



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

Issued by the Chief Inspector

Name of designated centre:	Joanstown, Rathowen
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	24 October 2019
Centre ID:	OSV-0004906
Fieldwork ID:	MON-0027225

About the designated centre

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

This designated centre is a service provided in a large detached bungalow on the outskirts of the nearest small town, which provides residential care to six ladies with an intellectual disability and autism.

The centre is staffed by both nurses and health care assistants, and provides 24 hour staffing cover.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

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
24 October 2019	10:30hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

Six people live in this designated centre, and the inspector spent time with all of them. Residents told the inspector about various aspects of their lives in the centre, and told the inspector that they were very happy there. Residents were very fond of their pet, which lived in the house with them, and talked about caring for the pet. They also talked about receiving frequent visitors to the house, and appeared to be very proud of their home.

The inspector observed some people receiving assistance from staff with their meal, and saw that residents were comfortable, and that staff were very familiar with their needs.

Other residents told the inspector about their holiday plans, and their plans to go to events such as shows. Residents appeared to have a good relationship with each other as well as with staff. One resident who had been unwell received 'get well soon' cards from others.

Residents were observed to be going about their daily routines in their home, and appeared to be comfortable and happy.

Capacity and capability

The inspector found the centre to be effectively managed, with a clearly defined management structure in place with explicit lines of accountability and various governance processes in place to ensure the safety and quality of care and support to residents.

The provider had made arrangements to ensure that key management and leadership roles were appropriately filled. There was a person in charge in position at the time of the inspection who was appropriately skilled, experienced and qualified. This person in charge was full time and demonstrated their ability to lead the staff team and to support good practice. They were knowledgeable about the care and support needs of residents.

The provider had put systems in place to ensure the staff team could effectively meet the needs of residents. The number and skills mix of staff was appropriate to meet the needs of residents. There was a core team of staff which included nursing staff on a daily basis in accordance with the needs of residents. Consistency of staff was maintained, and ensured for occasions such as medical appointments.

Staff were in receipt of regular training which was found to be up to date, and

monitored by the person in charge. Training in relation to the specific support needs of residents was provided. Staff were knowledgeable in relation to the needs of residents and were observed to be providing care and support in accordance with the identified needs of residents. Staff were in receipt of regular supervision.

The provider demonstrated the capacity to identify and address areas for improvement. There was an monthly schedule of auditing in place which covered all areas of care and support. Six monthly unannounced visits had been conducted on behalf of the provider, and an annual review of the care and support of residents had been prepared. The inspector reviewed a sample of actions required following these processes, and all actions had been completed, so that identified improvements had been put in place.

There were systems in place to ensure communication between staff and management, and to ensure oversight of the care and support in the centre. Regular meetings were held and recorded, and there was regular review and monitoring of any accidents and incidents.

The provider had put systems in place to receive and respond to feedback about the service. There was a complaints procedure in place which was clearly available, and any complaints were reviewed and recorded. Any steps taken to rectify any issues raised in a complaint were recorded, and the satisfaction of the complainant was recorded. It was therefore clear that feedback was responded to in a timely manner, and that all steps were taken to resolve any identified issues.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained, and complaints and complements were recorded and acted on appropriately.

Judgment: Compliant

Quality and safety

The provider had put arrangements in place to ensure that residents had support in leading a meaningful life and having access to healthcare, and were supported to communicate and to make choices.

There was an effective personal planning system in place which included detailed assessment and regular review. Each resident had a personal plan in place based on a detailed assessment of needs and abilities, including both social and healthcare needs. Residents were supported to maximise their personal potential, in that

meaningful goals had been set for each person, and the personal planning process supported people to maximise their potential.

Residents were supported with any communication needs. There was an detailed guidance for staff as to how best to communicate with each resident, and as to how residents preferred to communicate, in the form of a detailed 'communication passport'. It was evident that all efforts were made to ensure that the voice of each resident was heard.

Healthcare plans were in place where needed. Residents had access to various members of the multi-disciplinary team, and had access to healthcare screening, including regular health checks.

Where restrictive interventions were in place a clear record was maintained of the implementation of these interventions. The implementation of these interventions was in accordance with best practice, was notified to HIQA as required and was kept under regular review. There was an ethos of reducing the use of restrictions, and one resident had learnt the skills required to support the removal of a restriction which had previously been in place.

There was a risk register in place in which all identified risks were recorded and risk rated. Detailed risk assessments were also in place, both environmental and individual risk assessments. Each identified individual risk assessment had an associated risk management plan. Risk assessments were regularly reviewed and there was clear oversight of risks in the centre.

Fire safety practices and equipment were in place to ensure risks relating to fire were mitigated. Fire safety equipment including fire doors, extinguishers, fire blankets and emergency lighting were in place and were regularly maintained and there were fire doors throughout. There was a personal evacuation plan in place for each resident, and regular fire drills had been undertaken. The local fire brigade attended the centre annually and checked over the emergency evacuation plan, and the fire officers were known to the residents.

There were structures and processes in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff. There were no current issues relating to safeguarding of residents. Staff and the person in charge were aware of their roles in relation to safeguarding of residents.

Behaviour support was offered to those residents who required this input. There was clear guidance to staff in relation to response to behaviours of concern, including social scripts to guide the appropriate response to some situations. Behaviour support was reviewed regularly at meetings of the multi disciplinary team, and all staff were aware of their roles.

There were safe practices in relation to the ordering and storage of medications. Medication was stored and administered appropriately. However stock control was not maintained in a way that ensured that the risk associated with any discrepancies

was mitigated.

There was an emphasis in the centre and among the staff on upholding the rights of residents. Residents were supported in choice making, and were included in decisions about their lives. Residents' dignity was upheld, and all interactions between staff and residents were respectful. Two residents shared a room, and it was clear that this was a meaningful choice, and that both preferred to share than to have a single room.

Overall residents were supported in a good quality of life, their safety maintained and their choices respected.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences.

Judgment: Compliant

Regulation 11: Visits

Visits were facilitated and welcomed.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

Judgment: Compliant

Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Structures and procedures were in place to ensure the safe management of medications, except that stock control systems were not adequate to ensure safety of stocks.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and were available to residents in an accessible format.

Judgment: Compliant

Regulation 6: Health care

Provision was made for appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

Judgment: 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Joanstown, Rathowen OSV-0004906

Inspection ID: MON-0027225

Date of inspection: 24/10/2019

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Structures and procedures are in place to ensure the safe management of medications in the centre, to include a daily stock control system to ensure safety of all stocks of medication.	

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 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	25/10/2019