### Centre name:
A designated centre for people with disabilities operated by St. John of God North East Services

### Centre ID:
ORG-0011511

### Centre county:
Louth

### Email address:
Ann.hickey@sjog.ie

### Type of centre:
Health Act 2004 Section 38 Arrangement

### Registered provider:
St John of God Community Services Ltd

### Provider Nominee:
Bernadette Shevlin

### Person in charge:
Ann Hickey

### Lead inspector:
Jillian Connolly

### Support inspector(s):
Ciara McShane

### Type of inspection:
Unannounced

### Number of residents on the date of inspection:
32

### Number of vacancies on the date of inspection:
1
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.
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: 12 May 2014 11:00  To: 12 May 2014 20:00

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>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
<td></td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
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</tbody>
</table>

Summary of findings from this inspection
This was the first inspection of the designated centre which is part of the larger voluntary organisation, St. John of God's Community Services. The inspection took place over one day and was conducted by two inspectors. The designated centre consists of eight residences which are based in community settings. The designated centre can provide services for 33 residents. There were 32 residing in the designated centre on the day of inspection.

Inspectors met with the person in charge at the beginning of the inspection and provided feedback to the person in charge and other members of the management team on the conclusion of the inspection.

Inspectors observed practice, reviewed documentation and spoke with residents and staff throughout the inspection. The designated centre provides services for individuals with a diagnosis of a moderate to severe intellectual disability.

Residents spoken to stated that they were happy and felt safe. They stated that they were satisfied with the staff supporting them and demonstrated knowledge of the operations of the designated centre, inclusive of the complaints process and emergency procedures.

Staff spoken to demonstrated comprehensive knowledge of the residents and their needs.

The inspection focused primarily on three outcomes, premises and the social and health care needs of residents. Breaches of regulation were also identified in the
dignity and privacy of residents and risk management. Other areas identified for improvement were in meeting the social care needs of residents, improvements in documentation regarding the health care needs of residents and in the provision of storage.

The action plan at the end of the report identifies actions which the provider and person in charge will need to take to come into 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 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:**
Non Compliant - Minor

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

**Findings:**
This outcome was not inspected on this inspection. However as stated in Outcome 6 there was insufficient privacy locks on the bedrooms and bathrooms in some areas of the designated centre.

### 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 - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
Findings:
Inspectors observed inconsistencies in meeting the social care needs of residents within the designated centre. Each resident had a personal plan which was available in an accessible format for residents. On inspection, residents went through their personal plan with inspectors demonstrating their involvement in the planning process. However inspectors were not satisfied that the personal plans adequately focused on the social and emotional needs and the preferences of all residents. Goals were developed for residents. However, the focus of these goals were primarily short term and did not address the long term aspirations or needs of residents. Although there was evidence that staff were aware of the social and emotional needs of residents and some of the needs were being met through informal mechanisms as opposed to assessment and planning.

Review of personal plans occurred periodically however it was not clear of how effective evaluation of personal goals was achieved based on the systems in place. Staff spoken to had knowledge of the needs of residents however meeting the social care needs of residents was based on the dependency levels of residents and the needs of residents and were resource dependent. For example, inspectors observed residents who were in a position to advocate for themselves receiving friends to their home for a take away meal. However where residents required support to advocate, the evidence did not support that they had the same opportunities available to them. Communication profiles had been developed for some residents, however the information was not always translated into practice to ascertain the needs and wants of residents. There were also inconsistencies in the access residents had to formal day service, with some residents having no access and other residents involved in work experience programmes. Inspectors observed residents with no formal day service spending long periods of the day in their homes with limited opportunities to actively engage in the community or purposeful, meaningful activity.

The policies and practices in relation to the admission or discharge was not inspected on this inspection.

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 comprises of eight community houses. Currently there are thirty two residents residing there with one vacancy. The layout and design of the designated centre varies from house to house. Inspectors were satisfied that although in areas the centre would benefit from re-decoration and additional personalisation, the centre was homely and reflective of the residents who live there and the majority of bedrooms were personalised. Inspectors did observe areas of damp and cracks in the wall which required addressing.

Inspectors were not satisfied that the premises was reflective of the Statement of Purpose as there was no recognition that the centre would only be a suitable for residents with specific needs. For example, numerous bedrooms were accessed via stairs and there was no additional means to access the bedrooms for residents who would require assistance to mobilise. There were also areas in the designated centre where both the bedrooms and the communal areas were small and would only be suitable for residents who choose to live together in such an environment. Due to the layout of the designated centre, there were areas where there was no additional communal areas outside of the kitchen/living area in which residents could meet visitors in private. However each resident did have their own bedroom, so residents did have the opportunity to be alone in their own space. There was sufficient number of bathrooms for the number of residents residing in the centre. However, in one area the layout of the bathroom was not sufficient to meet the mobility needs of a resident, therefore the resident had to access the private en suite of another resident. Consent had been sought from the resident in question however this arrangement is not appropriate. Staff acknowledged this during the inspection and stated that there were plans in place to alter the main bathroom to ensure accessibility for all residents. There were also privacy locks missing from some bathrooms and bedrooms.

