

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ladywell Lodge
<b>Centre ID:</b>	OSV-0003025
<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>	
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	10
<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:	To:
09 January 2018 10:15	09 January 2018 18:00
10 January 2018 10:00	10 January 2018 16:15

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 10. General Welfare and Development
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:

This was the sixth inspection of the centre. It was announced and the purpose of this was to inform a registration decision. Prior to the last inspection of the centre, the Health Information and Quality Authority (HIQA) had issued the provider, St John of God Community Services, with a notice of proposal to refuse and cancel the registration of the designated centre on 09 February 2017.

This measure was taken due to a number of serious breaches of the Regulations, some of which were recurring over four inspections of the centre. However, at the

last inspection of the centre in July 2017, good levels of compliance were identified in the outcomes inspected.

Subsequent to this inspection, the provider submitted a revised application form requesting to reduce the capacity of the centre to 10 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 admission referrals to the centre from any external agencies.

How we gathered our evidence:

As part of the inspection, the inspector met nine of the residents in the centre and chatted briefly with all of them. One resident was not in the centre over the course of the inspection. The inspector also met and spoke with the person in charge, the clinic nurse manager as well as staff and the director of services.

Documentation such as residents' care plans, contracts of care, personal plans and some policies and procedures were reviewed as part of this inspection. Family questionnaires had not been received at the time of this report being drafted; however the views of family representatives were reviewed from a family survey that had recently been completed by the person in charge.

Description of the service:

The centre comprised of an L-shaped bungalow on a campus based setting belonging to St. John of God Services in County Louth and provided accommodation for 10 residents.

There were a range of small villages and towns in close proximity to the centre and residents had access to a mini bus so to avail of local facilities as and when requested.

The statement of purpose for the centre outlined the care and the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which were provided for residents.

Overall judgment of our findings:

The inspector found that the governance and management arrangements in the centre were effective and that the audits conducted on the quality of care provided in the centre identified areas for improvement, some of which were in progress at the time of the inspection. Staff spoken with were knowledgeable around the needs of the residents and interactions between staff and residents was observed to be warm and respectful at all times.

The centre was homely and personalized and decorated to a good standard. However, some areas of improvement were required under premises.

Since the last inspection improvements had been made to ensure that residents social care needs were been met and it was acknowledged through audits and talking to staff that improvements were still needed in this area.

The inspector also found that improvements were required under outcome 11 healthcare needs in relation to end of life plans.

Of the eighteen outcomes inspected, two were found moderately compliant under outcome 6, safe and suitable premises and outcome 11, healthcare. Four outcomes were found to be in substantial compliance with the regulations. All of the other outcomes were found complaint at this inspection. The improvements required are outlined in the action plan at the end of this report.

**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:**

The inspector found that that both the person in charge and the provider were meeting the requirements of the regulations under this outcome.

Residents were consulted about how the centre was run, through resident forum meetings that were held in the centre. From a sample viewed menus, activities and issues pertaining to the running of the centre were discussed.

The complaints policy in the centre outlined the requirements under the regulations and the records demonstrated that complaints were managed effectively so as to reach a resolution for the complainant. Staff also advocated on behalf of residents to make complaints about the quality of care being provided in the centre. For example, a complaint had been submitted on behalf of residents about on-going difficulties in the centre with accessing transport. This had been satisfactorily resolved as a bus was now available exclusively for this centre.

The inspector observed interactions with staff and residents to be conducted in a respectful manner over the course of the inspection.

There was a policy on residents' personal property, personal finances and possessions and the inspector found that there were mechanisms in place to ensure that residents' personal property including money was kept safe through appropriate practices and record keeping. The person in charge spoke to the inspector about a plan to introduce bank cards for residents in the centre and said this was currently being reviewed by the operations manager.

There were facilities available in the centre should residents wish to participate in laundering their own clothes.

The inspector was informed that there were no CCTV systems in place in the centre and therefore there was no policy to this regard. However, the provider was aware of the requirement to have this in place should this change.

Documentation in relation to personal care practices were not reviewed at this inspection as this had been found compliant at the last inspection of the centre.

**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.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was a policy on communication with residents in the centre.

Staff were aware of the different communication needs of residents and there were systems in place including external professionals input where necessary, to meet the needs of residents.

