<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011805</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Louth</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Turlach.king@sjog.ie">Turlach.king@sjog.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Bernadette Shevlin</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Geraldine Smyth</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
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<td>Number of vacancies on the date of inspection:</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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From:  
To:  
10 July 2014 10:00  10 July 2014 17:00  
11 July 2014 10:00  11 July 2014 18:30

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

|--------------------------------------------------------|---------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------|--------------------------------------|----------------------------------------|-----------------------------------|----------------------------------|-----------------------------------------------|---------------------------------|--------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|

Summary of findings from this inspection
As part of the application for registration the provider nominee was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspector reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices, assessed the premises and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The designated centre consists of two residences situated in community settings. Accommodation is provided for 6 residents. The centre provides facilities and services for residents with a diagnosis of intellectual disability. Three residents were
being accommodated at the time of the inspection.

The inspector met with the provider nominee, person in charge and a staff nurse to outline the inspection process and methodology and provided feedback to the management team at the conclusion of the inspection. A matter identified during the previous inspection had been satisfactorily actioned. The provider nominee and person in charge demonstrated their knowledge of the legislation and standards throughout the inspection process.

The inspector met all of the residents currently being accommodated and a resident awaiting placement. The majority of residents were unaware of the inspection process, however, appeared happy and content in the community setting which they had transitioned to from a congregated setting less than 1 year ago. The resident awaiting to move into new community accommodation was excited about moving and was in the process of transitioning. The inspector found that relatives were positive in their feedback to the Authority and expressed satisfaction about the care provided, were complimentary of the staff team and satisfied with the current accommodation/premises, however, were apprehensive in respect of security of tenure. The provider acknowledged this and is currently negotiating long-term contracts.

Residents had good access to nursing, medical and allied health care and the policies and procedures in respect of medicines were satisfactory. There were measures in place to protect residents from being harmed or suffering abuse. The inspector saw that person centred care was promoted and there was evidence of opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities.

The location, design and layout of the designated centre met the needs of residents. The health and safety of residents, visitors and staff was promoted and protected as staff were in the main observant in identifying, analysing and controlling risks. However, some risks were not identified and assessed in a risk register.

From an examination of the day time staff duty rota, communication with/observation of residents, staff and feedback from relatives the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. While there was evidence that staff had access to education and training, not all staff had participated in training appropriate to their roles and responsibilities. Staff demonstrated that they had good knowledge of the residents and their needs. They emphasised the importance of promoting a holistic care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences while maximising their independence.

An issue in respect of wedging open newly installed fire doors was highlighted in. These doors were strong and weighty for residents to operate, therefore, staff wedged them open so that residents could move freely through the house and appropriately supervise residents. When this matter was raised with the provider at the commencement of the inspection an assurance was given that fire doors would
not be wedged open and additional staff would be made available to assist residents to access all parts of the centre and be supervised appropriately. A staff member immediately disposed of the door wedges.

Areas requiring improvement which include risk management, fire safety procedures, implementation of behavioural support plans and documentation are identified in the action plan at the end of the report to be addressed by the provider and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 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:
There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, house meetings have been convened in order to work out menus for the evening meals and social programmes.

The inspector observed staff engaging with residents in a manner that was respectful. Staff who communicated with the inspector confirmed that they had worked with in the service for many years and the inspector found that they were familiar with the residents’ needs, capabilities, their life history and family support circles.

Three residents agreed to remain in their home and defer attending their activation programme in order to welcome the inspector and in some instances showed the inspector their private bedroom accommodation. In other instances, staff members had obtained the residents’ permission for the inspector to view their private bedroom space and review their care planning records/documentation in their absence due to attendance at day programmes. The inspector was informed by staff that there are was sufficient staff available if residents chose to remain at home from their activation programme or return home at any time if they wished to do so.

A resident agreed to meet the inspector outside the premises which in the future it is anticipated will become the resident’s home. The inspector was then given a tour of the accommodation and the resident expressed excitement about moving into the environment and community and identified items which had been purchased in
Residents had individual bedrooms which were spatial, accommodating double/king-sized beds, had ample storage space for personal possessions and comfortable seating so that they could receive visitors in private. Residents’ bedrooms were personalised with photographs of families and friends, were decorated in accordance with the residents’ preferences and choices, had tasteful soft furnishings and the private spaces reflected their personalities and interests.

