



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

Issued by the Chief Inspector

Name of designated centre:	Hillcourt
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	11 June 2020
Centre ID:	OSV-0003000
Fieldwork ID:	MON-0029517

About the designated centre

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

This centre comprises of two community houses located ten kilometres away from each other in Co. Louth. One community house is a detached bungalow where five male and female adults live. The other house is a four bedroom semi-detached property where four male adults live. Seven residents have their own bedrooms and two residents share a bedroom. The houses are located close to community amenities. Transport is also available in each house so as residents can have access to amenities that are further away. Both properties have a well equipped kitchen, dining area and adequate communal space. There is a garden to the back of each property which has been furnished with outdoor seating for residents.

The staff skill mix includes nurses and health care assistants. There is a waking night staff on duty in both houses and two staff are on duty during the day. The staff team from both houses work collaboratively to support residents in the centre. Staff can be assigned to work in either of the two houses to ensure that consistency of care is maintained during staff leave.

The person in charge is a clinic nurse manager 3 and is responsible for a number of other centres in the wider organisation. To ensure oversight of this centre, they are supported in their role by a clinic nurse manager 1. Access to GP services and other allied healthcare professionals form part of the service provided to residents in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 June 2020	11:30hrs to 16:30hrs	Anna Doyle	Lead
Thursday 11 June 2020	11:30hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspectors met all of the residents and spoke with one of the residents as part of this inspection process to get their views on what it was like to live in this centre. They also observed staff interactions with residents and it was observed that residents were relaxed, comfortable and enjoying the company of staff members. Staff were seen to be warm in their interactions with residents and attentive to their needs. While some restrictions were in place regarding community access due to the current public health crisis, residents were supported to go for scenic drives and short walks around the vicinity of the centre.

The resident spoken with reported that they were happy with the service provided and spoke fondly of the staff team. They said they got on well with the staff team and liked living in the house. They also spoke about how they enjoyed participating in activities in their home such as baking, and how staff had recently supported them to celebrate a milestone birthday. The resident was happy to show the inspectors pictures of their birthday celebrations and pictures of a recent baking competition they had participated in.

However, the resident also reported that the house could get very noisy at times (including night time) and this had, on occasions, kept them awake. The resident had complained a number of times about this issue since December 2019 and told the inspectors that it had not been satisfactorily resolved at the time of this inspection. It was also observed that three other residents had made a number of complaints about the same issue.

Notwithstanding, written feedback on the service from family members was generally positive. For example, family representatives reported that they were delighted in the way in which their loved one was supported, the way in which they were encouraged and supported to achieve certain milestones in their lives, that the care was second to none and staff were kind and supportive,

Systems were also in place to comprehensively meet the assessed healthcare needs of the residents and access to allied healthcare professionals (including GP services) was provided for as required. Staff had also ensured that residents remained in contact with family members during the current restrictions on visiting the centre due to the public health crisis. For example, telephone and video calls were being supported and provided for on a regular basis.

Residents had also been supported to have meaningful days during the crisis, with staff and residents engaging in creative ways to stay in contact with other peers and friends. For example, residents had participated in a "bake off" and one resident was delighted to have won this competition.

The houses appeared to be welcoming, warm and well-maintained and over the course of this inspection residents were observed to be engaging in learning

and leisure activities of their choosing with the support of the staff team. For example, some residents were baking cakes with staff support, others were relaxing in the sitting room enjoying the panoramic views of the ocean. Some were being supported to go for a drive or a short walk, some were relaxing playing video games or working on their laptops. Another resident had helped to paint the garden shed and liked gardening and showed an inspector what they had done.

Capacity and capability

While residents appeared (for the most part) content in their home, improvements were required by the provider to ensure residents rights were promoted and that residents were safeguarded at all times. Issues relating to the compatibility of residents and negative peer to peer interactions had resulted in a number of complaints about the service and while the provider had taken steps to resolve these issues, they were not bringing about the necessary changes to ensure that all residents were happy in the centre.

The centre had a clearly defined management structure in place consisting of an experienced person in charge, who was a qualified clinic nurse manager III (CNM III). The person in charge worked on a full-time basis in the organisation and was supported in their role by a full-time and experienced clinic nurse manager I (CNM I) and by the director of care and support.

Staff were provided for the most part with relevant training to assist them in supporting residents. Training provided included, safeguarding of vulnerable adults, fire training, manual handling, positive behavioural support, basic life support, the safe administration of medication (where required) and infection control. However, some staff had not completed training in dementia and dysphagia even though it was listed as a required control measure in risk assessments for some residents. The person in charge had taken some steps in relation to staff training to prepare for a possible outbreak of COVID-19. However, the training records viewed indicated that one staff member had not completed training in infection control and a number of staff had not completed training in donning and doffing of personal protective equipment (PPE).

