

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Galtee View House
Centre ID:	OSV-0001826
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	Catherine O'Connell
Lead inspector:	Kieran Murphy
Support inspector(s):	Cora McCarthy
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 September 2017 11:00	18 September 2017 18:00
19 September 2017 10:00	19 September 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). This inspection was undertaken to inform a decision in relation to an application by the provider to renew the registration of the centre.

Description of the service:

St Joseph's Foundation provides a range of day, residential and respite services in North Cork and Limerick. The centre was a congregated setting and provided a home to 10 residents. It was based in a community setting in county Limerick. The centre mainly catered for residents who were "actively retired". Many of the residents had

high support needs, while some residents also had changing complex healthcare needs.

The centre was a purpose-built bungalow and found to be well maintained both internally and externally. There was a variety of communal day spaces including a large sitting room, visitors' sitting room, prayer room and beauty room. There was separate large open plan kitchen and dining room. All rooms were bright, spacious and comfortably furnished. Many of the bedrooms and bathrooms had assistive devices to support residents to transfer more easily.

The centre was in a tranquil setting with large garden spaces. One of the residents said that they enjoyed the outdoor space the centre provided and in the summer there were barbeques and parties outside.

How we gathered our evidence:

Inspectors met all ten residents and also met with one family of a resident. In addition two families of residents had completed questionnaires for HIQA prior to the inspection giving feedback on the centre, which in general was very positive about the service being provided. One family said that "to have a facility in the local community of such a high calibre is fantastic".

Inspectors also met with staff during the inspection and observed their interactions with the residents. In addition inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Overall judgment of findings:

Residents were well cared for and there were examples of excellent coordination of care between the general practitioner (GP) and consultant specialist in psychiatry, to ensure the best healthcare outcome for residents.

The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The St Joseph's Foundation service had ensured that an unannounced visit to the designated centre in relation to the quality and safety of care had been completed in September 2017. This review had ensured that some issues were identified and addressed. For example, one action identified was the provision of additional staff at night. This had been introduced following this review.

Inspectors were told that one resident had recently been admitted as an emergency in response to increased healthcare needs. This resident was substantially younger than the other residents and was at a different stage of life to most of the other residents. It was not evident how an age-appropriate service was being delivered to this resident. This was particularly so in the context of all other residents being of advanced years and many with rapidly changing health needs. In the broader context of service provision, direction and clarity was required on the strategy that the St Joseph's Foundation was to adopt to address dementia care concerns for residents. In response to inspectors, the service manager for day and residential care said that the St Joseph's Foundation was reviewing the recommendations in relation

to dementia care.

Improvement was also required in relation to:

- further clarification and controls were required around the support being provided to residents to manage their own finances (Outcome 1: Rights Dignity and Consultation)
- ensuring that recommendations from speech and language therapists were being implemented (Outcome 2: Communication)
- the management and ongoing review of risk, in relation to evacuation plans for residents in an emergency (Outcome 7: Health and Safety)
- a more comprehensive risk assessment was required to validate the use of physical checks of residents at night, particularly for residents where there was no safety, or other reasons, documented for these checks. In addition, the restrictive practice log required updating to reflect these checks (Outcome 8: Safeguarding and Safety)
- there was scope to extend the social, educational and community integration opportunities for residents (Outcome 10: Education and Welfare)
- inspectors identified a number of errors that had not been previously identified by the systems in place at the centre (Outcome 12: Medicines Management)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in decisions about their care and the organisation of the centre. Each resident's privacy and dignity was respected. However, further clarification and controls were required around the support being provided to residents to manage their own finances.

There were weekly house meetings for residents and issues discussed included choices around activities, social events and the general running of the house.

The organisation had a complaints policy and easy-to-read versions were visibly displayed throughout the centre. The complaints policy identified a nominated person to manage complaints in the organisation. Inspectors reviewed the complaints log and there were two recorded complaints, both of which had been resolved via the organisation's complaints process. In one case the designated officer had met with the complainant to resolve the issue. There was a named independent advocate who was accessible to residents if any issues arose.