Resident had access to an independent advocacy service, however, none of the residents had availed of this service.

There was a complaints policy and procedure which was translated into an understandable format for those residents who had the capacity to understand it. Relatives in communication with the Authority confirmed that they had been issued with a copy of the complaints policy procedure. A relative interviewed by the inspector confirmed her knowledge and understanding of the process and confirmed that a previous expression of dissatisfaction had been worked through and was able to name the persons within the organisation with whom she communicated.

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
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<tbody>
<tr>
<td>Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.</td>
</tr>
</tbody>
</table>

| Theme: |
| Individualised Supports and Care |

| Judgement: |
| Compliant |

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

| Findings: |
| In residents’ personal care plans the inspector saw that the mode of communication used by the individual residents were described and staff working with residents were able to interpret residents’ verbal and non-verbal expressions. There was also documentary evidence in respect of speech and language professionals providing a service to some of the residents. |

Some of the residents communicated freely with the inspector and the inspector observed other residents using gestures in order to express their wishes, for example residents communicated when they wished to leave the centre and go to their activation programme.

The inspector saw that in the main, information that was relevant to residents was in an appropriate format for the residents’ communication abilities and capacity of
understanding, for example, menu planning. However the document entitled “Adult Personal Passport Consent Form” was not in an appropriate format. See outcome 18 for action plan.

The inspector saw that a resident had a mobile telephone in order to maintain social relationships and contacts and was considering the purchase of an iPad. There were televisions, radios and newspapers available.

### Outcome 03: Family and personal relationships and links with the community

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

**Judgement:**
Compliant

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

**Findings:**
There was substantial evidence that residents are supported to develop and maintain personal relationships and links with the wider community. For example a resident called in with the local butcher on way home from the activation programme in order to collect foodstuffs from the preplanned menu choices and another resident was supported by staff and a family member to chose accommodation to transfer to which would assist in maintaining the community links familiar from childhood.

The questionnaires received by the Authority from family members confirmed that families are encouraged to get involved in the lives of the residents. This was further acknowledged by a resident’s relative who was interviewed by the inspector during the inspection. The relative explained that staff and management provides up-to-date information in respect of the resident’s condition and is invited to attend care planning reviews.

During the weekend prior to the inspection families attended a fun day organised by management and staff, and there was evidence of residents, families and staff attending a formal annual ball. The inspector was informed that a resident's participates in weekly bingo sessions in a local community.

In addition to residents' private bedroom space which is spacious and provides comfortable seating to receive visitors in private there is also an office in one of the premises which can be used for residents' private meetings and in the other premises while there is no designated visitor's room it is planned that only one resident will be accommodated in the two-bedroom accommodation with open plan, communal facilities.
### 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 - Major

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

**Findings:**
While there was a good policy and procedure in respect of the admission transfer and discharge of residents, this was not borne out in practice (in the past) for a particular resident. In emergency situations whereby it was necessary to meet the needs and safety of the resident and safeguard the other residents the resident was moved to various locations within the organization without sufficient communication with the resident’s next of kin.

The resident is currently awaiting relocation into the community. The inspector examined the current transitional arrangements and found that this was done in consultation with the resident and family and support networks. A family member communicated to the inspector that the current process being implemented is satisfactory and the resident, next of kin and staff have all been involved in sourcing appropriate accommodation.

Applications for admission to the designated centre is determined by a committee and the inspector heard that a resident who is considering moving into the designated centre has visited the centre and met the residents currently being accommodated. If the admission is deemed appropriate written agreement is forwarded to the resident/or their representatives, if the resident is not capable of giving consent. This includes the terms of occupancy.

Each resident did not have a written contract agreed within a month of admission to the service, which sets out the services to be provided and the fees (including all additional charges) charged. However the inspector was informed by the provider that at national level this matter is currently being addressed and contracts are being compiled.

Relatives who communicated with the Authority were concerned in respect of security of tenure of residencies in the community. The provider acknowledged this and is currently negotiating long-term contracts.
**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:**
Compliant

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

**Findings:**
The designated centre can accommodate 6 residents, however, 3 residents were being accommodated at the time of the inspection and one resident was awaiting relocation into the community. All of the resident have an intellectual disability and were assessed as having a medium dependency.

The care planning documentation identified that residents’ individual needs were assessed, social and health care risk assessments carried out, intervention/treatment plans in place and evidence of reviews.