For example, individual communication passports were in place for residents and from a sample viewed they highlighted residents' communication needs. Some residents were being supported to develop communication systems on electronic devices and further training was scheduled for staff to further enhance communication systems for residents.

Residents were supported to partake in activities in their local community and had access to radio, television, social media and the internet. Information on upcoming events were displayed in the centre and discussed at residents meetings in the centre.

Information for residents had also been developed into an accessible format for residents. For example, pictorial menu boards and staff rosters were displayed in the centre to inform residents.

**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:**  
The inspector found that residents were supported to develop and maintain personal relationships and families were encouraged to get involved in the lives of residents.

A review of documents contained in residents' personal plans demonstrated that family members were included around the care and support to residents in the centre. Staff spoken to gave one example of how family relationships were being maintained.

As part of the provider's requirement to complete an annual review for the centre, a satisfaction survey had been issued to family representatives. The inspector found that from the returned surveys family members were very satisfied with the services provided in the centre.

Staff also informed the inspector that events were planned during the year in order to promote family inclusion. For example, a dinner had been held in the local community prior to Christmas for residents and family members.

**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 contract 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. These contracts had been sent to family representatives for their review and some had been not returned and therefore had not signed on behalf of the resident as required. This was discussed with the director of services on the first day of the inspection who advised the inspector that the provider was still in the progress of finalising a revised contract of care that met the requirements of the regulations.

However, from a review of a sample of residents financial records, the inspector was assured that residents charges were in line with the recommended guidelines from the Health Service Executive and that residents were not been charged for additional charges outside of what was outlined in the current contract of care in place.

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 services.

There had been two new admissions to the centre since the last inspection. The inspector saw records that demonstrated that a transition plan had been developed for one resident. The transition for one resident had included a staff from their previous placement transferring with the resident to support them with the transition to this centre.

**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):**

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

**Findings:**

The inspector found that while the person in charge had implemented the action

required from the previous inspection in relation to providing meaningful activities to residents both in the centre and in their community, additional improvements were still required in this area.

For example, since the last inspection weekly activity schedules had been set up for each resident. From a review of a sample of these the inspector found that some of the activities were not varied and that on days where residents could not access community activities due to their needs or operational difficulties, that alternative activities were not always meaningful.

This was acknowledged by the person in charge and the clinic nurse manager in the centre. However, the inspector was informed that additional training was being rolled out to staff in order to guide and improve practice in this area. Minutes of meetings viewed by the inspector also demonstrated that this had been identified and was in progress. Personal outcome measures were also been introduced to ensure that residents social care needs were been met.

Residents had an annual review completed that included representation from allied health professionals, family members, staff and residents. Goals had been set for residents and records maintained demonstrated that they had been achieved or were in progress. The inspector was informed that one resident was currently being supported to improve independent living skills so as to be able to mobilise in their wheelchair more independently.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that the location, design and layout of the centre were suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. However, improvements were required in two areas.

The centre was generally clean, however, some areas required attention as all windows in the centre needed to be cleaned and the clinic room required renovation as tiles on

the floor were broken and the floor and windows needed to be cleaned. This was scheduled by the person in charge to be completed the day after the inspection.

The centre comprises of two units. Each resident had their own bedroom that was well decorated and personalised. There was adequate communal and private space for residents, along with suitable storage facilities for the personal use of residents.

Adequate toilets and showers facilities were available to meet the needs of residents in the centre.

There was a large kitchen in the centre that was utilised by both if the units. An accessible counter top had been installed to support residents who wished to prepare snacks or small meals.

The centre was warm and homely on the day of the inspection. However, the heating was broken in the centre. The person in charge had taken steps to ensure that residents were not impacted by this and the provider was still in the process of finding a resolution to this problem.

There was an outside garden that residents had access to. A large sheltered gazebo had recently been installed there, for residents.

Suitable arrangements were in place for the safe disposal of general and clinical waste. For example, clinic waste bins were provided in the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were risk management measures in place to protect residents, staff and visitors to the centre. Improvements were required in one area in relation to fire evacuation procedures in order to guide practice for staff.

There was a policy in place for risk management in the centre. A site specific health and safety statement was also available in the centre that identified relevant personnel responsible for managing risk in the centre.

