

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0003992
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Bernadette Shevlin
<b>Lead inspector:</b>	Siobhan Kennedy
<b>Support inspector(s):</b>	Louisa Power;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	22
<b>Number of vacancies on the date of inspection:</b>	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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 16 October 2014 10:30 To: 16 October 2014 16:00

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

Outcome 06: Safe and suitable premises
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

The purpose of this inspection was to focus on chemical restraint.

A monitoring inspection had been carried out to this service in May 2014 and following that the provider nominee in consultation with the Health Information and Quality Authority (The Authority) requested to have the service reconfigured to increase the number of designated centres.

Prior to this unannounced inspection, the person in charge had collated and forwarded to the Authority documentation and information in relation to the use of chemical restraint between the periods November 2013 to September 2014. This was reviewed by the inspectors and highlighted areas for further on-site analysis in a number of units of 3 designated centres. The inspectors agreed to report the findings under one designated centre with the result that this is the first inspection of the designated centre.

The inspectors found that in the main, staff were knowledgeable in respect of chemical restraint, the policy included a commitment to a restraint free environment and there was evidence of consideration of an alternative intervention prior to the administration of chemical restraint, however, there were areas which are non-compliant with the legislation.

There was a policy in respect of medication management and evidence of staff training, however, areas were identified for further improvement, such as

management plans for the treatment of epilepsy and record-keeping.

Inspectors heard from staff that as a result of the regulatory activity of the service in May 2014 substantial improvements have been achieved in respect of residents' quality of life. This was corroborated by the records/documentation and inspectors' observations. These improvements included the premises, increased staffing levels, opportunities for residents to participate in meaningful activities of their choice, priority given to the reduction of risk, greater choice in relation to meals and improved staff morale.

Other matters which were found to be non-compliant with the legislation have been reported upon in this report and relate to safe and suitable premises, and inadequate staffing levels.

Areas requiring improvement are identified in the action plan at the end of the report for action by the provider and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

**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 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 inspectors found that the location and layout of a resident's single bedroom, was not suitable for its stated purpose as a single bedroom had no window at eye level and there was no bath suitable for a resident who could not tolerate water from a shower.

**Judgment:**

Non Compliant - Moderate

**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:**

Only the component in relation to chemical restraint was considered as part of this inspection. Prior to the inspection, the person in charge had submitted records of the chemical restraint used from November 2013 to September 2014. A desktop review of these records identified areas of concern in relation to the use of chemical restraint

which were followed up as part of this inspection.

Staff with whom the inspector spoke demonstrated knowledge of chemical restraint. There was evidence of input from the psychiatric team in relation to the prescribing of chemical restraint and the centre-specific policy included a commitment to a restraint free environment. However, the inspector noted that documentation in relation to chemical restraint was not consistently in accordance with evidence based practice.

In some cases, the inspectors saw records that demonstrated that potential episodes of restraint were considered only if the potential benefit of restraint to the resident, and the risk involved if restraint is not used, outweigh the possible negative effects on the resident subject to restraint. There was also evidence that all alternative interventions were considered prior to the administration of chemical restraint in some cases. But the inspectors observed this was not consistently the practice.

Resident's views in relation to chemical restraint were not documented. A full assessment of the resident prior to each episode of chemical restraint, monitoring of residents during any episode of chemical restraint, adverse events resulting from chemical restraint and a detailed record of each episode of chemical restraint were not documented.

The inspectors also observed that the least restrictive form of chemical restraint with the shortest duration of action was not consistently used. The reasons for the choice of these agents were not documented. Staff with whom the inspectors spoke stated that these agents were chosen in order to allow for a number of procedures to occur on the one day such as venepuncture and chiropody. The inspectors concluded that chemical restraint was overly used and other methods to manage behaviour during procedures had not been tried.

**Judgment:**

Non Compliant - Major

**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:**

The policy on medication management was made available to the inspectors which had been reviewed in October 2013. Records were made available to the inspectors which confirmed that staff had read and understood the policy. The policy was available to staff.

Medicines were supplied by a community pharmacy. Records made available to the inspectors confirmed that pharmacy staff had attended the centre recently to carry out a review of medication. Staff with whom the inspectors spoke outlined that a delivery of medication was made on a monthly basis. Medications could be ordered on any day and would be delivered promptly.

Staff confirmed and the inspectors saw that medications requiring refrigeration were not in use. However, a fridge was supplied in each unit for this purpose which allowed for temperature monitoring. Controlled drugs were not in use at the time of inspection. The inspector noted that all medications were stored securely in a locked room or medication trolley.

Medication management training was facilitated and nursing staff with whom the inspectors spoke demonstrated knowledge and understanding of professional guidance in medication management. Staff reported and the inspectors saw that it was not practice for staff to transcribe medication.

Staff confirmed that no residents were self-administering medication at the time of inspection but inspectors saw records where residents' assessment of capacity and wishes had been completed in relation to medication administration.

The use of chemical restraint was not in line with the national policy on chemical restraint; this is covered in outcome 8.