Of the staff spoken with, the inspectors were assured that they had the experience and knowledge required to support the residents in a safe and effective way. They felt very supported in their role and said they could raise concerns or talk to their manager at any time.

There was sufficient staff in place to meet the residents needs at the time of this inspection. Day service staff from the wider organisation had also been deployed to ensure that sufficient staff supports throughout the day, as residents were unable to attend their day services due to the current public health crisis. Contingency plans were also in place to ensure that, in the event of a shortfall of staff, additional staff

(with appropriate training and Garda vetting) would be available.

Systems were also in place to ensure the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Action plans had been developed in order to ensure improvements arising from the auditing process were addressed in a reasonable time frame. For example, the most recent audit identified a number of issues regarding the upkeep of documentation of some residents care plans. These issues had been addressed at the time of this inspection. Areas of improvement had also been identified to one of the premises, some of which had been addressed and some could not be completed due to the current public health crisis.

However, the auditing process also identified a specific safeguarding and rights based issue in the centre that was impacting adversely (at times) on the quality of life of four residents. This issue had been on-going and was also recorded in the last six-monthly audit of the centre in December 2019. A number of complaints from the residents had also been made about this issue in 2019 and again in May 2020. It was observed that the person in charge and director of care and support had made significant efforts to address the residents' concerns. For example, additional staffing had been deployed to the centre (including an additional waking night staff) and a business case had been submitted to the Health Service Executive seeking additional resources to support one resident. However, these measures were not adequate in addressing the issue and it remained ongoing at the time of this inspection.

Overall, while residents appeared (for the most part) to be happy in their home, an ongoing compatibility and safeguarding issue was adversely impacting on their quality of life and rights. While management had made efforts to address this issue, it has not been adequately resolved by the time of this inspection.

Regulation 14: Persons in charge

The inspectors found that there was a person in charge in the centre, who was a qualified nursing professional with significant experience of working in and managing services for people with disabilities.

They were also aware of their responsibilities under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspectors were satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents.

Contingency plans were in place to ensure that in the event of a shortfall of staff, additional staffing support would be available.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided for the most part with relevant training to assist them in supporting residents. Training provided included, safeguarding of vulnerable adults, fire training, manual handling, positive behavioural support, basic life support, the safe administration of medication (where required) and infection control. However, some staff had not completed training in dementia and dysphagia despite it being listed as a control measure in risk assessments associated with some residents needs.

The person in charge had also taken steps in relation to staff training to prepare for a possible outbreak of COVID-19. However, the training records viewed indicated that one staff had not completed training in infection control and a number of staff had not completed training in donning and doffing of personal protective equipment (PPE).

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents with all the information as required by the regulations in the centre

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place consisting of an experienced person in charge, who was a qualified clinic nurse manager III

(CNM III).

The provider representative and person in charge had also taken the necessary steps in relation to the governance and management of the centre in preparation for a possible outbreak of COVID-19. However, as noted staff training needed to be addressed. The provider representative was in regular contact with public health officials and control measures were in place to mitigate the risk of infection.

The inspectors were also satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis.

However, the auditing process required review as an ongoing issue adversely impacting on the quality of life of residents had not been addressed adequately, despite being identified and actioned in a six-monthly audit of the centre in December 2019

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of their remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were policies, procedures and systems in place to report, manage and respond to a complaint arising in the centre. Residents were aware of how to make a complaint and information on independent advocacy support form part of the service provide.

However, (and as already discussed) a number of complaints had been made by residents regarding noise levels in the house. While management had made concerted efforts to address these complaints, they had not been addressed adequately and remained ongoing at the time of this inspection.

Judgment: Substantially compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored as required by the regulations and residents' complex healthcare needs were being comprehensively provided for. However, ongoing compatibility issues between residents had resulted in a number of safeguarding issues which had not been adequately addressed. These issues were impacting adversely on residents rights and quality of life.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that the residents were being supported to maintain links with their families and friends. At the time of this inspection, access to the community was restricted for residents due to the current COVID-19 pandemic. However, residents were supported to go for walks in the local vicinity and scenic drives by the sea. While restrictions remained in place due to COVID-19, links and regular communication with family and friends was being maintained and supported via telephone and video calls.

Systems were also in place to ensure the healthcare needs of the residents were being provided for. Regular access to GP services was ongoing and access to a range of other allied healthcare professionals, such as physiotherapists and dietitian, was provided for as required. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, had access to psychiatry and behavioural support. Residents who required them had a positive behavioural support plan in place and it was also observed that staff had training in positive behavioural support techniques. This meant that they had the skills required to support residents in a professional and calm manner if or when required.