All areas had external gardens which residents could access. However, there were areas where the external grounds were uneven and contained unused unnecessary equipment. There were also hazards identified in relation to risk management and fire management such as keys in doors of fire exits but no break glass unit and no clear exit route once residents had exited the house due to locked gates. Inspectors also observed cleaning products being stored in cupboards which were unlocked despite keys being available due to the risk identified by staff.

Each house had a kitchen in which the food was prepared by staff with in some cases the assistance of residents. There was also laundry facilities available and inspectors observed instances where residents laundered their own clothes. However, inspectors were not satisfied that there was suitable storage available in the designated centre which resulted in additional storage being utilised in the external grounds. At times inappropriate items were stored together, for example paint was stored beside a freezer full of food. Cleaning equipment such as mops were also inappropriately stored in external storage leading to a risk of cross infection. Cleaning equipment was also stored along with documentation and records in some areas.
### 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 - Moderate

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

**Findings:**
This outcome was not inspected on this inspection. However, during inspection of the premises risk was identified in relation to the premises particularly to the external premises and fire management procedures as discussed in Outcome 6. Inspectors observed inadequate break glass units on fire exits which were operated by keys. There was also in some areas of the designated centre obstructions in the evacuation route of the external grounds of residents. There were also hazards identified in the external grounds which required attention and were not identified in the local risk register.

### 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 - Minor

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

**Findings:**
Inspectors reviewed the personal plans of residents and were satisfied that residents are supported on an individual basis to achieve and enjoy the best possible health. Each resident had access to a general practitioner (GP) of their or their representatives choosing. There were assessments completed for residents regarding their health needs and appropriate care plans developed as a result of the assessments. However inspectors found that care plans were not always updated resulting in a change in need of the resident. Although there was evidence that the changes in the needs of residents were being addressed, this was not always clear from the care plan Therefore the effectiveness of the care plan was reduced and did not represent a document that informs practice.
There was evidence of referral to appropriate allied health professionals. However, due to the deficiencies identified in documentation it was not always transparent how the recommendations arising from the consultation informed the care of the resident.

Residents spoken to demonstrated that they were actively involved in their own health promotion for examples supports for healthy weight. Residents were involved in some instances in the planning of the weekly menu of their home and accompanied staff to purchase supplies. Residents had access to the kitchen in the majority of homes. Restrictions were in place in some areas however this was a risk based decision. It was discussed with staff during the inspection, the importance of ensuring that any restrictions of rights in place that effect all residents should be assessed for the impact of all residents as this was not occurring in practice. Inspectors observed mealtimes in some areas and found that they were social occasions.

**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:**

Jillian Connolly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report¹

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</tr>
<tr>
<td>Date of response:</td>
<td>6 June 2014</td>
</tr>
</tbody>
</table>

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient privacy locks available on bedrooms or bathrooms in some areas of the designated centre.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
Toilet indicator locks to ensure the privacy of each resident will be installed in all

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
residents’ bathrooms of the Designated Centre as identified during the Inspection Visit.

Thumb turn locks to ensure the privacy of each resident will be installed in all residents’ bedrooms of the Designated Centre as identified during the Inspection Visit.

1. A house meeting will be held with residents in all residential premises within the Designated Centre to determine their preferences with regard to the option of thumb turn locks on bedroom doors.

**Proposed Timescale:**
30/06/2014

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**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:**

It was not clear of the effectiveness of personal plans during the review process.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

All personal plans shall be reviewed as a priority by a Clinical Nurse Manager to ensure that all residents assessed needs (from members of the nursing team and the wider multi-disciplinary team) have been identified and incorporated into the residents personal plan.

An ‘All About Me’ page will be introduced and completed with each resident by their key-worker and placed in Section One of the Personal Plan. This section will be updated to account for changes in circumstances and new developments.

A schedule of annual review meetings will be documented for all residents in the Designated Centre to ensure effective review of the personal plans.

A review template will be devised and introduced with residents and their representatives to ensure the effective review of each personal plan.

An appointment calendar will be introduced to all personal plans in the designated centre so that the evaluation and follow up of all required supports of residents is present.

**Proposed Timescale: 06/07/2014**

**Theme:** Effective Services

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

Although goals were developed for residents, the focus was primarily on the short term needs of residents as opposed to the long term aspirations or needs of residents.
Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

All personal plans shall be reviewed as a priority by a Clinical Nurse Manager to ensure that all residents assessed needs (from members of the nursing team and the wider multi disciplinary team) have been identified and incorporated into the residents personal plan. 
The Person Centred Planning section will contain short as well as long term SMART goals based on the preference of the resident. 
The Person In Charge will conduct a personal planning audit in August 2014 to monitor progress.  
An ‘All About Me’ page will be complete by each key worker with each resident and placed in Section One of the personal plan. 
A schedule of annual review meetings will be documented for all residents in the designated centre to ensure effective review of the personal plan. 
A review template will be devised and introduced with residents and their representatives to ensure the effective review of each personal plan. 
An appointment calendar will be introduced to all personal plans in the designated centre so that the evaluation & follow up of all required supports of residents is present.