Residents could keep control of their own possessions. There was an up-to-date property list in each resident's personal outcomes folder which identified when the resident bought or received items like furniture or bedside lamps. There was adequate space for clothes and personal possessions in all bedrooms.

Inspectors reviewed the management of residents' day-to-day finances and found the process to be transparent. There was a policy on residents' finances and all items purchased for and by residents were verified by receipt. There were adequate checks in place and the finance manager had completed an audit of cash balances in July 2017

and it was found that this aspect of residents' finances was satisfactory. However, it was noted that there was a risk assessment around the support being provided to residents to manage their own finances. Further clarification and controls were required around this issue.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy on communication and each resident had an assessment of communication needs. However, some improvement was required to ensure that all assistance and support was available for residents to communicate.

Each resident had an assessment of communication needs that outlined what supports, if any, that residents required. Inspectors observed residents with communication books with pictures of important things to the resident and also things they liked to do. One resident showed inspectors their memory box with photos of their family and important events like birthdays and holidays. Inspectors observed communication boards which contained a picture rota of which staff were on duty. There were also pictures available of planned meals and activities.

Residents who required additional supports with communication needs had access to allied health care as required, including speech and language therapy. Inspectors saw examples of up-to-date reports that helped staff to identify how the resident communicated and also gave guidelines to staff in how to help the resident communicate. Each resident also had a "communication passport" that identified how they communicated to ensure that staff supported residents in a consistent manner.

It was noted by the St Joseph's Foundation in its own quality review of the centre in January 2017 that residents' communication needs required review weekly as communication needs had changed and it was also identified that communication passports were an area for improvement. On this inspection it was also found that some improvement was needed to ensure that recommendations from speech and language therapists were being implemented and included in the communication passports. For example, an assistive device had been recommended in February 2017 but this recommendation had not been followed.

Judgment: Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were supported to develop and maintain personal relationships. Families were involved in the lives of residents.

There was evidence of good communication and contact between the service and families. Families regularly visited residents and some residents spent regular time at their family homes.

There was an open visiting policy and families with whom inspectors spoke confirmed that there were no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private.

The inspectors received a completed relative questionnaire from family members which was highly complementary of the service. During the inspection families spoke very highly of the quality of care being provided to residents. One family who spoke to inspectors said that they were very involved in the life of their loved one and highlighted that staff were very committed to improving the quality of life for residents in the centre.

The St Joseph's Foundation service had recently asked families to participate in a survey with the aim of seeing if families were satisfied with the quality of care provided. The review found that in general people were satisfied with the care being provided in the service.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and

includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Each resident had an agreed written contract that captured the support care and welfare being provided to each resident. However, the process for admission of residents required review, particularly as there was an unsuitable age mix of residents in the centre.

In one case a resident had been recently admitted to the centre and was living with residents many of whom were actively retired and presented with complex needs associated with ageing. However, there was no evidence available as to what consultation there had been with other service users and what consideration had been given to the impact on their lives of a new resident being admitted to the centre.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall residents' wellbeing and welfare were being maintained by a high standard of care and support. However, improvement was required to ensure the service was meeting each individual resident's needs, particularly in relation to providing an age-appropriate service to all residents and to meeting the changing needs of residents with dementia.

One of the residents who had been recently admitted was significantly younger than all other residents. It was not evident how an age appropriate service was being delivered to this resident particularly in the context of all other residents being of advanced years and many with rapidly changing health needs. For example, inspectors were informed that two residents had recently had a diagnosis of dementia. On reviewing residents' healthcare records inspectors saw that while there was not a definitive diagnosis of dementia recorded there was excellent input from specialist professionals to guide appropriate care, therapies and activities to promote quality of life and well being for these residents. However, it was highlighted by specialist healthcare professionals that the changing profile and healthcare needs of these residents would have an impact on the supports required. It was also highlighted that the changing needs of the residents would have an impact on the service being provided to other residents in the centre.

