### Centre Information

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>ORG-0011514</td>
</tr>
<tr>
<td><strong>Centre county:</strong></td>
<td>Louth</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:Teresa.king@sjog.ie">Teresa.king@sjog.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>St John of God Community Services Ltd</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>John Pepper</td>
</tr>
<tr>
<td><strong>Person in charge:</strong></td>
<td>Teresa King</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Sonia McCague</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>18</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
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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 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: 08 May 2014 08:30
To: 08 May 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</tbody>
</table>

Summary of findings from this inspection
The designated centre comprises of 4 residencies in the community. This was the first inspection of the centre.

Staff members who communicated with the inspectors emphasised the importance of promoting a social care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences and choices and maximising their independence. The inspectors found many examples which evidenced this philosophy of care, for example two residents showed the inspectors their personal care plans and highlighted the aspects of the plans which demonstrated their achievements and hobbies/interests.

The inspectors found that the privacy and dignity of residents was respected and staff had developed relationships with the residents which assisted them to interpret the residents’ non-verbal mode of communication so that residents could be assisted to make decisions about their care and day to day life in the centre. Inspectors noted that there was input from a multidisciplinary team and that plans were regularly reviewed.

In the main the location, design and layout of the premises, were suitable for residents’ use, however, some maintenance issues were highlighted and there was
insufficient space in some residents’ bedrooms.

The health and safety of residents, visitors and staff was promoted and protected as staff were vigilant in the identifying, analysing and controlling risks. There was evidence of a risk management policy (in draft form) however, a risk register was not being maintained.

While there was a service level agreement it did not fully meet the requirements of the legislation and the statement of purpose had not been compiled in accordance with the schedule in the legislation.

There were appropriate staff members and skill mix to meet the assessed needs of residents, however, the inspectors heard that at times in the past there have been limitations regarding having one staff on duty for example if a resident requires/wishes to go out all the residents must also make the journey.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.
**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 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

**Judgement:**
Compliant

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

**Findings:**
The inspectors observed that some residents communicate nonverbally and saw that staff had developed relationships with the residents which have included learning their non-verbal modes of communication in order to advocate on their behalf. In this way residents are consulted and participate in the centre’s daily routines such as mealtimes and choices of food. There was evidence that residents have access to an independent advocacy service and indeed one resident had used the service.

The inspectors saw that residents had their own bedrooms space and each room was decorated in accordance with the residents’ wishes and preferences. Staff were aware of the importance of residents wishing to meet family members or others in private and therefore on these occasions made available an area for residents which could be used for this purpose.

The inspectors were informed that a record is maintained of residents’ belongings and personal possessions. Some residents communicated to the inspectors that they manage their own banking and where management systems were in place for managing residents’ finances this included the signatures of 2 staff members on records relating to the transaction of residents’ monies.

The inspectors were informed that there is a complaints policy and procedure and that currently there are no ongoing investigations. The person in charge is the nominated person to manage complaints. This policy had been interpreted in an accessible format for residents for example pictorial form and one resident was able to identify the staff member who would address any expression of dissatisfaction.
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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The agreement for the provision of services to residents entitled "Service Level Agreement" was available and contained information with regard to the support, care and welfare of the resident, included details of the services to be provided for that resident but did not fully detail the fees relevant to all aspects of care and accommodation and in one circumstance the fees identified were inaccurate.

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

**Judgement:**
Non Compliant - Minor

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

**Findings:**
In total the designated centre accommodates 18 residents who have a diagnosis of moderate to severe intellectual disability and 2 residents are assessed as having dementia. While there were a number of risk assessments carried out including the dependency level of residents there was no guidance regarding the interpretation of the assessed level and some of these forms were not signed and dated. See outcome 18 Records for action plan.
Overall the inspectors found that the arrangements to meet residents’ assessed needs were set out in an individual personal care plan. These showed that there were services and supports in place to assist the residents to achieve a good quality of life. For example each resident had their personal care plans, goals and lifestyles reviewed on a regular basis. There was evidence of referrals and meetings with key significant personnel in the lives of residents including psychologist, behavioural therapist, occupational therapist, community nurse, care staff, key workers and family members. A behaviour therapist and psychologist are available to assist/support residents and care staff. Residents were very much involved in the compiling of the personal care plans as two residents agreed to show/explain their plans to the inspectors. The personal care plans were drawn up on a holistic approach to care and included the social, emotional, psychological and health care needs of the residents. They contained information in relation to their aspirations including friendships and relationships. From all of the evidence presented to the inspectors it was clear that residents are involved in a variety of activities including attending an activation programme, developing social relationships and attending a variety of social outings/occasions. Other activities include shopping, going swimming, yoga, reflexology and attending the cinema.

