred to the overall aim of close this centre by March 2019. As part of this commitment the provider had begun reviewing the compatibility of residents as part of identifying the most appropriate placements for them. It was noted that two residents had transferred from this centre since August 2017 in line with this plan. There was a transition plan in place for another resident whom it was anticipated into a new community house by May 2018. This transition plan was reviewed and found to be well planned and included appropriate risk assessment, meetings with residents they are moving with, the use of a social story and engagement with the national advocacy service.

The provider has committed to reviewing contracts of care to ensure they meet the requirements of the regulations as part of regulatory activity in other centres on this campus. This failing is not being repeated in this inspection report.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

This inspection found that the provider continued to develop personal planning systems to enhance the assessment and planning for resident's needs. As a result, improvements acknowledged at the last inspection were sustained and residents were more involved in the planning stages with more meaningful activities provided to many residents. It is also noted that the timeline associated with the actions from the previous inspection were not yet lapsed. Therefore the priority was to identify if there was acceptable progress in relation to these actions and if these actions were enhancing the lives of residents. This inspection found tangible evidence that changes were being implemented and were beginning to impact positively for residents.

Personal outcome measures (POM's) was being used to identify meaningful goals for residents. This included training for staff and the input of a 'transforming lives' team to provide support to staff in relation to POM's phases. Goal setting included work around preparing residents for the transition of moving to a new environment such as skills teaching. Others included enhancing natural support networks and building upon opportunities for residents to spend time in family homes.

It was acknowledged that three out of seven residents had goals set (which were in line with the commitments given following the last inspection). However, it was noted that for the other residents 'priority goals' set were very broad and actually related to 'priority outcomes' from which goals were to be set rather than 'priority goals' as they were referred to in a number of assessments reviewed. For example, these priority goals were identified as:

- people are connected to natural supports
- people use their environments
- people live in integrated environments.

It was accepted that this may be down to terminology and would be clearer once the goal setting phase had been introduced for the remaining residents.

Meaningful day activity schedules were in place for each resident. These were related to social goals identified, such as social activity in the community, or meaningful activity within the centre or campus. However, for some residents these activities were not provided to the extent identified and the meaningfulness of some activities to the individual was not clear. For example, one weekly schedule referred to off-site activity six times a week. This had only been achieved on one week during January and February 2018, with the average being three times per week. In addition watching TV was listed as a meaningful activity for a resident nine times over a one week period. There was no evidence that this resident would find this meaningful, with staff stating it was the interaction with staff and other residents in a communal area where the TV was located which was meaningful to the resident.

Judgment:

Substantially 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):

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

Findings:

This centre comprises of two units which are part of a larger campus. As detailed previously the provider has committed to decongregating this campus which includes the closure of this centre by March 2019. As identified in previous inspection and as agreed with the provider the premises is not fit for the purpose of providing long-term care to residents into the future. As a result, five residents have been discharged from the centre into more appropriate accommodation, in line with their assessed needs.

The centre was now home to seven residents and provided ample space to meet the individual and collective needs of residents. All residents had their own room as and as a result of transitions, there were now many rooms for communal and well as private activity. The provider had decorated the centre, with many rooms recently painted. There were four residents living in one unit (house) and three in the other. Each house had its own kitchen and each resident had their own bathroom. Many bathrooms had been recently renovated. There was also a separate apartment area where one resident

was provided with one to one support throughout the day in line with their assessed needs.

While recognising the limitations of the environment, which was built as a large institution with narrow corridors and poor lighting in many parts, the provider had responded appropriately to enhance the environment to meet the needs of the current residents. The layout of the centre restricted the free movement of residents and would impact significantly on any future manual handling requirements.

The provider had applied to register the centre for nine residents. The provider was not actively seeking to admit residents but this was part of a contingency plan as part of the overall decongregation plan. It was found that there was ample space to accommodate an additional two residents on a temporary basis should the need arise, give the overall plan to close the centre and move all residents to more suitable accommodation by March 2019.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Overall the inspector found that the health and safety of residents, visitors and staff was promoted and protected. The provider had implemented a systematic approach to risk management and staff spoken with were clear on risk management measures in the centre.

In response to findings made during the last inspection significant measures had been taken in relation to the management of fire. All residents' personal evacuation plans had been reviewed and additional control measures put in place as required. For example; two residents were now assessed as requiring ski-sleds should they refuse to evacuate in an emergency. Site-specific fire training had taken place in October 2017 which included training in the use of these ski-sleds. In addition a new procedure for fire evacuations had been prepared for the centre and signed off by the training officer for the campus, who was an independent fire consultant. The fire brigade also visited the centre to familiarise themselves with the centre and had noted the measures in place in relation to the containment of fire. This included the identification that there were a minimum of two fire doors between any likely place of fire and any bedroom.