In the broader context of service provision, direction and clarity was required on the strategy that the St Joseph's Foundation was to adopt to address dementia care concerns. In response to inspectors, the service manager for day and residential care said that the St Joseph's Foundation was reviewing the recommendations in relation to dementia care.

For residents who required more specialised healthcare support it was noted that all nursing staff did not have the required training to support residents who had specialised nutritional requirements. In the absence of such training this meant that residents may need to attend hospital if there were issues with their supports. In addition, all appropriate checks for residents were not being completed to ensure that all nutrition needs were being met.

There were separate assessments of residents' healthcare needs and social care needs in the personal planning process. In the person centred planning folders there was a summary profile of the resident which outlined things that staff and carers must know about the resident. In relation to social care needs there was a lifestyle plan, called long term life goals, that was developed each year with the resident. This plan outlined activities that each resident liked to do and priority goals for the year were also developed. There was a linked plan called short term life goals that identified specific activities for residents. For example, one resident had a long term life goal of "continue to live here and do activities in the locality". The short term life goals for this plan had things like attending the pub weekly; attending day care service in the community and get hair done in the local hairdresser.

In relation to healthcare needs there was evidence of coordinated input from members of the multidisciplinary team with recommendations in place. There were also separate assessments for individual healthcare needs like epilepsy, foot care, continence, oral care, mental health and mobility.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met residents' needs in a comfortable and homely way.

The centre was a congregated setting and provided a home to 10 residents. It was based in a community setting based in a village in county Limerick. The centre mainly catered for residents who were "actively retired". Many of the residents had high support needs while some residents also had changing complex healthcare needs.

The centre was a purpose-built bungalow and found to be well maintained both internally and externally. There was a variety of communal day spaces including a large sitting room, visitors' sitting room, prayer room and beauty room. There was separate large open plan kitchen and dining room. All rooms were bright, spacious and comfortably furnished. Many of the bedrooms and bathrooms had assistive devices to support residents to transfer more easily.

The centre was in a tranquil setting with large garden spaces. One of the residents said that they enjoyed the outdoor space the centre provided and in the summer there were barbeques and parties outside.

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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted and protected.

However, some improvement was still required in relation to the management and ongoing review of risk, in relation to evacuation plans for residents in an emergency.

There was a risk management policy and separate risk assessments to control hazards including safeguarding, unexplained absence of a resident, injury, aggression and self harm.

Each resident had participated in identifying specific hazards relating to their lives that were called individual centred risk assessment forms. For example, one resident's file had nine risk assessments including relating to epilepsy, swimming and falls.

There was an incident management system in place and inspectors reviewed the records of incidents reports from January 2017 to August 2017. Inspectors saw records for 37 reported incidents 26 of which related to resident falls. There was evidence that the organisation was reviewing and learning from incidents. The centre had recently changed the way that incidents were recorded and all incidents were now recorded electronically on a computer database. There was a review method so that trends of the types of incidents could be identified.

The centre had a separate risk register in place which was designed to log all the hazards that the centre is actively managing. In practice the risk register identified health and safety issues and did not identify centre-specific issues, like for example the changing healthcare needs of residents. In addition, it was also unclear if, or how, hazards on the risk register were being escalated to the management team of St Joseph's Foundation.

Suitable fire fighting equipment was provided throughout the centre and was serviced on an annual basis, most recently in November 2016. The fire panel and emergency lighting were serviced quarterly, most recently in July 2017. Records of weekly fire checks were maintained. These checks included visual inspection of the fire exits, fire panel, emergency lighting, fire equipment and detectors.

Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation. It was noted that the personal emergency evacuation plans were easily accessible to staff in the event of an emergency. However, not each evacuation plan seen by inspectors had been reviewed to reflect each resident's changing needs as for example a number of residents had a therapeutic intervention in place overnight. This was not mentioned in their evacuation plan.

