

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Tearmann Mhuire DC 8
Centre ID:	OSV-0003788
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	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 1 day(s).

The inspection took place over the following dates and times

From: 07 February 2018 09:30 To: 07 February 2018 16:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources

Summary of findings from this inspection

Background to the inspection

This announced inspection was carried out to inform a registration decision in line with the requirements of the regulations and standards. The designated centre comprised of a large single story dwelling based in County Kildare owned and operated by the registered provider. There were 14 residents residing in the designated centre at the time of inspection and the provider was applying to register the centre for 22 residents. This was the centres third time to be inspected. The centre was not registered previously by HIQA in 2016 due to incomplete structural/renovation works, inappropriate mix of residents and outstanding transitional planning. The previous inspections of this centre took place in 2015 and 2016 following which the provider made a number of undertakings of improvement to HIQA.

How we gathered our evidence

As part of the inspection, the inspector met with the residents, staff on duty, the person in charge and members of the providers management team. There were 14 residents in this centre at the time of inspection. Policies, procedures, personal planning, risk management protocols, safeguarding procedures and relevant

documentation were reviewed as part of this inspection. This inspection focused primarily on action planning and the implementation of specific plans that were required following the previous inspection.

Description of the service

The provider had a statement of purpose in place that explained the service that they wanted to provide. This provider was planning to offer support services to adults with higher support needs and dependency levels based on the last admissions to the centre and renovation/transitional plans highlighted to HIQA in 2016. At the time of inspection this plan was not found to have been successfully implemented. The service was providing a service to three very different profiles of residents at the time of inspection which was not found to be meeting all of the resident's assessed needs.

Overall judgment of our findings

Overall, the inspector found that this centre was not being operated effectively and was not found to be in compliance with regulations and standards. While there were some good examples of care provision the overall plan for this service had not been implemented.

While some good practices were found in the areas of healthcare provision and medicines management and efforts were made to support the residents the purpose and function of the service had not been clearly established and plans and undertakings had not been implemented.

Only phase one (of three) of structural/transitional works were completed at the time of inspection. However the inspector found that further substantive works were still required. The premises and associated resource failings in this centre were further compounded by the inappropriate mix of residents and lack of implementation of residents transitional planning. These issues were found to have culminated in poor outcomes for residents, incidents of compromised safety and reduced quality of life for the residents.

All of these areas will be discussed in further detail in the main body of the report and accompanying action plan.

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 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):

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

Findings:

There had been no further resident admissions or discharges since the previous inspection. Transitional planning had not been implemented resulting in poor outcomes for residents.

As highlighted in the previous inspection report, existing residents whose assessed needs were not being appropriately met in this centre had not been transitioned out of this centre as submitted to HIQA in action plans and a provider meeting held in 2016.

Two residents remained as not having signed contracts for the provision of services in place as was identified on the previous inspection.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

As identified in the previous inspection report while positive outcomes were found for residents whom transitioned into the centre in 2016 the lack of progress with this centre's overall plan was found to be having a negative impact on residents.

Staff were found to be working as best they could to support residents in line with their individual needs, however the centre was found to be providing care for three very different profiles of residents which ultimately was not working.

One resident had a clear assessment in place that the centre was not a suitable environment but had not transitioned as planned in 2016. Another five residents had not yet transitioned to their community homes as planned despite a registered community house being ready since November 2017. One of these residents voiced their dissatisfaction to the inspector in this regard on inspection and the complaints log also reflected resident dissatisfaction.

Judgment:

Non Compliant - Major

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:

The inspector found that the planned renovations had not been completed as highlighted in action plans submitted to HIQA in 2016.

Some external garden works were completed since the previous inspection which presented very well. However while this was a large building that was found to be capable in terms of size and space of providing residential care to 22 residents (as per provider application) the renovations of remaining bedrooms and living areas had not

been completed. .

One resident was located in a secluded part of the centre whereby the resident had to pass through an unused industrial style kitchen area to access their bedroom. This was not found to meet this residents needs nor did it demonstrate suitable accommodation that was in compliance with the regulations and standards.

As highlighted in the previous inspection report, the work undertaken by the provider on the premises in 2016 was found to be of a good standard for those residents who transitioned into the centre. However no work of the further two phases of planned works had been completed.

