

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003992
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Ciara McShane
Support inspector(s):	Carol Grogan;
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
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 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: 09 April 2015 08:00 To: 09 April 2015 13:30

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

Outcome 05: Social Care Needs
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs

Summary of findings from this inspection

The unannounced inspection of the designated centre took place over one day with two inspectors. It was a focused inspection; outcomes including safeguarding and resident's health care needs were reviewed.

In general the inspectors found, on the day of inspection, that residents received care that, for the most part, met their assessed needs. Care plans were found to be in place and offered clear guidance to staff delivering the care and support. Input from allied health professionals was evident as too was a multidisciplinary approach to the delivery of care. Improvements were required to ensure that care plans were fully up to date post a change in need and that information collected as part of the care plan, such as observations, were measurable and linked to the plan of care.

The inspectors found that for some residents, where required, there were behaviour support plans in place. Further development regarding the behaviours support plans was required to ensure that all residents who required one had one in place. Other areas for improvement regarding safeguarding were highlighted at the time of inspection. Once a safeguarding form was completed it was unclear how these were then managed from a governing perspective. The overall findings from the inspection and the actions are outlined in the body of the report and 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 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):

Findings:

The inspectors reviewed a sample of resident's personal plans. The inspectors saw that where health-care needs had been identified for residents care plans were developed and implemented. For the most part resident's personal plans were reviewed at a minimum annually. Where residents care plans such as eating, drinking and swallowing outlined the need for observations these were available for the inspectors to review and found to be up to date. It was evident from a review of resident's personal plans that there was multidisciplinary input. The care plans were clear and provided guidance to staff ensuring consistent care.

Areas of improvement were identified in relation to personal plans. Further detail was required regarding care plans to ensure where an appointment had been attended or where a resident was reviewed that this was reflected in the plan of care to ensure staff provided care in line with the most recent directive. It was also not evident that where observations had occurred and changes were noted it was not always evident that appropriate action had taken place in line with evidence based best practice. For example where it had been noted that a resident's weight had changed it was unclear what action had been taken. Further clarity was also required regarding observations such as fluid/food intake. Staff were recording the amount of fluid/food for residents, if the staff member determined it to be a good intake such as 75-100% this was denoted as GF. However it was unclear what the resident's baseline was regarding fluid/food intake therefore the observations of staff were not entirely reflective of the resident's individual needs.

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):**Findings:**

The inspector reviewed the personal plans for residents and found that not all residents who required a behavioural support plan had one in place. The inspector found that referrals had been sent to the behavioural support specialist requesting that behaviour support plans be completed for a number of residents, four in total. In the interim the person in charge and the care staff team had commenced collating data on the behaviours which would assist in the development of the behaviour support plan.

The inspector reviewed a behaviour support plan that had been developed for a resident. Improvements were required to ensure that the plan offered clear guidance to staff ensuring the response and care from staff was consistently achieved. The behaviour support plan, which was developed by the behaviour support specialist using information collected by staff, was extremely detailed. The behaviour support plan outlined in great detail information about the behaviour such as the hypothesis of function. All staff working at the centre were not trained in managing behaviour that challenges or behavioural support therefore technical language such as this may pose a difficulty for staff in providing consistent support. The behavioural support plan required greater simplicity to ensure the behaviour was clearly outlined, along with the triggers and proactive/reactive strategies.

The inspector saw systems in place for staff to record potential safeguarding incidents. Staff used a safeguarding form to detail this. For example the inspector saw incident forms where bruises had been found or where there were peer to peer interactions. Safeguarding forms were then completed by staff and forwarded to the safeguarding team by the person in charge. However it was unclear what the response or follow up was at a senior level.

Judgment:

Non Compliant - Major

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):**Findings:**

The inspectors reviewed a sample of resident's personal plans. Each resident had access to a general practitioner who was made available to residents. The inspectors saw that where health-care needs had been identified for residents care plans were developed and implemented. It was evident that residents were connected to allied health professionals. The inspectors reviewed referrals made to professionals such as speech language therapist and saw details logged of the subsequent appointment. Guidelines from specialists such as speech and language therapy and dieticians were seen integrated into residents care plans which were developed to meet specific needs. The inspectors also saw evidence of residents receiving health checks such as those of an age related nature.

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:

Ciara McShane
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 John of God Community Services Limited
Centre ID:	OSV-0003992
Date of Inspection:	09 April 2015
Date of response:	12 May 2015

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 05: Social Care Needs

Theme: Effective Services

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

Care plans were not at all times update to reflect changes as a result of an appointment or a review.