There was a policy in relation to control and prevention of infection. Standard universal precautions were in place in relation to the disposal of clinical waste and staff spoken with were aware of infection control principles. A recent audit of infection control had been undertaken by a specialist nurse. Overall good practice was indicated but one recommendation had not been implemented in relation to the communication of an infectious disease.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed were in place. A restraint-free environment was promoted. However, improvement was required in relation to some environmental restrictions.

It is a requirement of the regulations that all serious adverse incidents, including safeguarding issues are reported to HIQA. Since January 2017 five safeguarding issues had been submitted to HIQA. Documentation in relation to these incidents was reviewed during the inspection. All incidents had been followed up by the service in accordance with their safeguarding policy with safeguarding plans put in place as required.

Staff were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse.

The St Joseph's Foundation policy and guidelines on the review of restrictive interventions was made available to inspectors. The policy outlined that the organisation aspired to a restriction free environment.

The service provider was obliged to notify HIQA on a quarterly basis of any occasion on which restraint was used (such as physical, environmental or chemical). There was a centre restrictive practices review log that recorded all restrictions available in the centre. The log contained issues including the use of:

- sound monitors
- bed rails
- pelvic belts
- keypads on exit doors
- locks on medicines cupboards
- locks on chemical store room
- keypad access to front door
- a belt on communal wheelchair.

There was a risk assessment available in relation to each identified restraint on the restraint log and oversight of each restriction was provided by means of a review on a three monthly basis by the multidisciplinary team. There was a good example of the service promoting a restraint free environment. One resident had recently had a restriction removed in response to a decreasing incidence of falls. This resident previously had a sensor mat near their bed that alarmed if they left the bed or fell.

There were documents seen in residents' files which recorded residents' sleep record during the night. This meant that a staff member had to physically enter the resident's room to check whether the resident was awake or asleep at every hour from 10pm to 8 am. In residents' files there were risk assessments in relation to the "risk of waking the resident for hourly checks". This entry into residents' rooms was a restriction on a resident's right to privacy. A more comprehensive risk assessment was required to validate the use of these physical checks, particularly for residents where there was no safety, or other reasons, documented for these checks. In addition, the restrictive practice log required updating to reflect these checks.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

It is a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there was scope to extend the social, educational and community integration opportunities for residents.

The statement of purpose, which is a document that describes the service provided in the centre, outlined that residents could no longer participate in day services through advancing age or additional physical or mental needs.

One of the residents said to inspectors that they went to the village each day for the newspaper and another resident said that they went to mass each Sunday. Also residents said that they went to the local village community day service one day per week.

During the course of the two days of the inspection residents undertook a number of in-house activities including the use of an exercise bicycle and recommended physiotherapy exercises.

It was noted by the St Joseph's Foundation in its own quality review of the centre in January 2017 that some residents' outings had to be delayed if medical appointments had to be facilitated. Over the course of the two days of the inspection it was observed that many residents did not leave the grounds of the centre. Inspectors reviewed the record of activities in the centre for the first two weeks of September 2017. It was noted that a number of activities had to be cancelled in those two weeks due to residents attending hospital appointments or when it was recorded that it was "too busy in the house". The activity schedule indicated that there was a fitness and wellness class on a weekly basis but inspectors were told that this was no longer available to residents.

Inspectors were told that a lot of social activities occurred at the weekend and there were separate vehicles available to residents for these social outings. One resident said that they went out for a meal at least once a month.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Residents were supported on an individual basis to achieve and enjoy the best possible health. However, some improvement was required in relation to training for staff to ensure that food was safely prepared and cooked for residents.

In the sample of residents' healthcare records seen by inspectors each resident had access to a GP. There was evidence of good access to specialist care in psychiatry, with a consultant psychiatrist available to residents as required. There were examples of excellent coordination of care between the GP and consultant specialist in psychiatry, to ensure the best healthcare outcomes for residents.