The documentation in relation to the dependency level of residents was completed, however, there was no information/guidance in relation to the interpretation of the scoring mechanism and staff could not verbally provide this information. See outcome 18 for action plan.

Each resident had an Individual Personal Plan (IPP) which referenced assessments completed and identified the arrangements in place to meet their needs. The personal care plans were developed in respect of each resident’s care and addressed key aspects of the social, emotional, psychological and health care needs of the residents. Many residents’ aspirations and goals were stated, and there was evidence that residents were empowered and supported in achieving their goals, which resulted in a successful outcome. Documentation showed that there was regular reviews of residents’ care plans in consultation with residents and or their next of kin/families.

Staff in their communications with the inspector demonstrated that they were knowledgeable of residents' needs and behaviour management plans were in place where necessary.

The inspector saw that residents' communication needs were identified in the residents’ personal care plan and pictorial aids were used to assist the resident to understand the
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 - Minor

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The location, design and layout of the community houses were suitable for their stated purpose and met residents' individual and collective needs in a comfortable and homely way. The designated centre consists of 2 residences in the community. One facility has 4 spacious bedrooms, one of which is ensuite and bathing/shower facilities, on each floor. Communal facilities include, sitting, dining and kitchen facilities and an office for staff use. The other facility has 2 large bedrooms with open plan sitting dining and kitchen area. Storage facilities were adequate. The premises have been well maintained and the furnishings and fixtures are modern and bright. As a result of a previous inspection of the centre a resident's bedroom carpet had been replaced. There was appropriate equipment for use by residents and staff which was maintained in good working order.

Some over head lights above wash hand basins were not operational.

Externally, the grounds were well maintained and there was adequate car parking.

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:
In the main, the inspector found that the health and safety of residents, visitors and staff was promoted and protected as there was a policy and procedure in respect of managing risk which included documentation in relation to recording and analysing risks, however, the policy/procedure had not been fully implemented throughout the designated centre as the following risks were identified: –
• There was no handrail on the paved area to the rear of one of the premises.
• The width of the evacuation pathway was in adequate for a resident with mobility difficulties who was planning to move to the centre and necessitated traversing a lawn area.
• Curtains drawn together at night obstructed a fire exit.
• Staff and residents have not participated in a fire evacuation drill from the rear of one of the premises.
• Newly installed fire doors were wedged open by staff as residents could not operate them due to their weight and, if they remained closed there were insufficient staff to provide adequate supervision of residents. (See Outcome 16)
• All staff have not been trained in the prevention and control of infection.

Fire equipment was easily accessible and prominently placed throughout the designated centre and servicing was up to date. A fire panel, smoke detector and carbon monoxide alarms were in place. The inspector observed that fire exit doors had not been obstructed during the inspection. Each resident has an evacuation plan and staff and residents are involved in fire safety and evacuation procedures. Staff and a resident was able to inform the inspector of the procedure in the event of the fire alarm sounding or an emergency occurring.

Infection-control measures were in place for example, there were facilities available for hand hygiene, closed bins for disposal of hand towels, sufficient toilet rolls and holders in place, appropriate storage of toiletries and dental hygiene equipment.

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 - Major

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.
Findings:
The inspector saw that there were measures in place to protect residents from being harmed or suffering abuse and appropriate action is taken in response to allegations, disclosures, or suspected abuse.

There was a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse.

The inspector communicated with staff, who confirmed that they had participated in relevant training and were knowledgeable with regard to what constitutes abuse and their duty to report any allegation, suspicion of abuse, and were aware that this should be fully investigated and protective procedures put in place for residents.

While staff had access to specialist and therapeutic interventions in relation to resident’s individual behavioural support plans it was not evident that all staff working with individual residents had assimilated the information in the plan in order to provide consistency in implementing care delivered.

The inspector noted that a restraint free environment is promoted with the reduction in bedrails and the provision of double /king-size beds and reduction in chemical restraint.

