Pampuri Lawns, OSV-0005645, 01 April 2019

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Pampuri Lawns
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	01 April 2019
Centre ID:	OSV-0005645
Fieldwork ID:	MON-0026404

About the designated centre

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

Pampuri Lawns is a residential designated centre made up of two houses in two different locations in a busy suburban town. Birchview Lawns is a seven bed-roomed house with an adjoining apartment located in a close knit community. One of these bedrooms is used as an office and one is used as a sleepover room. It is a semi-detached house with ground floor apartment attached. There is one sitting room, a kitchen/dining area, two showering and bathroom areas.
The adjoining apartment has one bedroom, a bathroom and a kitchen/dining area. There is a front and back garden both of which are accessible by the house and the apartment. The second house, Pampuri, is a four bedroom two storey house. This house also has a sitting room, a communal sitting room/kitchen/dining area, two bathrooms and a staff office. There is a garden area at the back of the house for the residents and their families. The staffing team consists of social care workers and care assistants. Residents also have access to multi-disciplinary services including occupational therapy, physiotherapy and speech and language therapy. One social care leader oversees the two houses.
Birchview Lawns is a community house that supports six residents. Pampuri currently supports four residents. All residents have an intellectual disability. The aim of Pampuri Lawns is to support residents to live as independently as they can in their community and to enable them to plan for and achieve their goals they set in their lives. This includes goals in all aspects of their lives including social, health and work related ambitions.

The following information outlines some additional data on this centre.

Current registration end date:	21/01/2021
Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
01 April 2019	09:00hrs to 18:00hrs	Sinead Whitely	Lead
01 April 2019	09:00hrs to 18:00hrs	Erin Clarke	Support

Views of people who use the service

The inspectors had the opportunity to meet with eight residents on the day of inspection. Some residents communicated their views verbally and others used non verbal methods to communicate.

The inspectors observed residents going about their daily routines, getting ready to attend their preferred daily activities and then coming home in the afternoon and evening. The inspectors also observed staff supporting residents with evening mealtimes following their return to the designated centre. This appeared to be a comfortable, relaxed and familiar experience between staff and residents.

One resident showed an inspector their own room and how they had decorated it with pictures they had created. The resident appeared proud and happy with their space and verbally communicated they were very happy living in the house and liked the staff who supported them. Another resident lead inspectors around their home and showed them their garden where they had completed some garden activities.

No complaints were communicated with the inspectors on the day of inspection.

Capacity and capability

Overall, the provider and management team were endeavouring to provide a safe and comfortable home for the residents living in the designated centre. Marked improvements were observed in the designated centre since the previous inspection, with the majority of actions addressed within a short time frame. Some further improvements were needed in areas including training and staffing levels.

There was a clearly defined management structure that identified lines of authority and accountability. Members of management were completing regular audits in the designated centre that were driving improvements. The majority of actions from the previous inspection had been addressed.The person in charge had adequate oversight and monitoring of the designated centre and and had a high level of insight into the residents individual support needs. There was an on call management system in place for staff to call outside of regular working hours, if management support was needed. There was a quality improvement plan in place highlighting any ongoing issues and areas in need of improvement. Evidence of appropriate follow up from actions identified were observed. This demonstrated improvement.

The registered provider had ensured that staff had access to appropriate training. This included training in manual handling, fire safety, the safeguarding and protection of vulnerable adults, children's first, behaviour management, medication management, epilepsy management and cardiopulmonary resuscitation (CPR). Staff spoken with were knowledgeable regarding the training they had received and this appeared to be guiding practice. However, one staff had not received training specific to meet the needs of one resident. Furthermore, not all staff had received refresher training in areas including medication management, manual handling and epilepsy management. There were no records of staff supervision available on the day of inspection.

There was an actual and planned staff rota in place that reflected staff on duty. An internal relief staff panel was in place that was utilised to cover times of staff annual leave and illness. Residents were familiar with these staff members and this promoted continuity of care and support when regular staff were unavailable. The use of unfamiliar agency staff was used in the event that internal relief staff were not available. Use of unfamiliar staff had been notably reduced since the previous inspection.

One house was appropriately staffed to meet the assessed needs of the residents. However, inspectors noted one house did not have adequate staffing levels to meet the assessed needs of the residents at all times. Staffing levels were observed to be one staff member supporting five residents in this house. This was having an impact on residents partaking in individualised recreational activities including going on holidays and attending person-centred weekend activities. This also meant that if a resident became unwell and had to stay home, adequate support levels were not in place to ensure that all residents could still go about their planned activities.

No complaints were communicated with the inspectors on the day of inspection. The complaints procedure was prominently displayed in the designated centre and this was accessible to the residents living there. There was a designated complaints officer whom staff and residents were familiar with. Any complaints made by residents had been appropriately addressed. Measures required for improvement in response to a complaint were put in place since the previous inspection. Details of advocacy services available to residents were also in place in the designated centre.