From a review of incidents in the centre since the last inspection, the inspector found that all incidents were reviewed and additional controls had been put in place to mitigate the risk of a reoccurrence. Risk management and a review of incidents formed part of the agenda item at staff meetings in order to discuss and inform learning.

A review of fire records since the last inspection, demonstrated that fire equipment was maintained in the centre. Residents had personal emergency evacuation procedures in place that demonstrated the supports required for a safe evacuation of the centre. Specified personnel were available from other centres on the campus in order to assist with the safe evacuation of the centre.

However, since the last inspection an additional fire evacuation aid had been installed in each unit and while training had been provided for staff in this, it was not clear from the evacuation procedures when this should be used or whether residents had been appropriately assessed. The inspector was satisfied that this did not pose a risk to residents currently in the centre, however still required review so as to guide practice.

At a previous inspection of the centre in 2015 it had been identified that the location of the centralised fire alarm in this centre was impacting on residents in the centre. This action was still on going at the time of this inspection. The provider had taken steps to minimise the impact of this on residents and further actions were being taken to address this.

Documents pertaining to the roadworthiness of the vehicle used to transport residents were submitted after the inspection, which confirmed that the certificates were up to date.

There were measures in place for the prevention and control of infection. For example, hand washing facilities and hand sanitising gels were available along with personal protective equipment. Staff spoken to were also aware of the measures in place for the prevention and control of infections in the centre.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Overall this inspection found that there were adequate systems in place to protect the residents from all forms of abuse in the centre.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, in order to provide guidance to staff on how to protect residents in the centre. Staff spoken with were clear on what constituted abuse and outlined the appropriate actions to take in such an event. All staff had completed training in this area and refresher training was planned for the coming weeks.

There was also a policy in place for the use of restrictive practices in the centre. A number of practices had been notified to HIQA as required under the regulations. The inspector found that the majority of restrictions, with the exception of one, were mechanical restraints prescribed for safety reasons in relation to mobility aids and prevention of falls.

All of the practices were kept under review and a checklist was completed for each resident to ensure that all potential restrictions were identified and subsequently reviewed in the centre.

In addition, all restrictive practices were brought before a specialised committee where they were further discussed, reviewed and agreed.

The inspector was informed that p.r.n. (as required) medicines were not in use in the centre to manage behaviours of concern.

Behaviour support plans were not reviewed as part of this inspection as the practices in the centre at the last inspection had been found compliant.

**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 inspector found that a record of all incidents occurring in the designated centre were maintained and, where required, notified to HIQA.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents are engaged in social activities internal and external to the centre. However, as previously outlined under outcome five of this report improvements were required in this area as detailed under that outcome.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents had an assessment of need contained in their personal plans that had been recently updated. Health action plans were in place to guide practice in this area. However, improvements were required in end of life plans and the review of personal plans to ensure accuracy and guide practice.

From a sample of plans viewed the inspector found that residents' healthcare needs were met through timely access to services such as dietician, speech and language and

a clinic nurse specialist in health promotion where required. However, the inspector found that the follow up in relation to one intervention recommended by an allied health professional was not clearly documented in the residents plan in order to guide practice.

End of life plans were in place. From a review of one plan the inspector found that the plan demonstrated that family representatives, allied health professionals, the residents GP and staff had been part of this review, however the plan was not clearly dated and had not been signed by the attending members of the review. In addition, the resident's ability to consent had not been fully considered as part of this review. This was discussed at the feedback meeting and after the inspection with the provider. The provider informed the inspector that the organisation had been consulting with an advocacy group on this matter and that this was still ongoing at the time of the inspection.

The inspector found that the food available to residents was nutritious, varied and available in sufficient quantities. While meals were primarily provided from a centralised kitchen, the inspector found that residents could prepare some small meals in the centre.

The inspector was informed that, on foot of previous inspections of the centre the provider had sought advice from another regulatory authority in relation to preparing all meals in the centre, however certain restrictions applied to this centre under this regulatory authority. The inspector found that given these circumstances and in light of the long term plan to close this centre that the provider had taken all reasonable actions to address this matter.

The advice of dieticians were outlined in the sample of residents plans viewed and meal times were observed to be positive, with staff observed sitting and interacting with residents during meals.

**Judgment:**

Non Compliant - Moderate

**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:**

There were policies and procedures in place for medication management in the centre in order to protect residents. While, the inspector noted some improvements were required

in the storage of medications in the centre, this had already been highlighted by the person in charge and was in process of being addressed at the time of the inspection.