Staff in their communications with the inspectors demonstrated that they were knowledgeable of residents' needs and there was evidence of behaviour management plans and risk assessments in respect of residents’ daily living routines for example travelling by bus. Inspectors saw that residents' communication needs are identified in the residents’ personal care plan for example the use of pictorial aids.

### 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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The designated centre consists of 4 individual houses in the community. These were set in their own grounds with ample car parking facilities. In general, the design and layout of the centre was suitable to meet the assessed needs of residents with the exception of 2 bedrooms which had limited space for residents’ use. In this house the staff bedroom accommodation was more ample than the residents’ bedroom accommodation and unlike the resident’s bedroom contained an en-suite shower.
Some premises required to be redecorated and equipment which was not in use to be removed for example a cubicle shower as the entrance door to the shower room opened unto it reducing the space for residents to use the wet room shower. The community houses within the designated centre were homelike and residents had their own individual bedrooms which they personalised to their taste and preferences. The furnishings were modern and lighting conducive to relaxation. There was good access to safe external grounds and a variety of outdoor equipment. Residents’ homes were warm and comfortable. Inspectors observed that residents had adequate space for their own personal possessions. There were separate kitchen areas and sufficient cooking facilities. Inspectors observed residents preparing their own drinks and having a snack.

### Outcome 07: Health and Safety and Risk Management

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

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Major

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

**Findings:**
While there was a policy (in draft form) in respect of risk management the inspectors found that the health and safety of residents, visitors and staff was promoted and protected, however, a risk register was not maintained. There was a system for responding to emergencies. Residents were sufficiently protected as standards for the prevention and control of health care associated infections were in place. There were adequate precautions in place against the risk of fire as there was evidence of fire drills carried out at appropriate intervals within the designated centre and each resident had an individual evacuation plan informing staff of the support residents require in the event of an emergency. One resident described to the inspectors what to do in the event of the fire alarm sounding. Inspectors saw that fire exits were not obstructed.

### 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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The designated centre has a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse. The designated person responsible for the investigation of allegations and suspicion of abuse was prominently displayed throughout the designated centre in a pictorial form which made it accessible to residents. Staff who communicated with the inspectors were knowledgeable of what to do in the event of an incident, allegation or suspicion of abuse. The inspectors reviewed the systems in place regarding the positive behavioural support plans and found that staff had access to specialist and therapeutic interventions, however in some instances the plans did not describe the behaviours which were challenging and the actions/interventions necessary to mitigate against the behaviours.

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**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
From an examination of documentation and the views of residents and staff it was evident that residents are supported on an individual basis to achieve and enjoy the best possible health. There was a health care plan available in the residents’ care planning documentation. This showed evidence of referrals and appointments to residents’ GPs and Allied health professionals for example physiotherapists, opticians and speech and language therapists. However the inspectors noted that there was insufficient health screening for a resident. Residents’ views were sought in respect of preferences for a general practitioner.

Residents had opportunities for new experiences and this was progressed through their
goal planning. For example one resident had participated in a course regarding relationships and other residents had participating in all aspects in relation to moving house. Inspectors noted that the health care and risk assessments were carried forward from where the residents had previously resided and had not been updated when residents relocated to their current premises.

From the menus made available to the inspectors it was considered that residents’ had nutritional and varied meals which were made available at times suitable to the residents. In general, residents had breakfast and an evening meal in their homes and had lunch at the day centre they attended. Residents were encouraged to have snacks and there was evidence of fruit bowls in the kitchens. Residents were being weighed on a regular basis and some residents informed the inspectors that they were satisfied with this aspect of their care.

