



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

Issued by the Chief Inspector

Name of designated centre:	Chestnut Heights
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	04 December 2019
Centre ID:	OSV-0003004
Fieldwork ID:	MON-0024395

About the designated centre

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

The designated centre is operated by Saint John of God Community Services Limited and provides residential services to 16 male and female adults. The centre is located in Co. Louth and is part of a larger campus setting. It consists of two separate units one of which accommodates eight male residents. The other unit accommodates seven female residents. A self-contained one bedroom apartment is attached to this unit which is home to one resident. It is the provider's long term plan to transition residents from this centre as part of a wider organisational de-congregation plan. The staff skill mix comprises of staff nurses and health care assistants. The person in charge is full time and is also supported in their role by clinic nurse managers. There are no formalised day services available to residents in the centre. Instead residents are supported to have meaningful activities with staff employed in the centre. Residents can also avail of on-site therapies which they are required to pay for. There are two vehicles available for residents to access community amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Wednesday 4 December 2019	10:30hrs to 16:15hrs	Anna Doyle	Lead
Wednesday 4 December 2019	10:30hrs to 16:15hrs	Gary Kiernan	Support

What residents told us and what inspectors observed

Inspectors were introduced to all of the residents who lived in the centre. None of the residents expressed an interest in formally sharing their views on the quality of services been provided.

Staff were observed interacting with residents in a caring and jovial manner. Residents appeared very relaxed in the company of staff and when they communicated their needs, staff were very timely in responding to these.

One resident was observed in their bedroom listening to some of their favourite music. This resident had some of their artwork displayed in their bedroom and it was evident that they were very talented in this area. Another resident (with staff support) told inspectors about visits home and some of their family members that were important to them.

One resident showed parts of their home to the inspectors. The resident was observed to be happy doing this and enjoyed interacting with the inspectors during this time.

A number of activities were taking place in the centre which included two forms of music therapy and reflexology. Some of the residents were planning to go to a retirement group that evening. The residents and staff were making preparations for Christmas - the units were decorated, a party had been held the Sunday before the inspection and some of the residents were attending a pantomime in the coming days.

Capacity and capability

Residents appeared happy and content in this centre and for the most part the provider ensured that appropriate supports were in place to meet their assessed needs. The services provided were monitored and audited regularly to ensure that good practices were maintained in the centre. The actions from the last inspection had been completed but improvements were required in some of the regulations inspected and the premises remained unsuitable as a home for people with disabilities.

The Health Information and Quality Authority (HIQA) had also received some information of concern prior to this inspection regarding the provision of services in the centre. This information was followed up as part of this inspection but the issues

raised were not found to be substantiated.

It has been highlighted at previous inspections of this centre by HIQA that the premises did not meet the requirements of the regulations because they were institutional in nature and did not afford residents privacy and dignity or a sustainable future home. The provider recognised this and had committed to closing this centre and moving all of the residents to more suitable accommodation of their choosing in the near future. Some of the provider's previous plans to support residents to move have been impacted by the availability of resources and sourcing suitable accommodation. However, at the time of this inspection four residents were planning to move next year to a community home. The inspectors were also informed that the provider had received additional funding to purchase three more properties. This will support the transition of more residents to community homes. The provider had a dedicated team (the "transforming lives" team) who were supporting residents and staff with all of the transitions. This team have been trained to manage these transitions using the supported self directed living model of care which focuses on residents autonomy.

There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the centre and was supported in their role by two clinic nurse managers.

The person in charge had been appointed in August 2019. They were a qualified nurse and provided leadership and support to their team. They ensured staff were appropriately qualified, trained and supervised to ensure that residents needs were met effectively.

The provider and the person in charge ensured 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. Other audits also taking place included restrictive practices and residents' finances. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

The provider had also some other quality initiatives underway in the wider organisation which included the establishment of two committees to review and stream line the management of records in centres and to review the policies on end of life planning for residents.

There was a planned and actual rota maintained in the centre. There was sufficient staff in place to meet the needs of the residents. The skill mix of staff was appropriate and included; nurses and health care assistants. Contingencies were in place to ensure that residents were provided with consistent care when staff were on planned /unplanned leave. A shift leader was assigned each day to oversee the care and support being provided. An on call service was also provided by senior nurses 24 hours a day to assist and support staff.