There was evidence that residents were supported to attend appointments in acute general hospitals and had been referred to consultant specialists if required, in particular in relation to supporting residents with epilepsy. Residents were referred, as required, to allied health professionals including the occupational therapist and psychologist. A number of residents had dysphagia (eating, drinking and swallowing) difficulties and had recommendations in place following an assessment by a speech and language therapist.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake. The inspectors noted that residents were referred for dietetic review as required.

Due to the number of residents in the centre there was one staff member during the day who had responsibility for the preparation and cooking of meals for all residents. A copy of the menu in picture format was available on the notice board. Staff were knowledgeable about residents likes and dislikes. However, not all staff had up-to-date training on ensuring that food was safely prepared and cooked for residents.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall medicines management policies and practices were satisfactory. However,

improvement was required in relation to the checking of medicines when delivered and in relation to review of medicine administration records.

Medicines for residents were supplied by a local community pharmacy directly to the main St Joseph's Foundation campus. Staff who spoke to inspectors were unsure as to the checking process in place at that point to confirm that the medicines delivered corresponded with the medication prescription records. Care staff collected the medicines from the main campus and there was a process so that all medicines were checked and counted upon delivery from St Joseph's Foundation campus to the centre. The service manager outlined that the service was reviewing the process for delivery and receipt of medicines.

Staff outlined the manner in which medicines which were out of date or dispensed to a resident but are no longer needed were stored in a secure manner, segregated from other medicinal products and returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Residents' medicines were stored and secured in a locked cupboard in each premises and there was a robust key holding procedure.

A sample of medicine prescription and administration records was reviewed by an inspector. Medicine prescriptions were written by a medical doctor. Medicine administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, the inspector identified a number of errors that had not been previously identified by the systems in place at the centre. While a medicines usage review report had been completed by the pharmacist in February 2017, a systemic review of all residents' medicines administration records was required to ensure that all medicines were administered as prescribed.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service provided in the centre.

The statement of purpose described the service and facilities provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

The person in charge had been appointed in January 2017, was a registered nurse in intellectual disability and had completed a master's degree in autism studies. There were suitable support arrangements in place to enable the person in charge to effectively undertake the role. In particular, the person in charge reported to the area manager who outlined that their role was to provide oversight of this centre and a number of other designated centres in the St Joseph's Foundation.

The St Joseph's Foundation service had ensured that an unannounced visit to the designated centre in relation to the quality and safety of care had been completed in September 2017. There was a prepared written report available in relation to various "outcomes" that had been reviewed including: social care, risk management, safeguarding, healthcare, medication, governance and workforce. This review had ensured that some issues were identified and addressed. For example, one action identified was the provision of additional staff at night. This had been introduced following this review.

An annual review of the quality and safety of care of the service had been completed in

January 2017. This report had a detailed action plan to address any deficiencies identified including:

- complaints, concerns and compliments
- safeguarding
- training
- healthcare issues.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify HIQA of any such absence. The provider was aware of the need to notify HIQA in the event of the person in charge being absent.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors were told that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with its current statement of purpose.

The centre was maintained to a good standard internally and externally and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes.

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):

No actions were required from the previous inspection.

Findings:

Inspectors met with staff during the inspection and observed their interactions with the residents. Staff were seen to support residents in a respectful and dignified manner.

An actual and planned staff rota was maintained. A copy of this rota was available in a picture format so that residents were aware of which staff were on duty. There were two staff on duty at all times including two awake staff at night time.

The inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. However, as discussed earlier in this report some updated training was required to ensure residents were fully supported.

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):

No actions were required from the previous inspection.

Findings:

The St Joseph's Foundation had prepared, adopted and implemented policies and procedures relevant to the operation of the centre. The policies available on the date of inspection were centre-specific and some were available in an easy-to-read format.

A copy of the residents' guide was available in each resident's personal file.

A directory of residents was maintained in the centre and was made available to the inspectors.