On review of the documents pertaining to the administration of medication, the inspector found that appropriate practices were in place.

There were had been no medication errors in the centre since the last inspection.

There were no controlled drugs prescribed in the centre, however in such an event appropriate procedures were in place.

There was a system is in place for reviewing and monitoring safe medication management practices. For example, audits were completed by the pharmacist every six months and a yearly audit was also completed in the centre to identify any potential areas for improvement. This yearly audit was scheduled to take place in February 2018

**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:**

The statement of purpose for the centre contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and was kept under regular review.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were management systems in place to ensure that the service provided was safe, consistently and effectively monitored.

The management structure in the centre identified clear lines of authority and accountability. Since the last inspection of the centre a new person in charge had been appointed. They were found to be suitably qualified, experienced and demonstrated a good awareness of their statutory responsibilities under the regulations.

The inspector found that while the person in charge was also responsible for two other centres on the campus; that arrangements were in place to support them in their role so as to ensure effective oversight of the centre. For example, two clinic nurse managers, also nominated as persons participating in the management of the centre were in place. One of these facilitated the inspection along with the person in charge and demonstrated a very good knowledge of the care and support needs of residents in the centre.

The person in charge outlined to the inspector, the arrangements in place to ensure that they were aware of all care and support issues pertaining to the centre. For example, daily reports were submitted to them for review and bi monthly meetings were held in the centre with them and the clinic nurse managers. The inspector was therefore assured at the time of the inspection, that the person in charges remit over three designated centres was not impacting on the services provided in this centre.

The person in charge reported to the director of care and support who in turn reported the provider nominee. The director of care and support facilitated monthly meetings with the person in charge at a forum that included all other persons in charge on the campus.

An annual review of the quality and safety of care in the designated centre was being formulated at the time of the inspection for 2017. The person in charge had records demonstrating that the views of family members were currently being collated to inform this review.

The provider had nominated members of the quality team to complete unannounced visits the centre at least once every six months and a report on the findings from this visit was available. The last one completed in November 2017 was comprehensive and an attached action plan highlighted some improvements and demonstrated that actions were either completed or still in progress.

In addition, a number of other audits were completed periodically in the centre. Action plans from all audits were formulated into a quality improvement plan for the centre. A number of actions were still in progress at the time of this inspection.

The inspector found from talking to staff that arrangements were in place to ensure that staff could exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. For example, regular staff meetings were held in the centre and staff spoken to felt supported in their role and felt able to raise concerns to the person in charge and senior managers should the need to at anytime.

**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:**

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:**

Overall the inspector found that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**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 inspector was satisfied that there were adequate staffing arrangements and skill mix in place to support the residents and to provide for the safe delivery of services.

Since the last inspection the staffing arrangements in the centre had been reviewed and changed. The staff team consisted of nurses and healthcare assistants. 8 staff were on duty across the two units in the centre during the day and 3 staff were on duty at night time. Changes had been made to staff rotas to facilitate evening activities for residents.

There was a planned and actual rota in the centre. Continuity of care was promoted through the use of regular agency and relief staff.

The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation and refresher training was scheduled to take place in the coming months.

An annual appraisal was completed with staff. These records were not viewed as part of this inspection.

There were no volunteers employed in the centre.

A sample of personnel files viewed demonstrated the requirements under Schedule 2 were being met and that relevant members of staff had an up-to-date registration with the relevant professional body required for their role.

**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:**

The inspector found that the most of the documents required under the regulations were available in the centre, however improvements were required in the policies required under schedule 5 of the regulations.

The inspector found that 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 were maintained in the centre. While some improvements had been identified in relation to the records pertaining to the review and evaluation of personal plans, this had already been highlighted through auditing practices in the centre and was in progress at the time of the inspection.

Some of the policies required under schedule 5 of the regulations required review or were not fully implemented into practice. The findings included:

- There was no policy on information to residents available in the centre.
- The requirements set out in the medication policy were not fully implemented in practice in relation to prescribers medical council registration numbers.
- The policy on residents, personal property, personal finances and possessions had not been reviewed since October 2013.

**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-0003025
<b>Date of Inspection:</b>	09 & 10 January 2018
<b>Date of response:</b>	15 February 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 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 did not outline the fees charged and all additional charges to residents.