Judgment:

Non Compliant - Major

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 a risk management policy was in place and a risk register was also present in the designated centre. Staff spoken to on the day of inspection demonstrated appropriate understanding of risk areas however some risk assessments required updating.

There were sufficient fire procedures in place and the centre had appropriate fire detection, prevention and equipment in the centre. Evidence of equipment servicing was found and emergency lighting was in place. Evacuation drills were found to have been completed to ensure residents and staff could safely evacuate in the event of an emergency.

While risk assessments were found for areas such as behaviours of concern, falls and epilepsy some risk assessments required updating. For example, skin integrity risks.

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:

Resident's safety in this centre was found to be compromised by the incompatibility of residents. Some residents were found to strongly voice their dissatisfaction with their living arrangements due to this issue.

Overcrowding, inconsistency and noise levels were all identified (in documentation reviewed on inspection) as potential behavioural triggers in the centre. While this was a large centre with a lot of open floor space, the resident mix was found to be inappropriate. In addition, whilst staff spoken with were doing their utmost to keep residents safe, quality of life was being negatively compromised by the changes being implemented in this centre.

Staff spoken with appropriately discussed intervening and protecting residents from physical harm. Residents had been supported to complain about their negative experiences whereby they were being negatively affected by the behaviour of other residents. These were reviewed by the inspector. Residents expressed distress through these complaints whereby peers behavior was negatively impacting on them in their own home.

Proactive and reactive strategies were in place to guide staff regarding supporting a residents behaviour however a corresponding up to date psychological/functional assessment was not in place at the time of inspection. The provider highlighted on-going attempts to source an appropriate placement for some residents which had been unsuccessful to date.

Judgment:

Non Compliant - Major

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:

Resident's healthcare needs were found to be well promoted and provided for in this designated centre. Residents in this centre had 24/7 nursing care available and nursing staff knowledge was found to be of a very good standard. Staff members knew residents assessed needs very well and provided a good standard of care.

Residents had good access to allied health professionals and hospital appointments. Residents had up to date healthcare assessments and care planning in place where required. Resident's skin integrity, weights and dietary requirements were well monitored and reviewed in the centre.

Resident's food and nutrition was observed to be provided to a good standard with residents observed enjoying their meal time experience and having free access to their kitchen and food preparation facilities.

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:

The inspector found that residents were well supported in terms of the management of medicines within this designated centre.

Policies and procedures were in place to provide guidance on the management of medicines in this centre. Nursing staff demonstrated strong knowledge of resident's medication and had clear systems in place regarding the arrangements for the prescription, administration, control and secure storage of medicines. Prescription and administration records were found to be clearly recorded and completed in line with best practices. Medication management audits were completed and appropriate oversight was found in this area.

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):

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

Findings:

As highlighted in the previous inspection report, the statement of purpose did not accurately reflect the service provided in the designated centre. This centre was seeking to be registered for 22 residents and was not yet appropriately renovated for that number. In addition, the centre was not effectively providing care and support to three very different profiles of residents.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The provider did not implement the required action planning and undertakings submitted to HIQA in 2016. As highlighted throughout this inspection report the renovation planning or transitional planning were not implemented at the time of this

inspection. This continued failure to appropriately govern, manage and implement the required changes in this designated centre has resulted in the compromising of safety and quality care provision to residents. The assessed inappropriate mix of residents residing in this designated centre and the lack of implementation of plans submitted does not demonstrated effective governance and management at provider level.

Judgment:

Non Compliant - Major

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):

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

Findings:

As highlighted in the previous inspection report the centre was not found to be resourced to ensure the effective delivery of care and support. The centre remained in the same state of transition and renovation as it was in 2016. The 'costed' phases of work previously highlighted to HIQA had not been completed by then provider as planned. The centre had not transitioned any of the residents in line with their wishes, assessed needs and transitional plans. The structural works and hoisting equipment was not installed in this centre as planned.

Judgment:

Non Compliant - Major

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:

Conor Brady
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-0003788
Date of Inspection:	07 February 2018
Date of response:	03 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 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:

As identified on the previous inspection residents were not appropriately placed in this centre based on clear admission criteria and some residents did not have signed contracts for the provision of services in place.