Judgment:

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:

Kieran Murphy
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 Joseph's Foundation
Centre ID:	OSV-0001826
Date of Inspection:	18 & 19 September 2017
Date of response:	09 November 2017

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was a risk assessment around the support being provided to residents to manage their own finances. Further clarification and controls were required around this issue.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

A specific protocol is being devised with input from residents, Social Work and family in relation to issues identified at inspection.

Proposed Timescale: 17/11/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Some improvement was needed to ensure that recommendations from speech and language therapists were being implemented.

2. Action Required:

Under Regulation 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

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

The assistive device has been sourced and is presently being trialled with the resident. A referral for review has been submitted to the Speech & Language Therapist and will be held by 08/12/17.

Communication passports which require updating will be completed by 08/12/17.

Proposed Timescale: 08/12/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

There was no evidence available as to what consultation there had been with other service users and what consideration had been given to the impact on their lives of a new resident being admitted to the centre.

3. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

A referral for the review of the placement of one resident has been submitted to the Multi-Disciplinary Team and a date for review identified for 15/11/17.

The organisation are presently reviewing the policy on Admissions to services and compatibility of residents will be taken into account for all future admissions.

Proposed Timescale: 31/12/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

- All nursing staff did not have the required training to support residents who had specialised nutritional requirements. In the absence of such training this meant that residents may need to attend hospital if there were issues with their supports. In addition, all appropriate checks for residents needed to be completed to ensure that all their nutrition needs were being met.
- Improvement was required to ensure the service was meeting each individual residents' needs, particularly in relation to providing an age appropriate service to all residents and to meeting the changing needs of residents with dementia.

4. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Nursing Staff will be trained to provide support to residents with specialised nutritional requirements. Awaiting responses from two companies who have been requested to provide this training.

An emergency plan is in place in the centre to address any support required by residents and to avoid a transfer to hospital until all nursing staff receive appropriate training.

Proposed Timescale: 21/12/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The centre risk register required review.

5. Action Required:

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

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

Risk Training has taken place for all Persons in Charge on risk identification and escalation process on 18/10/17;

The risk register has been reviewed to reflect centre specific risks and escalated as required.

Proposed Timescale: 09/11/2017

Theme: Effective Services

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

One recommendation from an infection control nurse had not been implemented in relation to the communication of an infectious disease.

6. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The outstanding recommendation from the Infection Control Audit has been completed.

Proposed Timescale: 09/11/2017

Theme: Effective Services

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

Each resident's personal emergency evacuation plan required review.

7. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Documentation with regard to evacuation plans have been updated and all evacuation plans have been reviewed to take account of therapeutic interventions in place in the centre.

Proposed Timescale: 09/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A more comprehensive risk assessment was required to validate the use of physical checks of residents at night, particularly for residents where there was no safety, or other reasons, documented for these checks. In addition, the restrictive practice log required updating to reflect these checks.

8. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

A review of the nightly checks for all residents is scheduled by the multi-disciplinary team for 15/11/17. The restrictive intervention log will be updated to reflect any changes made at this review.

Proposed Timescale: 15/11/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

There was scope to extend the social, educational and community integration opportunities for residents.

9. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The schedule of activities offered will be reviewed to extend the social, educational and community integration opportunities for residents. This will include a review of the supports available to residents to avail of these opportunities.

Proposed Timescale: 30/11/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all staff had appropriate training on ensuring that food was safely prepared and cooked for residents.

10. Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

Three staff have completed training in Food Safety and the remaining staff have been scheduled to attend this training.

Proposed Timescale: 30/11/2017

Outcome 12. Medication Management

Theme: Health and Development

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

- The checking process needed review to ensure that the process for delivery and receipt of medicines was accurate.
- A systemic review of all residents' medicines administration records was required to ensure that all medicines were administered as prescribed.

11. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place 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.

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

New pharmacy contract is commencing which will address the process for delivery & receipt of medicines;

A review of all residents medicines administration records has taken place to ensure that all medicines are administered as prescribed.

Proposed Timescale: 30/11/2017

