

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cuan Nua
Centre ID:	OSV-0005704
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:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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: 12 December 2017 10:30 To: 12 December 2017 13:00

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

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 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the first inspection of the centre. It was not operational on the day of inspection. The purpose of this inspection was to assess if the provider had the necessary arrangements in place to provide a safe and effective service and to be registered under the Health Act 2007.

How we gathered our evidence:

As part of this inspection, the inspector reviewed the premises. The inspector also reviewed documentation such as the templates for the assessment of residents' health and social care needs and health and safety documentation. The person in charge and a staff member facilitated the inspection.

Description of the service:

The designated centre consists of one house and is located in Co. Louth. Services are due to be provided to individuals over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:

The inspector found that the premises were fit for purpose and met the requirements of the regulations. The provider had developed appropriate systems to promote a safe and quality service. Due consideration was given to the needs of the individuals planning to live there. However, a review was required of the Statement of Purpose of the centre and of the policies, to ensure that they were up to date and reflective of current practice.

Within this report, the inspection findings are presented under the relevant outcome.

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 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):

This was the centre's first inspection by the Authority.

Findings:

The provider demonstrated that there would be a systematic approach to the assessment and planning of residents needs. The inspector reviewed templates of the assessment tool for both the health and social care needs of residents. The staffing compliment would include both health and social care professionals to ensure that the comprehensive assessment was completed in line with regulation 5. Management demonstrated an understanding of the requirements to ensure that the assessment of need and residents' personal plan was reviewed annually or sooner and that the reviews would take into account the effectiveness of the plans and include amendments if necessary.

As the individuals identified to move into the centre were already in receipt of services by the provider, the inspector was informed of the actions which had been taken to date to ensure that the admission process considered the identified needs of residents. Family members had been involved and visited the centre, where possible. The centre is located in a rural setting and management informed the inspector of the community amenities which would be accessed to support residents to maximise their development. The centre would provide transport to facilitate this.

Residents' health and social care needs would be supported by residential staff. Management stated that the initial focus would be supporting residents to actively participate in the running of their new home.

Residents would retain access to their current multi – disciplinary team.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The house consisted of six bedrooms, two of which were en-suite. There was also a sitting room, kitchen/dining room, conservatory, utility room and communal shower room. As a result, each resident would have their own bedroom of a size suitable to meet their needs. The inspector found that the centre could meet the assessed needs of residents, in line with the Statement of Purpose of the centre.

Overall, the inspector observed the centre to be in a good state of repair with adequate heat and light. There were appropriate kitchen facilities. There was ample external space for use by residents which was well maintained. There were arrangements in place to ensure that this continued following occupancy.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had policies and procedures to promote the health and safety of residents, staff and visitors. This included a safety statement, risk management policy and centre specific risk register. The inspector reviewed a sample of risk assessments and

confirmed that they were completed in line with the policy of the organisation. The inspector was informed that risk assessments would be reviewed following occupancy and amended as necessary. There was a clear system in place for the reporting of adverse events and for oversight of these events by management.

Arrangements were in place to ensure that the centre would be cleaned regularly with the appropriate products.

There were systems in place for the prevention and management of fire. This included the provision of a fire alarm, emergency lighting and fire extinguishers. Service records demonstrated that they had been installed and were maintained by the appropriate external contractor. There were also arrangements in place for the containment of fire, if the need arose. Staff were in the process of receiving centre specific fire safety training which would be complete prior to the centre becoming operational. There were plans in place to ensure that fire drills occurred quarterly as a mechanism for ensuring that residents could be evacuated to a place of safety, if required. The final fire exits were currently being secured by key locks. The inspector was told that this was currently being reviewed to ensure that it was the safest option in the context of the needs of residents.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place for the safeguarding of vulnerable adults. Staff had received training in this and management confirmed that due consideration had been given to the compatibility of the individuals who would be residing together.