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Judgement:
Compliant

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

Findings:
The inspector saw that a record of incidents occurring in the designated centre is maintained and, where necessary, notified to the Chief Inspector.
The inspector noted that, notifications in respect of serious injury to residents, altercation between residents and quarterly reports had been forwarded to the Authority. An internal processing/auditing system is available within the organisation.
**Outcome 10. General Welfare and Development**

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

**Judgement:**
Compliant

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

**Findings:**
The inspector saw that residents had opportunities for new experiences, social participation and education. A bus is available which transports residents from the community home to the day care facilities. Initially the residents remained in the centre to welcome the inspector but were keen to attend their activation programme. The inspector heard that residents were involved in a variety of activities for example, cookery, men’s health issues, attendance at a formal ball and a fun day which was shared with their families and friends. The inspector met a resident who had returned from a general practitioner’s appointment and was having lunch with a staff member. Following lunch the resident had a rest, went out for a walk and was planning to go to the cinema. This resident completed a questionnaire for the Authority with the support of a staff member who works on a one-to-one basis with the resident. The comments made were positive regarding current accommodation, whereby family and friends can visit and was complimentary of staff who provide assistance in achieving life skills, appropriate to living independently in the community and pursuing favourite activities such as shopping for fashion and style.

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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:**
Compliant

**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 good health.

There was a health care plan available in each resident’s care planning documentation. Residents’ healthcare needs were well monitored and treatments were implemented as recommended or prescribed. Some residents had health conditions such as epilepsy and diabetes. Referrals and meetings with key significant personnel in the lives of residents including behavioural therapy, occupational therapy, community medical, nursing, care staff, key workers and family members was evident. A behavioural therapist and psychologist were also available to assist/support residents and care staff. There was evidence of appropriate referrals and appointments to residents’ GPs and allied health professionals such as, opticians and speech and language therapists as required.

The inspector was informed that residents with swallowing difficulties were provided with soft consistency dishes. In the kitchen of the house where residents are currently living, the inspector saw a variety of foodstuffs and snacks in the cupboards, fridge and freezer and an ample fruit bowl. Residents’ records showed that their weights were monitored. There was evidence that residents were able to choose their own foods and one resident had independently prepared breakfast. Pictorial menu cards were available to inform residents about different menu choices.

### Outcome 12. Medication Management

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Judgement:**
Compliant

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

**Findings:**
There was a written operational policy/procedure informing ordering, prescribing, storing and administration of medicines to residents. A staff nurse on duty was able to explain the procedures to the inspector. The inspector saw that medicines were secured safely and the staff nurse on duty was knowledgeable of residents’ prescribed medicines and explained the documents in use to administer prescribed medicines to residents. The inspector was informed and saw evidence in the care planning documentation that residents’ medication was reviewed.
Outcomes 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 - Moderate

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

Findings:
While there was a statement of purpose available which described the services, facilities and care provided to meet the diverse needs of residents and which contained, most of the information required as set out in schedule 1 of the legislation a number of areas required review to ensure the details of the service provided was fully described. These are as follows:

- Criteria used for admission to the designated centre, including the designated centre’s policies and procedures (if any) for emergency admissions.
- A description (either in narrative form or a floor plan) of the rooms in the designated centre including their size.
- The organisational structure of the designated centre.
- The arrangements for residents to access education, training and employment.
- The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
- The arrangements made for residents to attend religious services of their choice.
- The arrangements made for dealing with complaints and
- The associated emergency procedures in the designated centre.

Outcomes 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

**Findings:**
A person in charge has been appointed to the designated centre and the post is a full-time position. The person in charge is a qualified intellectual disability nurse holding a Bachelors and Masters degree in nursing studies, with approximately 15 years experience in the area of intellectual disability and registration with the professional body is up-to-date. The person in charge facilitated the inspection process and made available documentation and information to the inspector.

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**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

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

**Findings:**
In the absence of the person in charge the inspector noted that suitable arrangements have been put in place for the management of the designated centre and the person identified for this position has appropriate qualifications and experience in the area of intellectual disability with up-to-date registration with the professional body.

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**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

**Judgement:**
Non Compliant - Minor

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

**Findings:**
The inspector found no evidence to suggest that the centre was not resourced to ensure the effective delivery of care and support in accordance with the designated centre’s statement of purpose.

The inspector noted that there were sufficient resources, including the availability of a minibus in order to ensure residents were able to attend activation programmes of their choice.

During the inspection an issue was highlighted in respect of wedging open newly installed fire doors. These doors were strong and weighty for residents to operate, therefore, staff wedged then open a so that residents could move freely through the house and staff could easily supervise them. When this matter was raised with the provider during the commencement of the inspection an assurance was given that additional staff would be made available to assist residents to access all parts of the centre and be supervised appropriately. The staff nurse immediately disposed the door wedges. The Authority received written confirmation from the provider regarding the above matter.