A fire drill had occurred on the 15 January 2018 in both units of the centre. There were no issues identified on this drill with prompt evacuations of both units.

There was a site-specific safety statement which had been updated in January 2018. Individual risk assessments were in place in response to issues such as dysphagia, falls and self-injurious behaviour.

There was an appropriate risk management policy which was implemented throughout the centre including the identification and management of risk, the measures in place to control risks and appropriate arrangements in for identification, recording, investigation and learning from serious incidents. A review of all recent incidents in the centre identified a small number of minor incidents which had been appropriately responded to.

Staff were trained in the moving and handling of residents and reasonable measures were in place to prevent accidents.

There were checks in place to ensure vehicles used to transport residents were roadworthy and suitably equipped.

Judgment:

Compliant

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:

The inspector found that there were appropriate measures in place to protect residents and that appropriate action was taken in response to safeguarding incidents. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to challenging situations. A restraint-free environment was promoted.

There were policies and procedures in place in relation to the protection of vulnerable adults. All behaviour support plans had been reviewed and the positive behaviour support committee for the campus met and reviewed one resident's plan on the day of inspection. There was a safeguarding plan in place in relation to support requirements in

one of the two units. This plan had also been reviewed in the last week by the principal social worker. While previous inspections, and the provider themselves, had identified issues in relation to the compatibility of residents in part of the centre, there had been no safeguarding incidents reported since the last inspection in August 2017. Since the transition of residents from this part of the centre, one safeguarding plan had been reviewed and discontinued.

Each resident had an up-to-date intimate care plan in place as all residents required a level of support from staff to assist them in this area. These plans provided sufficient detail and outlined how residents were supported to develop their knowledge, self-awareness, understanding and skills needed for self-care and protection.

There was a restraint register in place which outlined the 'authorisation for restrictive interventions'. This was reviewed every three months with a view to providing a restraint-free environment. It was noted a number of restrictive practices had recently been reviewed, reduced or removed. The policy on the use of restrictive interventions stated that the person's next of kin must be informed of any restrictive intervention and there was evidence within resident's care plans that this had occurred.

Some training requests remained incomplete since the last inspection including seven staff who required positive behaviour support. However, the training plan clearly outlined that all required training had been scheduled throughout the year and the training in positive behaviour support would be provided in March 2018.

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:
A record of all incidents occurring in the designated centre was maintained and where required, notified to the chief inspector.

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:

Each resident was supported to achieve and enjoy the best possible health. Access to clinical specialists had been enhanced since the last inspection, who were providing the required input into diverse care needs.

In general residents were assessed as requiring significant support in relation to their healthcare needs. It was found that residents' healthcare needs were met through timely access to healthcare services and appropriate treatment and therapies. Each resident's healthcare needs were appropriately assessed and met through the care provided in the centre.

A number of residents had epilepsy and had regular and appropriate reviews, including an outreach team from an acute hospital, as well as psychiatric reviews of medications. Other healthcare plans outlining supports required in the centre included bone marrow and mobility, iron deficiency and anaemia, pressure sore prevention, eye care, dental health, male health and respiration health plans. A resident had also been recently hospitalised and his plans outlined that appropriate pre and post hospital care was provided.

Non-nursing staff were in the process of being training in epilepsy awareness and buccal midazolam administration (rescue medication). This was so residents were not limited to accessing the community with nursing staff. Screens were also available to promote the dignity of residents prone to seizure activity.

Residents had up-to-date eating, drinking and meal time preference plans. These outlined each resident's likes and dislikes, level of supervision required as well as speech and language recommendations in relation to food texture and fluid grades. Staff were familiar with the dietary requirements of residents and were observed providing support to residents during a meal time, in line with the recommendations identified and in a sensitive and supportive manner. Residents were also supported and encouraged to access the kitchen and prepare hot drinks. Another resident was observed baking with the support of staff.

The person in charge has also sought a second opinion in relation to the dietary restrictions placed on one resident where it was felt to be too restrictive. The resident also expressed a wish to eat items such as bread and had regularly sought this. As a result another swallowing assessment was sought and the restrictions were eased during which time supervision was increased. This was under regular review, with the

last review taking place two weeks ago.

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):

No actions were required from the previous inspection.

Findings:

Each resident was found to be protected by the designated centres' policies and procedures for medication management.

There were operational policies and practices relating to the ordering, prescribing, storing and administration of medicines to residents. The process in place relating to the handling of medication was found to be safe and in accordance with current guidelines and legislation. Staff were found to follow appropriate medication management practices and medications were administered as prescribed. Appropriate auditing and stock control systems were in place. Pre-packed medications were used for each resident and there was a robust arrangement in place in relation to the receipt of medication.

The person in charge had identified an issue in relation to frequently being over stocked with medication, due to delivery practices of the chemist. She was in the process of engaging with the pharmacist to resolve this and was also clear on the measures she would take should this issue not be resolved to her satisfaction.