A statement of purpose was in place on the day of inspection that adequately described the service being provided. All items set out in Schedule 1 were included in this version and it was subject to regular review.

Regulation 15: Staffing

One house was appropriately staffed to meet the assessed needs of the residents. However, one house did not have adequate staffing levels to meet the assessed needs of the residents. This was having an impact on residents partaking in recreational activities.

Judgment: Not compliant

Regulation 16: Training and staff development

Not all staff had received training specific to the needs of one resident. Not all staff had received refresher training in areas including medication management and manual handling. There were no records of staff supervision on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The majority of actions from the previous inspection had been addressed. There was a clearly defined management structure that identified clear lines of authority and accountability. Members of management were completing regular audits in the designated centre that were driving improvements.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place on the day of inspection that adequately described the service being provided. Some grammatical errors were identified that have been changed since the day of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

No complaints were communicated with the inspectors on the day of inspection. The complaints process was prominently displayed in the designated centre. There was a designated complaints officer whom staff and residents were familiar with. Any complaints made by residents had been appropriately addressed.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the registered provider and person in charge were striving to promote a good quality service for the residents. However, some improvements were needed in relation to fire safety and healthcare.

All actions regarding premises had been followed up from the previous inspection. The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents. Residents bedrooms were individual and decorated to suit their preferences. An additional communal area had been implemented in one house since the previous inspection. New carpeting had been installed and paintwork had been carried out. Both houses were accessible to the residents living there. The person in charge and members of management were identifying areas in need of improvement.

There was a system in place for the assessment, management and ongoing review of risk. Risk assessments that were completed were individualised and comprehensive. Risk assessments were completed following adverse incidents and regular referrals were being made by staff to members of the multi-disciplinary team to reduce potential risks identified. In general, risk measures in place ensured the reduction of risk and the safety of the residents. However, not all risks identified by inspectors in the designated centre on the day of inspection had been assessed. Specifically in relation to risks posed secondary to residents being on their own in the designated centre.

All staff had received training in the safeguarding and protection of vulnerable adults. The inspectors reviewed a number of residents progress reports and a sample of the centres accident and incidents log and found that any safeguarding concerns identified had been notified to the Office of the Chief Inspector. Any concerns had been treated in a serious and timely manner and had been investigated and escalated in line with national policy. The person in charge had initiated and put in place investigations in relation to any incidents of alleged abuse. Safeguarding plans were in place where appropriate. Staff spoken to were knowledgeable about the safeguarding of vulnerable adults and knew who to raise concerns with.

Since the previous inspection a review of the personal plans of the residents had occurred to better capture the assessed needs and supports required to assist with all aspects of the residents' daily lives.The urgent healthcare needs of the residents had been responded to and the necessary referrals has taken place. Through a review of the healthcare needs currently presenting in the designated centre and the supports in place to meet these needs, inspectors were satisfied that the majority of residents with healthcare needs were provided for in terms of regular reviews and care planning updates. For example from a review of a sample of the personal plans the inspector identified that comprehensive support plans had been developed to provide clear and concise guidance to staff to direct care relating

to residents' assessed needs with evidence of medical and health allied health professionals such as Occupational Therapy and Speech and Language Therapy. However, inspectors identified for one resident, recommendations from a physiotherapist for the prevention of falls had not been implemented.

The inspector observed resident's rights being well supported through on-going consultation, reviews and staff key working. The assessment of need required further development to ensure that it captured all aspects of the residents' personal and social care needs, improvements were required in the goal planning process as there was a lack of evidence that identified goals were being progressed. For example, one plan identified the goal of learning how to communicate through a software application on the Internet, this was in place since April 2017 and progress to date was unclear. It was identified by staff in key working reports that there was a barrier in completing goals as a result of staff and time availability.

Overall, arrangements were in place to take adequate precautions against the risk of fire. Suitable fire equipment including smoke detectors, fire extinguishers, emergency lighting and fire panels were in place that were regularly and adequately serviced. Arrangements were in place for the containment of fire in the designated centre. Fire drill evacuation times in one house had considerably reduced since the previous inspection. However, the most recent evacuation drill in one house had taken a considerable length of time. This drill had occurred in November 2018 and there was no evidence of learning from this or no evidence of efforts to reduce the evacuation time since this date. There were no safe arrangements in place to adequately evacuate one resident in the event of a fire. An individual emergency evacuation plan was in place for this resident, however this did not always ensure the resident would safely evacuate. The provider was awaiting further instruction from a fire specialist regarding adaptive equipment that may be used for this resident in the event of a fire.