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

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1. Delays in transitions were outside of the providers control due to workforce and funding barriers. Transitions for 4 residents will be completed by 21st April and 2 further residents will move to new homes by 31 July 2018
2. The admission criteria and statement of purpose and function will be reviewed to reflect the range of needs currently met in the centre – 17 April 2018
3. An addendum to the contract outlining the rationale for not signing will be issued to the representatives of the 2 residents affected and retained on file -17 April 2018

Proposed Timescale: 31/07/2018

Outcome 05: Social Care Needs

Theme: Effective Services

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

The assessed needs of six residents were not met and this was adversely impacting both these residents and other residents in some circumstances.

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. Residents moves and transitions were delayed due to circumstances beyond the providers control. Moves and transitions for 4 residents will be completed by 21st April and 2 further residents will move to new homes by 31 July 2018

Proposed Timescale: 31/07/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

As highlighted in the previous inspection the provider was not providing a premises that was designed and laid out to meet the number and assessed needs of the residents living there.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

1. The premises comprises of 18000 sq ft for 14 residents. Each resident has sufficient personal and communal space available for their use.
2. Repairs to the roof will be completed and specific areas will be redecoration by 25 April 2018
3. A revised application to reduce the number of residents for this DC from 22 to 13 will be submitted to HIQA

Proposed Timescale: 31/07/2018

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:

Some risk assessments required to be updated to reflect changing residents needs.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. Skin Integrity risk assessment was completed on 9th March 2018. The likelihood of the adverse impact on the resident is rated as unlikely and the potential harm is rated as minor.

Proposed Timescale: 09/03/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Appropriate behavioural support planning was not in place and the resident was inappropriately placed in the centre.

5. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1. A behaviour support plan titled "Proactive and Reactive strategies" was in place and up-to-date as it had been reviewed on 22 January 2018.
2. Continued advocacy and representations have been made to the funding body to secure a placement for the affected resident in a specific service. An appropriate placement is secured and a transition designed to suit the residents needs and wishes will be completed by 21st April
3. In the interim, a detailed programme for this resident which includes one-to-one staffing hours are in place to meet their needs

Proposed Timescale: 21/04/2018

Theme: Safe Services

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

Resident's safety was compromised by the inappropriate mix of residents.

6. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

1. One resident is provided with additional support and supervision and has been involved in 2 incidents of peer to peer issues. Their behaviour support strategies are up-to-date and in place and a safeguarding plan was put in place to address the incident referred to.
2. All safeguarding concerns are referred to the designated officer, HIQA and the HSE Safeguarding team and actions arising from these referrals have been implemented.
3. The CNM2 will ensure that resident's keyworkers revisit safeguarding with them, including how to report to staff, from time to time to be assured that they know how to raise concerns.

Proposed Timescale: 31/03/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not reflect the service provided.

7. Action Required:

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

Disabilities) Regulations 2013.

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

1. The statement of purpose and function will be reviewed to reflect the service provided, including a reduction in the number of registered beds applied for – 17 April 2018
2. The statement of purpose and function will be reviewed each time there are changes to the service – 17 April 2018

Proposed Timescale: 17/04/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider has not ensured this centre is operating effectively and in line with the assessed needs of all residents. Action planning and undertaking made to HIQA in 2016 had not been implemented by the provider.

8. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. Transitions and moves for specific residents were not progressed in the expected timeframes due to circumstances beyond the provider's control,. 3 residents will transition to their own home in the community by- 6 April 2018.
2. A further resident will transition to an alternative provider by 21st April 2018
3. 2 further residents will transition to a new home by- 31 July 2018.
4. A revised application to reduce the number of residents for this DC from 22 to 13 will be submitted to HIQA

Proposed Timescale: 31/07/2018

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not appropriately resourced.

9. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is

resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

1. Transitions and moves for specific residents were not progressed in the expected timeframes due to circumstances beyond the provider's control.
2. 3 residents will transition to their new home in the community by 6 April 2018.
3. A further resident will transition to an alternative provider by 21st April 2018
4. 2 further residents will transition to a new home by- 31st July 2018.
5. Structural works and hoisting equipment were not installed as the prospective residents that this was required for did not move to the centre. Repair work and redecoration of identified areas will be completed by 25 April 2018
6. A revised application to reduce the number of residents for this DC from 22 to 13 will be submitted to HIQA.

Proposed Timescale: 31/07/2018