**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

**Judgement:**
Non Compliant - Minor

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

**Findings:**
While there was a statement of purpose which described the services, facilities and care provided to meet the diverse needs of residents and which contained, in the main, the information set out in schedule 1 of the legislation the following points were noted: –

- The document contained abbreviations which had not been fully described.
- There was a variety of adjectives used to describe the word "resident"
- Adequate measures taken in respect of "Other Emergencies" had not been adequately described.
- The admission policy procedure had not included the exclusion criteria.
- The document was written pertaining to the resident as opposed to general information.
- The designated centre was insufficiently described.
### 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

**Judgement:**
Compliant

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

**Findings:**
The inspectors saw that there was adequate staff on duty to meet the needs of residents. However the inspectors heard that at times in the past there have been limitations to having one staff member on duty for example, if a resident requires/wishes to go out all the residents must also make the journey. The staff members demonstrated that they had knowledge of residents’ care needs and were aware of the necessity to have continuity of staff in the provision of care to residents. There was evidence of staff having participated in training relevant and to meeting the needs of residents such as physical management of aggression, moving and handling, fire safety training and food hygiene.

### 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

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
**Findings:**
The inspectors were informed that the centre has the policies and procedures as per schedule 5 in place and currently some of these are being reviewed and updated. The inspectors examined some of the following records to be kept in the centre in respect of each resident and found that these were being maintained satisfactorily: –
- The assessment of residents’ needs and the resident’s individual personal plan.
- The directory of residents.
- Medical assessment, treatment and care provided by the residents’ medical practitioner.
- The occasions on which restrictive procedures were used in respect of one resident. However there was no guidance regarding the interpretation of the assessed level of dependency of residents and some of the forms/ documents were not signed and dated.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Centre name: A designated centre for people with disabilities operated by St John of God Community Services Ltd

Centre ID: ORG-0011514

Date of Inspection: 08 May 2014

Date of response: 05 June 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:
The fees relevant to all aspects of care and accommodation had not been fully identified and/or were inaccurate.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. A Corporate Application for Supports Policy which informs contracts of care for residents will be presented to the Board of Saint John of God Community Services Ltd in June 2014. On approval from the Board this policy will be rolled out to each Designated Centre and all staff will be inducted into this with immediate implementation.

2. A group at corporate level within Saint John of God Community Services Ltd with involvement from the Quality and Programme Department and Finance Department is currently being developed with appropriate terms of reference. This Group will be recommending standardised charges and allowances for residents across Saint John of God Community Services and this will inform part of the contract of care for residents.

3. The fees charged to the resident as identified during the Inspection visit are now documented in her Financial Passport Form and have been discussed with the resident and with her family. (Complete)

Proposed Timescale: 31/08/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two residents’ bedrooms had limited space for residents’ use and unlike the staff sleep over bedroom did not have an ensuite.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
1. The existing staff room will become a resident’s room which will provide more appropriate space for one resident with access to an en-suite. The transitioning for the resident into this room has commenced and will be completed by 10.05.14
2. One resident is using a room which has limited space and this will be reviewed in the context of the overall Development Plan for the provision of appropriate residential accommodation to residents within the North East Services. A draft Developmental Plan is available with the final Development Plan to be completed by 25.07.14.
3. A decision has been made that should a resident vacate this premises that this vacancy will not be filled going forward.

Proposed Timescale: 25/07/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some premises required to be redecorated,
<table>
<thead>
<tr>
<th><strong>Action Required:</strong></th>
<th>Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.</th>
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</thead>
<tbody>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>An immediate Action Plan was commenced to address the re-docoration needs of one premises and this involves residents in the planning and decision making process around colours of paint and general decoration.</td>
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<tr>
<td><strong>Proposed Timescale:</strong></td>
<td>20/06/2014</td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
<td>Effective Services</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The location of a cubicle shower which was not in use by residents reduced the space for residents in the wet room shower as the door of the shower room opened unto the cubicle.

**Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
A plan is in place to remove the Cubicle Shower on 09.06.14 to ensure more appropriate space for the residents.

**Proposed Timescale:** 09/06/2014

**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:**
A risk register was not maintained.

**Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
1. Saint John of God Hospital Ministries Corporately are currently exploring the services of a specialist Risk Management Company who will (a) Provide Specialist Advice to St John of God North East Services on the development of a Service Risk Register including a local risk register for the Designated Centres and (b) provide Risk
Management Training to staff at all levels across the service including all residential staff with a view to developing their competencies in taking a proactive role in the management of all risks within the Designated Centre and to effectively develop appropriate risk assessments for their Designated Centres.
2. The full completion of all aspects of this Risk Management Strategy for this designated Centre is expected to be completed on 31/12/2014.

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

### 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:**
In some instances the positive behavioural plans did not describe the behaviours which were challenging and the actions/interventions necessary to mitigate against the behaviours.

**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. The Clinical Nurse Specialist is conducting an Audit of all Behaviour Support Plans for this Designated Centre with a view to ensuring that all Behaviour Support Plans describe the behaviours which were challenging and the actions/interventions necessary to mitigate against the behaviours.
2. A staff member within this Designated Centre is currently undertaking an Longitudinal Multi Element Behaviour Support Training Programme facilitated by the Saint John of God Callan Institute. As part of this training programme the staff member is currently carrying out a Functional Analysis on behaviours presented by one resident and will develop and implement an appropriate Positive Support Plan for this resident, the absence of which was identified during the Inspection visit.
3. A schedule of training on Positive Behaviour Support Management will be implemented for all staff within this Designated Centre to ensure compliance with best practice policy and a consistent approach to the management of behaviours that challenge.

**Proposed Timescale:** 30/09/2014
<table>
<thead>
<tr>
<th>Theme: Health and Development</th>
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**Outcome 11. Healthcare Needs**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was insufficient health screening for a resident.

**Action Required:**
Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within the wider community.

**Please state the actions you have taken or are planning to take:**
1. An appointment has been made for this Resident who was identified during the Inspection visit to have completed the health screening on 06.06.14
2. An Audit of Health Action Plans for all residents within this Designated Centre will be completed to ensure that all actions as identified for each resident has taken place with appropriate follow-up from a health screening perspective

**Proposed Timescale:** 31/07/2014

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<th>Theme: Health and Development</th>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Health care and risk assessments carried forward from where the residents had previously resided had not been updated when residents relocated to their current premises.

**Action Required:**
Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within the wider community.

**Please state the actions you have taken or are planning to take:**
1. The Health Assessment and Risk Assessment has been up-dated for the Resident identified during the Inspection visit who relocated to their current premises.
2. An Audit of Health Action Plans for all residents within this Designated Centre will be completed to ensure that all actions as identified for each resident has taken place with appropriate follow-up from a health screening perspective

**Proposed Timescale:** 31/07/2014
Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not meet the requirements of schedule 1 of the legislation as the following points were noted: –
• The designated centre was insufficiently described.
• Adequate measures taken in respect of "Other Emergencies" had not been adequately described.
• The admission policy procedure had not included the exclusion criteria.
• The document was written pertaining to the resident as opposed to general information.
• The document contained abbreviations which had not been fully described.
There was a variety of adjectives used to describe the word "resident"

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
1. The Statement of Purpose for this Designated Centre will be fully amended to include the points as identified during the Inspection and this will be completed by 06.06.14

Proposed Timescale: 06/06/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no guidance regarding the interpretation of the assessed dependency level of residents and some of forms/ documents were not signed and dated.

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. All forms and documents as identified during the Inspection visit have been signed and dated and each key-worker has been made aware of the importance of this through the staff team meetings.
2. Saint John of God Community Services Ltd have commissioned a full staffing review for this Designated Centre which will take account of the assessed levels of dependency
of each resident and the supports required.
3. Where dependency levels of residents have been assessed appropriate follow up will take place to include individual action plans inclusive of risk assessments to inform Personal Plans and this will be managed by key workers and audited by Person In Charge on a quarterly basis.

**Proposed Timescale:** 31/08/2014