The inspectors noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. The inspectors noted that the medication administration records were not consistently completed; this is covered in outcome 18.

Some residents required their medications to be crushed prior to administration. The inspectors observed that each individual prescription did not contain an authorisation from the prescriber to crush medications.

Resident-specific management plans were in place for the management of status epilepticus using midazolam. However, these plans did not sufficiently outline the correct procedure for the administration of midazolam. A plan had not been updated to reflect changes in administration of midazolam following a hospital appointment.

The inspector observed that pouched compliance aids were used by nursing staff to administer medications to residents. Staff with whom the inspector spoke confirmed that training had been provided regarding these systems. However, the inspectors noted that references to identify a specific medication among several medications in the pouch were not comprehensive and did not include all medications in use. Therefore the nurse administering medications was unable to confirm prescribed medication in the pouch.

Staff with whom the inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

**Judgment:**

Non Compliant - Major

**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:**

From discussions with staff and observation of practices the inspectors found the number of staff was not appropriate to the number and assessed needs of the residents. For example, the inspectors heard that on the morning of the inspection that a staff member was on sick leave and another staff member had to leave training to work in the designated centre. Inspectors also heard that some staff on sick leave had not been replaced. Inspectors were told by staff that if they were involved in direct care and providing a meaningful day for residents it was not possible to attend to record keeping within their contracted hours.

Inspectors observed the period following the lunchtime meal and saw that there were insufficient staff to meet the needs of 9 residents some of whom wished to have a period of rest following their meal while others were anxious to be involved in an activity.

During the post inspection review meeting with management it was acknowledged that staffing levels are currently being reviewed with a view to addressing the shortfall.

**Judgment:**

Non Compliant - Major

**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)*



**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The inspectors observed that the medication administration sheets were left blank at a number of times where medication was due to be administered. Therefore, there was not a complete and accurate record of each medicine administered signed and dated by the nurse administering the medicines.

**Judgment:**

Non Compliant - Moderate

**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:***

Siobhan Kennedy  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0003992
<b>Date of Inspection:</b>	16 October 2014
<b>Date of response:</b>	20 November 2014

### 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 06: Safe and suitable premises

**Theme:** Effective Services

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

There was no bath suitable for a resident who could not tolerate water from a shower.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6

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

(Matters to be Provided for in Premises of Designated Centre) are met.

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

The Designated Centre will put in place a bath to appropriate support the resident's needs.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

The location and layout of a resident's single bedroom, was not suitable for its stated purpose as the bedroom had no window at eye level.

**Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

A review is taking place with regard to a more suitable bedroom for this resident within the residential accommodation available to the designated centre based on this residents assessed needs.

**Proposed Timescale:** 28/02/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Documentation in relation to chemical restraint did not outline monitoring, supervision and review.

**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:**

All documentation relating to chemical restraint has been reviewed within this Designated Centre to ensure compliance with national policy and evidence based practice. Following this a plan is being implemented to ensure the appropriate monitoring, supervision and review of chemical restraint within Designated Centre.

**Proposed Timescale:** 30/11/2014

**Theme:** Safe Services

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

The least restrictive form of chemical restraint with the shortest duration of action was not consistently used.

**Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

1. An Antecedent Control Template will be in place for all residents to support the use of least restrictive practice.
2. Documentation will be completed to ensure the recording of the use of least restrictive practice and the use of chemical restraint .
3. A Positive Behaviour Support Committee is in place and will support residents from this Designated Centre in the development of a comprehensive Positive Behaviour Support Plan with a functional analysis of behaviour of concerns.

**Proposed Timescale:** 31/01/2014

**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:**

Resident-specific management plans for the treatment of status epilepticus were not current and would not effectively guide staff.

**Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

All epilepsy plans have been reviewed and updated for residents within this Designated Centre using a revised template.

**Proposed Timescale:** 30/11/2014

**Theme:** Health and Development

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

Each individual prescription did not contain an authorisation from the prescriber to crush medications where appropriate.

**Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

An Audit will be completed on all Kardex's to ensure that all crushed medications are included as per best practice policy.

**Proposed Timescale:** 30/11/2014

**Theme:** Health and Development

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

References to identify and confirm prescribed medication in the pouched compliance aids were not comprehensive.

**Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Designated Centre will ensure that the Pharmaceutical Company will supply pouched compliance aids for all medications for all residents.

**Proposed Timescale:** 21/12/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The number of staff was not appropriate to the number and assessed needs of the residents.

**Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

1. A dependency review of residents has taken place for this Designated Centre
2. Additional staffing has been allocated to this Designated Centre
3. A full roster review which includes a review of staff skill mix is taking place and when completed will guide the appropriate levels of staffing and skill mix to meet the assessed needs of residents.

**Proposed Timescale:** 31/12/2014

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Medication administration sheets were left blank at a number of times where medication was due to be administered.

**Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

1. Appropriate follow up took place with staff with regard to ensuring medication administration sheets are completed as per the Orders Person Centred Medication policy.
2. An Audit will take place with regard to compliance with the Medication Policy for this Designated Centre to ensure continued best practice.

**Proposed Timescale:** 31/12/2014