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):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflects the diverse needs of residents.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

This inspection found that the quality of care and experience of the residents were monitored and developed on an on-going basis. Effective management systems were in place that support and promote the delivery of safe and quality care services. There was a clearly defined management structure that identified the lines of authority and accountability. The management structure had recently been revised to strengthen local governance with the appointment of a CNM1 to support the person in charge.

The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge was a qualified nurse and had been working in the centre as person in charge since July 2016, but had worked across the campus for many years. The person in charge was responsible for two other designated centres, with overall responsibility for twenty residents. The person in charge shared her time between these centres. She was also supported in her role in this centre through the recent appointment of a CNM1 working full-time in the centre, with protected management hours. Both managers were found to be providing clear guidance to staff, were knowledgeable on the requirements of the regulations and were very familiar with the residents. The person in charge met the requirements of the regulations having achieved a management qualification and had recently commenced a post-graduate diploma in leadership and management.

The provider had implemented a QEP (Quality Enhancement Plan) system in the centre, which tracked issues of non-compliance against agreed timeframes. This was found to be very much steering practice and identifying priority areas for management and staff to focus upon. The provider and persons representing the provider visited the centre regularly as well as fulfilling their regulatory obligations of completing six monthly unannounced visits and producing an annual report. The last unannounced visit occurred in the past week where an action was required to provide the complaints chart and a picture of the designated officer in a place visible to residents, this was completed.

There were formal designated centre meetings every two weeks where issues across the campus were reviewed such as NIMS reviews (incidents), safeguarding, rostering, complaints, risk management and each centres QEP. Team meetings were taking place on monthly basis and all staff received supervision.

Judgment:

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:

There had been no occasions where the centre was required to notify HIQA in relation to an absence of greater than 28 days. However appropriate arrangements were in place should the person in charge be absent from the centre.

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:

There were sufficient resources in place to support residents achieve their individual plans.

Evidence presented elsewhere in this report suggests that while this may have been an issue up until quite recently; required actions had been taken to address such issues including:

- retained staffing levels
- access to transport
- training for non-nursing staff in the safe administration of medication.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The roster identified that adequate staffing levels had been maintained in the centre. On average the assessed needs of residents identified the need for seven staff during the day and four at night. Some residents required one-to-one support. Gender specific staff were identified as a priority, in relation to the specific support requirements of one resident which was also maintained.

There was a total staffing requirement for 24 whole time equivalents and this had been maintained since the recent discharge of one resident. On the day of inspection there was an extra staff member on duty in order to accommodate a number of resident's appointments.

Yearly performance management reviews have now been initiated for staff. Formal six monthly supervision also takes place. There was a training schedule set out for the year

with all mandatory and centre specific training requirements mapped out including; safeguarding and protection, manual handling, fire safety, dysphagia, positive behaviour support and epilepsy awareness.

On the day of inspection all staff were observed and heard to be providing support to residents in a person-centred and appropriate way. It was clear that staff knew residents well and that in turn residents were very comfortable in the company of the staff.

Staff files were reviewed for seven staff members, including the person in charge and CNM1 and all were found to contain the requirements of Schedule 2 of the regulations.

Judgment:

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:

All records required under schedule 3 of the regulations (Residents' records) and schedule 4 (general records) were found to in place and appropriately maintained in the centre.

While all of the operating policies and procedures required under schedule 5 of the regulations were in place, a small number required review and update. However, this was known to the inspector in advance of this inspection as a schedule to update all policies and procedures had been agreed with the provider in response to another inspection on the campus. Therefore, this failing is not repeated in this report.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0003013
Date of Inspection:	21 February 2018
Date of response:	12 March 2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Comment from family members in relation to care and support issues were not managed in line with the complaints process.

1. Action Required:

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

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

We acknowledge that the matters identified in the report were not managed in accordance with the policy; they were resolved to the family's satisfaction.

1. All issues identified by residents/families will be discussed and managed in accordance with the complaints procedure.

Proposed Timescale: 12/03/2018

Outcome 05: Social Care Needs

Theme: Effective Services

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

The rationale for selection of individual activity was not always clear or deemed to be meaningful to the individual resident.

2. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

POMs assessments will be carried out to formally identify and document, for each individual in their IPP, their likes/dislikes and preferences for meaningful individual activities.

Proposed Timescale: 30/03/2018

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:

The premises did not meet the requirements of Schedule 6 due to the configuration of the centre with long narrow corridors.

3. 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:

Note that the walls forming the narrow corridors are structural (weight bearing).

The Drumcar campus is an accelerated site for the Government funded Policy of Decongregation, so it is the Registered Provider's intention that all residents within the DC will move off campus into appropriate community accommodation.

Proposed Timescale: 31/03/2019