Proposed Timescale: 30/09/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents had a formalised arrangement to address their social care needs.

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

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

A Meaning Day Questionnaire shall be completed with all residents and their representatives to ascertain the social preferences of each resident. This will be co-ordinated by key-workers with a view to developing an Individualised Plan for all residents to access integrated activities within appropriate time-lines and with appropriate supports. The implementation of this will be monitored by the Supervisor.

An Independent Review of the staffing levels and skill mix to support residents during day hours and at night time will be completed. This Independent Review will take account of the current and changing needs of all resident’s within this Designated Centre and the appropriate supports requirement to meet their social care needs in an
holistic way.

**Proposed Timescale: 30/08/2014**

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Communication profiles were developed however they did not translate into practice to inform the personal planning of some residents.

**Action Required:**
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident’s wishes, age and the nature of his or her disability.

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

Each communication profile will be reviewed and up-dated by key workers to ensure information is reflective of communication supports of each resident in the Designated Centre.
A review to establish the involvement of residents and significant others or advocates in the personal planning process and the review process will be conducted by the key-workers and will be monitored by the Person In Charge.
Where residents are unable to participate, key-workers (in consultation with Supervisors) shall identify family representatives members where appropriate and consult with them.
Education and Training has been rolled out on the management of Personal Plans. Staff who have not attended this training will be trained by the end of July.

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

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were areas of damp and cracking in walls in some areas of the designated centre

**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
The damp in the utility room in one premises in the Designated Centre as identified
during the Inspection Visit will be addressed. Painting and redecoration of the entrance hallway in one premises as identified during the Inspection Visit will be completed in consultation with the residents with regard to choosing paint colours.

**Proposed Timescale: 20/06/2014**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The Statement of Purpose is not reflective of the actual needs that the designated centre can accommodate.

**Action Required:**
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**
The Statement of Purpose and function shall be amended to include the outstanding items in schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) as identified during the Inspection Visit.
The Centre’s Statement of Purpose shall be reviewed on a monthly basis by the Person In Charge to ensure it is reflective of the Centre.

**Proposed Timescale: 13/06/2014**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
External grounds require repair to ensure that they are safe and free of hazards in some areas of the designated centre.

**Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
Negotiation are taking place with the Estate Agents with a view to the areas of surface relating to the exterior drive and walkway of a rented residential premises which was identified during the Inspection visit as unsuitable to be made safe. Quotations relating to carrying out this work have been secured.
Painting and redecoration of the entrance hallway in one premises as identified during the Inspection Visit will be completed in consultation with the residents with regard to choosing paint colours.

Discussions are taking place with the Landlord of a rented residential premises with regard to all unused unnecessary equipment which needs to be removed from side and back yard of one rented premises within this Designated Centre.

A maintenance audit shall be conducted by the Person In Charge to develop a prioritised action plan to ensure all maintenance issues are addressed within appropriate and acceptable time frames.

**Proposed Timescale: 30/08/2014**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Suitable storage was not available in all areas of the designated centre.

**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:**
Suitable storage locations will be assigned to all areas of the Designated Centre for cleaning products and utensils. A shed to store the cleaning equipment will be in place by 27.06.14

**Proposed Timescale: 27/06/2014**

**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:**
Risks identified during the course of the inspection which required control measures were not identified in the risk register.

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

**Please state the actions you have taken or are planning to take:**
Saint John of God Hospitaller Ministries corporately are currently exploring the services of a specialist Risk Management company who will (a) provide specialist advice to our Designated Centre on the development of service risk register including a local risk register and (b) provide risk management training to all residential staff with a view to developing their competencies in taking a proactive role in the management of all risks within the Designated Centres and to effectively develop appropriate risk assessment for Designated Centres. The full completion of all aspects of this risk management strategy for this Designated Centre is expected to be completed by 31.12.14. All residents’ risk assessments will be reviewed to ensure accurate control measures are identified.

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

**Theme:** Effective Services

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

Fire exits which required keys did not have necessary break glass units. External evacuation routes were obstructed in some areas.

**Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Break glass units are in place in all residential premises which were identified as absent during the Inspection visit. Emergency lighting is in place in two residential premises which was identified as absent during the Inspection visits. The external evacuation routes which were obstructed as identified during the Inspection Visit has been cleared. Fire Safety Checklist has been amended to include the daily checking and recording of fire exits to ensure they are clear of obstructions.

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

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Although evidence demonstrated that the health care needs of residents were being met, the deficiencies identified in documentation presents a risk to all of the assessed needs of residents being transferred to the actual care residents receive.
Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

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

An audit of Health Action Plans for all residents in this Designated Centre will be completed to ensure all Actions as identified for each resident has taken place with appropriate follow up from a Health Screening perspective.

An appointment calendar will be introduced to all personal plans in the designated centre so that the evaluation and follow up of all required health supports of residents are present.

An ‘All About Me’ page will be complete by each key worker & resident and placed in Section One of the personal plan. This will include the health supports required by the resident.

Proposed Timescale: 31/07/2014