The inspectors observed one practice, on the day of inspection, in relation to residents personal care that did not promote the prevention and control of healthcare associated infections. Furthermore, one house in the designated centre was identified as needing further deep cleaning. Surface dust was observed on the house window sills and staircase. Staff cleaning schedules in place were being completed regularly by staff but were not adequately addressing these issues.

Regulation 17: Premises

All actions regarding premises had been followed up from the previous inspection. The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a system in place for the assessment, management and ongoing review of risk. However, not all risks identified in the designated centre on the day of inspection had been assessed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspectors observed one practice in relation to personal care that did not promote the prevention and control of healthcare associated infections. Furthermore, one house in the designated centre was identified as needing further deep cleaning. Surface dust was observed on the house window sills and staircase.

Judgment: Not compliant

Regulation 28: Fire precautions

Arrangements were in place for the detecting, containing and extinguishing of fires. However, there were no safe arrangements in place to adequately evacuate one resident in the event of a fire. An emergency evacuation plan was in place that did not always ensure the resident would safely evacuate. The provider was awaiting further instruction from a fire specialist regarding adaptive equipment that may be used for this resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, the resident's well being and welfare was supported through a good standard of evidence based care and support. There was an established care planning system which incorporated an assessment of needs process from which care plans/interventions were developed, reviewed and evaluated. Improvements were required in the goal planning process to ensure that social and personal care needs were met.

Judgment: Substantially compliant

Regulation 6: Health care

From reviewing records and talking to staff members inspectors were satisfied that healthcare was provided for the majority of residents in line with residents' personal plans while access was facilitated to allied health professionals if required. However, inspectors identified that improvements were required in implementing recommendations from allied health professionals.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had received training in the safeguarding and protection of vulnerable adults. The person in charge had initiated and put in place investigations in relation to any incidents of alleged abuse. Safe guarding plans were in place where appropriate.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Pampuri Lawns OSV-0005645

Inspection ID: MON-0026404

Date of inspection: 01/04/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • A review of the current rosters in the designated centre will be conducted. • From this, amendments will be made to the roster to ensure there is adequate staffing and address the impact on residents' activities.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Refresher training in medication management completed training on the 29/4/19. • Staff requiring Epilepsy training received the training on the 29/4/19. • All staff are in date with the manual handling training and staff are scheduled for refresher training as needed. • Supervision schedule was in place on the day and evidence of the dates that supervision had taken place and the topic of the meeting was evident. Minutes and notes of supervision sessions will be kept in a secure location and will be available for review at the request of the inspector and permission of the staff member.	

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• A fire drill will be conducted with the resident who remains in the house on their own. Further fire evacuation education work has been conducted with the resident to ensure they are updated on the importance of fire safety.

• The risk assessment and PEEP will be reviewed after each drill and the individual drill will be completed every six months.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• Deep clean was carried out in both locations on the 4/4/19.

• Staff that require infection control training have been asked to complete this HSELand module online and submit certificates to PIC and HR when completed.

• Staff are to purchase individual toiletry caddies for the residents to ensure that their items are kept individual.

• Infection control policy will be discussed at both team meetings and minuted.

• Cleaning schedule is in place in both locations and the PIC will conduct spot checks to ensure it is being adhered to.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The fire department was scheduled to visit the location on the 8/5/19 but due to unforeseen circumstances at the station they have rescheduled for the 14/5/19. Advice

from this meeting will be taken on board and any equipment recommended, along with the updating of PEEP's and risk assessments will be carried out.

• Education work continues with the resident about the importance of fire safety and staff will link with psychology to try alternative strategies to support the resident to evacuate in the event of a fire.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• Additional support will be sought from the Assistive Technology Coordinator for the resident and staff team with the "iPlanit" application. This supports the residents to document their goal setting and achieving process in any accessible and meaningful way.

• The PDP process and procedure will be discussed with the staff at the team meeting, this will also be available to the staff in the policies and procedures folder in the offices.

• The PIC and Coordinator will also discuss SMART goals with the staff teams to ensure they are informed how to support the residents and their circle of support with good goal setting.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• Recommended utensil for resident was purchased on the 1/4/19.

• The recommendation of the red strip for the other resident has been completed

• All other recommendations were carried out on the day of inspection.

• PIC to meet with the staff to remind them of the requirements of their role to ensure that recommendations from MDT are carried out in a timely manner.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall 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.	Not Compliant	Orange	30/08/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	29/04/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately	Not Compliant	Orange	31/05/2019

	supervised.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2019
Regulation 27	The registered provider shall 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.	Not Compliant	Orange	12/07/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/08/2019
Regulation 05(2)	The registered provider shall ensure, insofar as	Substantially Compliant	Yellow	31/07/2019

	is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/07/2019
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	14/06/2019