Staff were found to be very knowledgeable of the residents needs in the centre. Of those met, they said they felt supported in their role and had supervision conducted

with the clinic nurse manager. Regular staff meetings were also being held and a sample viewed found that these meetings were detailed and were effecting changes in the centre. For example; risk management was discussed at all meetings to inform learning.

From a review of the information submitted to HIQA by the provider that related to incidents occurring in the centre, inspectors found that the actions outlined by the person in charge on these notifications had been implemented.

Regulation 14: Persons in charge

The person in charge is a qualified nurse, with significant management experience working in the disability sector. They are full time in the centre and were aware of their remit to 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 and to provide for the safe delivery of services.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Some of which included; safeguarding of vulnerable adults, positive behavioural support, fire safety, basic life support and manual handling.

Judgment: Compliant

Regulation 23: Governance and management

Effective management systems were in place to support and promote the delivery of care. The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspectors were satisfied that the statement of purpose met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the information submitted to HIQA by the provider that related to incidents occurring in the centre, inspectors found that the actions outlined by the person in charge on these notifications had been implemented.

The person in charge was aware of their requirement to notify the Chief Inspector of any adverse incidents that occur in the centre.

Judgment: Compliant

Quality and safety

Overall, while it is recognised that the premises do not meet the requirements of the regulations, the care being provided was to a good standard for the most part. The residents had timely access to allied health care in the centre and the health care needs of residents was being provided for. Some improvements were required in residents access to meaningful activities, fire safety, restrictive practices and resident rights.

Since the last inspection the provider had carried out remedial works to the premises. Residents' bedrooms had been decorated and personalised. Communal areas had been painted and new curtains had been purchased. The centre was more homely and had been decorated in preparation for Christmas. However, six residents shared bedrooms in one unit, the premises were institutional in nature particularly in some of the bathroom areas and meals were prepared from a centralised kitchen.

The self contained apartment as identified at other inspections remained unsuitable as the bathroom and toilet facilities were dated and institutional in the design and lay out of them.

The front of the building had been modified to include a handrail and new gate. A decking area to the front of one unit needed to be removed. This had been reported to maintenance but had not progressed at the time of the inspection.

Each resident had a personal plan which included an assessment of need. Detailed support plans were in place to guide the care and support that residents required to meet those needs. Residents had access to a range of allied health supports which included, occupational therapy, psychiatry and physiotherapy. Clinic nurse specialists were also available in health promotion, positive behaviour support and dementia care to further support residents.

Residents had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

There was evidence of planning and consultation for future live events. An end of life plan had recently been developed for a resident in consultation with the resident's representative. However, it did not include the residents own will and preferences with regard to this plan.

Residents were being supported to have meaningful activities in the centre. Since the last inspection a second bus was now available for residents to access the community. Daily activity schedules were devised by staff on a weekly basis and included residents known preferences. As stated earlier there were a number of activities scheduled on the day of the inspection. However, one residents records indicated that they did not engage in a number of the planned activities. This had not been reviewed to ensure that other options were being explored for the resident.

There were risk management systems in place. Inspectors reviewed a sample of risk

assessments in place in the centre and found that improvements were required in one risk assessment which related to the use of bed rails for a resident. At the time of the inspection, the records in relation to the incidents that had occurred in the centre were not accessible. However, the inspectors followed up on the incidents which had been notified to HIQA and found that the actions outlined by the person in charge had been implemented. For example; one resident was to be reviewed by an allied health professional and this had been completed.

Two vehicles were available in the centre. The records submitted after the inspection demonstrated that they were road worthy and insured.

Measures were in place for the containment of fire including; fire fighting equipment, emergency lighting self closing doors and a fire alarm. There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the regulations. Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

A sample of personal emergency evacuation procedures viewed outlined the support that a resident would require in the event of an evacuation. Fire drills had been conducted, however improvements were required as the available records did not demonstrate that effective evacuations were being practiced under night time conditions.

There were policies and standard operating procedures in place for the prevention of health care associated infections in the centre. Personal protective equipment was also provided along with suitable hand washing facilities. Where required residents had detailed support plans in place to guide safe care.

All staff had been provided with training to protect residents from abuse. Staff were knowledgeable around the procedures to follow and of the safeguarding measures in place to keep residents safe in the centre.

Residents had access to emotional and therapeutic supports as required. This included behaviour support plans in order to guide practice. There were some restrictive interventions in place to support residents in a safe manner. Some good practices were observed in this area, for example, all restrictions were referred to a human rights committee in the wider organisation for approval and review. A staff member also outlined a number of supports that had been put in place for a resident which ruled out the need for a chemical restraint. Some improvements were required in the recording of restrictive interventions to ensure that a residents representative had consented to their use and to ensure that a physical restrictive intervention had been recorded appropriately. This was part of the providers own procedures which had not been implemented.