Arrangements were in place to ensure that residents who may require positive behaviour support would be adequately supported. Training was being provided to staff in positive behaviour support and breakaway techniques. There was also an established positive behaviour support committed within the organisation that residents would have

access to which consisted of relevant allied health professionals. They had been involved in the admissions process.

Management demonstrated that they were aware of what constitutes a restrictive practice. There were appropriate structures in place for the implementation of restrictive practice, if required.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the assessment and planning process of residents' needs promoted their health and well being. Access to community based health services such as General Practitioner (GP) was in the process of being sourced. There were adequate processes to ensure that residents' health care needs would be met. This included evidence based assessment tools and the skill mix of staff.

Staff would complete training in the preparation and storage of food. The inspector was told that the menu would be decided on a weekly basis and residents would be involved in the food shopping. There was an awareness of the specific dietary intake of the identified residents and arrangements were in place to ensure that their needs were met.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place for safe medication management practices. Arrangements had been made to ensure that medication would be stored in a safe location. A sample roster and training records confirmed that staff on duty would have the appropriate training to administer medication, prior to the centre becoming operational.

A pharmacy had been identified in the local community.

Templates were available to promote the appropriate recording of medication management practices.

There were systems in place for the receipt of medication with regular stock checks planned.

The system in place for reporting adverse events included the reporting of medication errors.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had submitted a statement of purpose as part of the application to register the centre under the Health Act 2007. The inspector reviewed the document and found that it contained all of the information as required by Schedule 1. However, a review was required of the document prior to the application to register being progressed as the information contained did not match the information provided on inspection. For example, the inspector was informed that there would be sufficient staff to ensure continuity of care to residents. However, the number of staff identified in the statement of purpose did not demonstrate this, as the number identified did not ensure that statutory leave of staff could be facilitated. There was also reference to a different designated centre in the document which had no bearing on the function of this centre.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the provider had identified appropriate systems to ensure adequate oversight of the service provided.

There was a clear management structure in place. The person in charge reported to the director of care and support who in turn reported to the regional director. The person in charge was also supported by a person participating in management, who had day to day responsibility of the operation of the centre. The inspection was facilitated by the person in charge. The person participating in management was also available. The inspector found that they both had sufficient knowledge of their statutory responsibility and met the requirements of the regulations. The person in charge had the responsibility of four designated centres. The inspector was informed of the plan to ensure that there was sufficient oversight of all centres, which appeared to be satisfactory.

The inspector was provided with a schedule of audits which would be conducted in the centre. The quality team of the provider would have the responsibility of conducting the unannounced visits in the centre as required by regulation 23. Management were aware of the need for an annual review of the quality and safety of care.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there was an adequate number and skill mix of staff planned to be on duty to meet the assessed needs of residents.

Identified staff were in the process of receiving the necessary mandatory training.

There were arrangements in place for the formal and informal supervision of staff.

There were no volunteers identified as of the day of inspection.

The provider had structures in place to ensure that the recruitment process included obtaining all of the items as required by Schedule 2.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed the policies and procedures as required by Schedule 5 and found that they were maintained in the centre. However, as they were organisational policies,

a number of them had not been reviewed or updated in a three year period as required by Regulation 4.

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:

Jillian Connolly
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-0005704
Date of Inspection:	12 December 2017
Date of response:	03 January 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 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 number of staff identified in the statement of purpose did not demonstrate that statutory leave of staff could be facilitated. There was also reference to a different designated centre in the document.

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 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 has been amended to incorporate the correct staffing levels which will be available in the designated centre, and there is now no reference to another designated centre.

Proposed Timescale: 03/01/2018

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:

A number of policies had not been reviewed or updated in a three year period as required.

2. Action Required:

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

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

1. All policies are current, (as per the notation on each when downloaded from the SJOG website,) and will be further reviewed by the Board of St John of God Community Services clg by June 2018.
2. All staff working in the designated centre will have access to current policies and procedures in the designated centre when it becomes operational.

Proposed Timescale:

1. 30th June 2018
2. On Date of centre opening – to be confirmed pending registration

Proposed Timescale: 30/06/2018