Action Required:

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

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- The Person in Charge will ensure that each staff member is aware and has signed off on the local Standard Operation Procedure on Review of Individual Person Plan.
- A full review of each resident's personal plan will take place to ensure the information contained is accessible and specific to each Designated Centre. This process will also address any duplication of information.
- The Person in Charge will ensure that each keyworker will immediately update the resident's personal plan following any appointments or reviews, to reflect any changes to ensure effective care delivery.
- The Person in Charge will develop an appointments calendar for each resident's personal plan to identify follow up reviews with Allied Healthcare Professionals.
- The Person in Charge and Clinical Nurse Manager will audit this practice to measure its effectiveness.
- The Person in Charge will develop a template for daily hand over of reports, which will include any changes to resident's plans of care, to ensure all staff are aware of the necessary recommendations to follow.

Proposed Timescale: 07/09/2015

Theme: Effective Services

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

Further amendments were required to the personal plans to ensure they reflected all aspects of residents needs. For example:

- it was unclear what the baseline was for resident's regarding fluid/food intake
- it was unclear how resident's needs were being met when there was a change for example an increase/decrease in weight.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

- The Clinical Nurse Manger was in consultation with the dietician on 30/04/2015 to discuss each resident's nutritional plans, to determine each resident's nutritional baseline and the following actions will be implemented:
- Each resident will have a detailed three day food diary recorded and following these

results, each resident's nutritional intake baseline will be identified.

- These food dairy's will be recorded every six months and more frequently in high risk individuals.
- New menus and a new ordering system are being developed by the dietician and catering department which will require special diets & dietary requirements to be clearly labelled and records kept of these in the houses and the kitchen
- In menu folder in each area will have additional dietician information included to support good nutritional intake
- A recording sheet is being developed as part of a new nutritional plan to monitor fluid and food intake.
- Person in Charge will ensure that each keyworker has updated each resident's MUST scale every three months or as required and depending on MUST score make relevant changes to the personal plans and referrals.
- A Wellbeing/Nutritional Multi-disciplinary Committee has been established for residents within all Designated Centre's to ensure compliance with National Standards and guidelines. As part of the work of this committee, they will review local Standard Operating Procedure and documentation, including the fluid and food intake charts, nutritional assessment charts. This Designated Centre will pilot new recording charts.
- Information sessions will be presented to staff on good nutritional practices/ induction to local Standard Operating Procedure and completion of appropriate records and documentation.

Proposed Timescale: 07/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

All staff within the centre did not have the appropriate training to respond to behaviours that challenge.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

A training schedule is developed monthly for the Service. The Clinical Nurse Manager identifies staff to attend training in management of behaviours that challenge in line

with the training schedule.

Proposed Timescale: 30/12/2015

Theme: Safe Services

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

Although referrals have been submitted to request behavioural support plans, all residents that require a behavioural support plan did not have one in place.

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:

- The Person in Charge has reviewed each resident's behaviours that challenge and has identified residents who require a behaviour support plan and referrals have been made to the Positive Behaviour Support Committee. Each resident's keyworker has commenced collecting data to inform the functional assessment associated with the Positive Behaviour Support Plan.
- To support the implementation of each Positive Behaviour Support Plan an accessible user friendly overview for each resident will be completed.
- The Person in Charge will ensure that each staff member is fully inducted into each Positive Behaviour Support Plan with sign off.
- All residents who have a restrictive practice in place and who present with behaviours that challenge are referred to the Positive Behaviour Support Committee for review.

Proposed Timescale: 14/07/2015

Theme: Safe Services

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

From a review of the safeguarding forms it was unclear how these were being managed once sent to senior management.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- The Senior Management of the Service has commissioned a full review of Safeguarding Systems, Processes, and Procedures to ensure compliance with the Corporate and National Safeguarding Vulnerable Adult Policies and Legislation. All recommendations will be actioned to ensure best practice approaches in responding to

all safeguarding concerns.

- All safeguarding concerns relating to this Designated Centre are reported to the Designated liaison Person.
- The Person in Charge will develop a tracking system relating to all safeguarding which will be discussed as part of the weekly Designated Centre Team meetings chaired by Person In Charge and attended by Director of Care and Support to ensure compliance with local and national policy.

Proposed Timescale: 31/07/2015