Regulation 13: General welfare and development

Residents were supported to maintain links with their family members. Daily activity planners were in place which detailed the activities that residents had planned for each day. These activities were based on the residents' personal preferences.

One residents' records indicated that they did not engage in a number of activities on their daily planner. This had not been reviewed to ensure that other options were being explored for this resident.

Judgment: Substantially compliant

Regulation 17: Premises

The premises did not meet the requirements of the regulations. Six residents shared bedrooms in one unit. Some areas of the premises were institutional in their design and layout, particularly in some of the bathroom areas.

Meals were also prepared from a centralised kitchen and residents could only bake or prepare certain small meals in the centre.

The bathroom and toilet area in the self contained apartment was institutional in the design and layout.

A decking area to the front of one unit needed to be removed. This had been reported to maintenance but had not progressed at the time of the inspection.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

Four residents were due to move to a new community home in July 2020. Staff were aware of this and the provider had a team overseeing this in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There were risk management systems in place. Inspectors reviewed a sample of risk

assessments in place in the centre and found that improvements were required in relation to the risk management arrangements for bed rails.

Risk management systems were also discussed at all staff meetings to ensure that incidents occurring in the centre were reviewed.

Two vehicles were available in the centre. The records submitted after the inspection demonstrated that they were road worthy and insured.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were policies and standard operating procedures in place for the prevention of health care associated infections in the centre.

Personal protective equipment was also provided along with suitable hand washing facilities.

Where required residents had detailed support plans in place to guide safe care

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the regulations.

A sample of personal emergency evacuation procedures viewed outlined the support that a resident would require in the event of an evacuation. Fire drills had been conducted, however improvements were required as the available fire drill records did not demonstrate that the provider could effectively evacuate the centre under night time conditions.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that residents' health needs were being comprehensively

provided for with appropriate input from allied health care professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to emotional and therapeutic supports as required. This included behaviour support plans in order to guide practice.

Some improvements were required in the recording of restrictive interventions to ensure that a residents representative (where required) had consented to their use and to ensure that a physical restrictive intervention had been recorded appropriately. This was part of the providers own procedures which had not been implemented.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

A resident's will and preference was not recorded on an end of life plan contained in their personal plan. While the provider was taking steps at the time of the inspection to review this, improvement was needed to ensure records of consultation and expressed preferences were clearly documented.

Judgment: Substantially 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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Chestnut Heights OSV-0003004

Inspection ID: MON-0024395

Date of inspection: 04/12/2019

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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Meaningful day activities are set for the week ahead. When a resident chooses not to partake in a scheduled activity, they will be offered an alternative preferred activity as listed in their behavior support plan. Activities will be audited weekly and findings will feed into the residents meeting prior to planning the following week’s activity schedule</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The Residents from Chestnut Heights have been prioritized as part of the next phase of Transforming Lives Decongregation programme. 2. Four residents will transition from this Designated Centre to their new home in Quarter two 2020. 3. The one resident currently residing in the apartment which is part of the designated Centre will transition to their alternative accommodation by Quarter two 2020. 4. The remaining Eight residents in the Designated Centre will transition to their new homes in early Quarter two 2021 5. Decking at Oak Heights to be removed as per work schedule. 	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessments relating to bedrails will be reviewed. For residents who use bedrails, 2-hourly night-time checks will be carried out. Sleeping plans of care will be revised to reflect this.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. All the residents PEEPs have been reviewed & updated to reflect the each individual's support needs. 2. The updated PEEPs will discussed with the Fire Officer to review the effectiveness of these plans. 3. A local protocol will developed which outlines how the simulation of a night time fire drill occurs 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Where restrictive practices are in place, the resident's representative/family member will be consulted in relation to consent for the practice in use</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The "End of Life Wishes" and "End of Life Meeting Minutes and Discussion" documents will be completed for residents who require it. These will be completed with the resident, the resident's keyworker, the resident's representative/family member and relevant</p>	

members of the multidisciplinary team as required.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	05/01/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	10/05/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	05/01/2020

Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/03/2020
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	29/02/2020
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	29/02/2020
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with	Substantially Compliant	Yellow	29/02/2020

	supports where necessary, to decisions about his or her care and support.			
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