However, one resident was presenting with some ongoing issues which were impacting adversely on the other four residents in one house. In order to manage this issue, additional staff had been deployed to the house and a number of safeguarding plans had been developed. The inspectors observe that (at times) these measures were not always effective and could impact adversely on residents rights and quality of life. For example, a review of safeguarding plans informed that one resident may need to call staff to provide supervision when they wanted to mobilise around their own home. This was to ensure their safety and protection. Plans were also in place to provide support to this resident during the night when they were being kept awake due to the noise levels in the house. On the day of this inspection, the resident in question informed the inspectors they were not happy with this ongoing issue.

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being. For example, where a resident may be at risk of falling, a falls risk assessment had been completed and a number of control measures were in place (such as specialised equipment and walking aids) to

mitigate this risk. However, some improvements were required as it was observed that after a recent risk assessment one resident should have been referred to a physiotherapist for an assessment. The last time the resident had been reviewed however, was in 2017.

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of Covid-19 to residents and staff working in the centre. The provider representative was in regular contact with public health, the premises were observed to be clean, there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment (PPE) as required. However as already stated some staff still required training in this area. The infection control policy had been updated to include a guidance document to prevent/ manage an outbreak of COVID-19. Staff were clear about the measures in place to prevent an outbreak.

Staff temperatures were also taken prior to commencing work. Where physical distancing was not possible, staff were required to wear personal protective equipment (PPE) as required by national policy and guidelines. The inspectors witnessed these measures in place on the day of the inspection.

Overall, while the quality and safety of care provided to the residents was being monitored as required by the regulations and residents complex healthcare needs were being comprehensively provided for, ongoing compatibility issues between residents had resulted in a number of safeguarding concerns which were adversely impacting on some residents' rights and quality of life.

Regulation 26: Risk management procedures

There were systems in place to manage risks in the centre; however, some aspects required improvement. For example, it was observed that after a recent risk assessment one resident should have been referred to a physiotherapist for an assessment. The last time the resident had been reviewed was in 2017. In addition, some risk assessments stated that specific training was required in order to mitigate risks for residents, however this had not been completed by all staff.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The person in charge, provider representative and director of care and support had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. The infection control policy had been updated to include up to date

guidance on how to prevent and manage an outbreak of COVID-19 in the centre.

The person in charge ensured regular cleaning of the premises, sufficient personal protective equipment was available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels. Mechanisms were in place to monitor staff and residents for any signs of infection.

However, the training records viewed indicated that some staff had not completed training in infection control procedures required to manage an outbreak of COVID-19. This area for improvement has been addressed under staff training in this report.

Judgment: Compliant

Regulation 6: Health care

Systems were in place to ensure the healthcare needs of the residents were provided for and access to GP services (and other allied healthcare professionals), as required, formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to enjoy the best possible mental health and, where required, had access to psychology and or psychiatry support. Where required, residents had a positive behavioural support plan in place and it was also observed that staff had training in positive behavioural support techniques.

Judgment: Compliant

Regulation 8: Protection

The systems in place to ensure all residents were adequately safeguarded at all times in the centre required review.

Judgment: Not compliant

Regulation 9: Residents' rights

Due to compatibility issues between residents, some residents rights and quality of life were being (at times) adversely impacted.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Hillcourt OSV-0003000

Inspection ID: MON-0029517

Date of inspection: 11/06/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Dementia training will be completed by the 3 staff members</p> <p>Dysphagia training required by the one staff member is complete</p> <p>All staff has completed training in Infection Prevention and Control and donning and doffing of PPE.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Going forward issues relating to residents incompatibility established through the various measurement/assessment tools , such as auditing, residents meetings, complaints or Person Centre Planning, will be discussed with the local house staff team to explore potential strategies. Should no satisfactory resolution be achieved , the issue will be escalated with the Senior management team for consideration on alternative opportunities within the service wide.</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaint procedure will be followed and if appropriate the complaint will be forwarded to the right committee.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Resident had an assessment carried out by the Physiotherapist on the 9.7.2020.</p> <p>Staff training in Dysphagia is being completed</p> <p>The Local Management team will ensure that all tasks associated with risk assessments are actioned in a timely manner.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The safeguarding issue relating to the residents is now resolved and the file closed by Safeguarding officer.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Going forward issues relating to residents incompatibility established through the various measurement/assessment tools , such as auditing, residents meetings, complaints or Person Centre Planning, will be discussed with the local house staff team to explore potential strategies. Should no satisfactory resolution be achieved, the issue will be escalated with the Senior management team for consideration on alternative</p>	

opportunities with the service wide.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/08/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	19/06/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	28/08/2020

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	19/06/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	19/06/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	19/06/2020