#### 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 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:**

Contracts of Care will be updated to include all current fees and any additional charges that will apply to individual residents.

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

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Some of the activities were not varied for residents and on days where residents could not access community activities due to their needs or operational difficulties, alternative activities were not always meaningful.

**2. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

1. Activities will be reviewed to ensure that a variety of meaningful options, both centre and community based, are available to address the assessed needs and interests of individual residents, whether used 'as planned' or as 'back up'.

2. Currently the Clinical Nurse Manager reviews the previous week's actual meaningful day experience for each resident versus their planned schedule of activities. The observations and recommendations of this review are communicated with each resident's respective key workers.

Proposed Timescale:

1. April 2018
2. Complete

**Proposed Timescale:**

**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:**

Some areas required attention as all windows in the centre needed to be cleaned and the clinic room required renovation as tiles on the floor were broken and the floor and windows needed to be cleaned.

**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. Window cleaning of both glass and frames completed on 11/01/2018.
2. The issues in the clinic room have been fully addressed.
3. Cleaning schedules have been updated/strengthened to ensure that external windows, frames and the clinic room are kept clean and in good repair.

**Proposed Timescale:** 15/02/2018

**Theme:** Effective Services

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

The heating system in the centre was broken.

**4. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

At all times an alternative heating system has been in place (and monitored) to ensure the comfort and safety of residents, and it will remain in place until the permanent solution is implemented.

1. Initial engineering works to replace the gas boiler system with an electric solution have been identified. The works are currently out for costing, due by 19/02/2018.
2. Decision to progress the electric solution will be informed by the costing. If the costs are prohibitive, work to locate the external water leak within the campus gas boiler network will recommence.

**Proposed Timescale:** 31/03/2018

**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:**



It was not clear from the evacuation procedures when a fire evacuation aid should be used or whether residents had been appropriately assessed for this aid.

**5. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

1. Review each resident's PEEP to ensure that it is individualised, appropriate to each resident's need and capabilities, and does not clash with other PEEPs in terms of the use of aids/equipment to assist in an evacuation
2. Following the review, provide staff training (as required) to ensure familiarity with PEEPs and competence with the use of aids/equipment to facilitate evacuations.

Proposed Timescale:

1. March 2018
2. April 2018

**Proposed Timescale:**

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The end of life plan was not dated or signed by the members who conducted this review.

The resident's ability to consent had not been fully considered as part of this review.

**6. Action Required:**

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

1. The PIC will ensure that End of Life plans are considered by members of the staff team, family, MDT, consulting medical and/or allied health practitioners (e.g. palliative care) as appropriate.
2. Specific consideration will be given to how each resident's interests have been interpreted/represented (e.g. by self, key worker, family, MDT member or an advocate) and this will be documented in the plan.
3. All participants involved in an End of Life process will be required to sign off on the resulting plan.
4. The End of Life Plan cited in the report will be reviewed in line with the actions

described above.

Proposed Timescale:

1. March 2018
2. March 2018
3. Ongoing
4. March 2018

**Proposed Timescale:**

**Theme:** Health and Development

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

The follow up in relation to one intervention recommended by an allied health professional was not clearly documented in the residents plan in order to guide practice.

**7. Action Required:**

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

1. The follow up care for the resident cited in the report has been clarified and signed off by the general practitioner.
2. Weekly audit of MDT section on each residents IPP by shift leader will ensure that recommendations made by allied professionals have been actioned appropriately

**Proposed Timescale:** 26/02/2018

**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 residents, personal property, personal finances and possessions had not been reviewed since October 2013.

**8. 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:**

The policy on residents, personal property, personal finances and possessions has been

the subject of significant review by the Registered Provider, with assistance from the HSE, and is scheduled for Board consideration and approval.

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

**Theme:** Use of Information

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

There was no policy on information to residents available in the centre.

The requirements set out in the medication policy were not fully implemented in practice in relation to prescribers medical council registration numbers.

**9. 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. An NES region policy on the provision of information to residents has been approved by the Provider Nominee.
2. The anomaly between policy and practice with respect to the use of prescribers' medical council registration numbers on a kardex will be reviewed and resolved, consistent with good medication management practice.

Proposed Timescale:

1. Completed
2. March 2018

**Proposed Timescale:**