The inspector saw that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specific roles and details of responsibilities for all areas of service provision.

An annual review of the quality and safety of care and support in the designated centre which entailed consultation with residents and their representatives had not yet been compiled.

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**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:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The inspector examined copies of planned rosters for the centre and found that staffing levels were adequate to meet the needs of residents. Arrangements were in place to manage planned and unplanned staff leave and there was evidence of staff participating in staff meetings.
The inspector found staff had a comprehensive knowledge of the residents’ likes, dislikes and life histories. Staff throughout the inspection were helpful and responded to some of the non compliances with the legislation as they arose.

The inspector examined documentation in relation to staff members working at the centre and found that information had been compiled in accordance with the legislation.

Documentation in relation to training showed that there was a planned schedule identifying dates and times of various different training modules. There was evidence of scheduled training that staff had participated in relevant to their role and responsibility for example all of the staff working in the designated centre had participated in training in safeguarding during the April to July 2014 and in fire safety training during May 2014. Other training related to information sessions in respect of the legislation, standards governing residential care settings, food safety and hygiene, care planning, nutritional care and hand hygiene. However, the inspector noted that staff had not participated in training in relation to infection prevention and control, some staff had not participated in the refresher training, in manual handling since April 2010 and there was no evidence that staff had been inducted/trained in individual resident’s behavioural support plans.

**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 - Moderate

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

**Findings:**
Documentation received prior to the on-site inspection in relation to the registration of the centre was satisfactory for example, there was adequate insurance against accidents or injury to residents, staff and visitors and there was confirmation of compliance with planning and development (2 May 2014) and fire safety (23 April 2014).

The designated centre has procedures/guidelines on matters identified in schedule 5 of the Health Act 2007, and while the majority of the written operational policies were
available, the following were not fully drafted/approved: –
• Incidents where a resident goes missing.
• Visitors.
• Monitoring and documentation of nutritional intake.
• Health and safety, including food safety, of residents, staff and visitors and
• Access to education, training and development.

The directory of residents was maintained electronically.

The following records were either incomplete or not accurate: –
• "Period Review of Positive Behaviour Support Plan" had not been signed by the staff
  member completing the information.
• Some staff members had not signed that they clearly understood the positive
  behavioural support plans for residents to ensure consistency in implementing the plan.
• Information recorded in respect of residents who could not use the written form was
  inaccurate.

**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
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0011805</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>10 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 July 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 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:**

Each resident did not have a written contract agreed within a month of admission to the service, which sets out the services to be provided and the fees (including all additional charges) charged.

**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.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A new policy ‘Application for Supports’ was approved by the board of St John of God Community Services on 24th July 2014

The person in charge will ensure that: Each resident has a service level agreement in place in line with regulation 24 (4) (a)

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th>30/09/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme:</td>
<td>Effective Services</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Concern was expressed by relatives regarding security of tenure of residencies in the community.

Action Required:
Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident’s assessed needs and the statement of purpose.

Please state the actions you have taken or are planning to take:
The person in charge will ensure that:

A tenancy agreement is in place for all private rented accommodation.

Each resident has a service level agreement in place in line with regulation 24 (4) (a) & is consistent with, the resident’s assessed needs and the statement of purpose.

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th>30/09/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme:</td>
<td>Effective Services</td>
</tr>
</tbody>
</table>

Outcome 06: Safe and suitable premises

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some over head lights above wash hand basins were not operational.

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:
The person in charge will ensure that:
• All over head lights above hand basins will be checked and repairs where necessary will be carried out.
<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 01/08/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 07: Health and Safety and Risk Management</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There was no hand rail on the paved area to the rear of one of the premises.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The person in charge will ensure that:</td>
</tr>
<tr>
<td>• The hand rail on the paved area to the rear of the premises will be erected.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 08/08/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>All staff had not been trained in the prevention and control of infection.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 27 you are required to: 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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The person in charge will coordinate the training for all staff members in the prevention and control of infection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 31/10/2014</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The width of the evacuation pathway was insufficient in the event that a resident with mobility difficulties required to be evacuated and necessitated traversing a green area.</td>
</tr>
</tbody>
</table>
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:
The person in charge will ensure that:

- The width of the evacuation pathway will be increased and extended to ensure that all residents can be evacuated without having to traversing a green area.

Proposed Timescale: 08/08/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Curtains drawn together at night obstructed a fire exit.

Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
The person in charge will ensure that:

- The curtains will be altered to ensure that they do not obstruct the fire exit.
- Additional blinds will be sourced for both windows on either side of the door to ensure privacy & security of residents.

Proposed Timescale: 22/08/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff and residents had not participated in a fire evacuation drill from the rear of one of the premises.

Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
The PIC has ensured that a:
Fire evacuation drill from the rear of one of the premises for staff and residents has been carried out.

**Proposed Timescale:** 23/07/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Newly installed fire doors were heavy and weighty for residents to operate and therefore were being wedged open by staff so that residents could easily access all areas with in the ground floor and be supervised by staff.

**Action Required:**  
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

**Please state the actions you have taken or are planning to take:**  
Immediate Action taken by Provider Nominee: 10th July 2104  
1. All wedges were immediately removed from fire doors.  
2. Additional staffing was put in place to ensure adequate support of residents’ safety needs.  
3. A review will be conducted of all fire door to ensure they are installed correctly and are the correct weights.

**Proposed Timescale:**  
1. 10/07/14  
2. 10/07/14  
3. 29/08/14

**Proposed Timescale:** 29/08/2014

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**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:**  
While staff had access to specialist and therapeutic interventions in relation to resident’s individual behavioural support plans it was not evident that all staff working with individual residents had assimilated the information in the plan in order to provide consistency in implementing care delivered.

**Action Required:**  
Under Regulation 07 (1) you are required to: Ensure that staff have up to date
knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
The person in charge will:

1. Convene a meeting with the staff team to review all behaviour supports documented in each behaviour support plan for each resident.

2. All staff members will sign that they have read and understood each individual’s behaviour support plan.

3. The induction process for all new staff members will be amended to include a section on therapeutic interventions to ensure all new staff members are aware of the behaviour supports of each resident as documented in their behaviour support plans.

Proposed Timescale:

1. 22.07.14
2. 15.08.14
3. 01.08.14

Proposed Timescale: 15/08/2014

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 sufficiently describe all of the matters set out in schedule 1 of the legislation as follows: –
• Criteria used for admission to the designated centre, including the designated centre’s policies and procedures (if any) for emergency admissions.
• A description (either in narrative form or a floor plan) of the rooms in the designated centre including their size.
• The organisational structure of the designated centre.
• The arrangements for residents to access education, training and employment.
• The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
• The arrangements made for residents to attend religious services of their choice.
• The arrangements made for dealing with complaints and
• The associated emergency procedures in the designated centre.

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:
The person in charge will ensure that:

The statement of purpose will be revised to sufficiently describe:

- Criteria used for admission to the designated centre, including the designated centre’s policies and procedures (if any) for emergency admissions.
- A description (either in narrative form or a floor plan) of the rooms in the designated centre including their size.
- The organisational structure of the designated centre.
- The arrangements for residents to access education, training and employment.
- The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.
- The arrangements made for residents to attend religious services of their choice.
- The arrangements made for dealing with complaints and
- The associated emergency procedures in the designated centre.

Proposed Timescale: 29/08/2014

Outcome 16: Use of Resources
Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence of resourcing additional staff to assist in operating newly installed fire doors (as opposed to wedging open these doors) by providing adequate staff to supervise residents is to be forwarded to the Authority

Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The Provider Nominee has already forwarded information to the authority in relation to the commitment to provide additional staffing to ensure adequate supervision of residents. 10.07.14

Additional staffing was put in place to ensure adequate support of residents’ safety needs.

Proposed Timescale: 10/07/2014
Theme: Use of Resources
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the quality and safety of care and support in the designated centre which entails consultation with residents and their representatives had not yet been compiled.

Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The person in charge in conjunction with the St. John of God Quality and Safety Team will coordinate an annual review of the quality and safety of care and support in line with regulation 23 (1) (a)

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not participated in training in relation to infection prevention and control, some staff had not participated in the refresher training, in manual handling since April 2010 and there was no evidence that staff had been inducted/trained in individual resident’s behavioural support plans.

Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
The person in charge will review staff training records and coordinate:

1. Training in relation to Infection prevention and control.
2. Refresher manual handling training for applicable staff.
3. Behaviour support training.
4. Convene a meeting with the staff team to review all behaviour supports documented in each behaviour support plan for each resident.
5. All staff members will sign that they have read and understood each individual’s
behaviour support plan.

6. The induction process for all new staff members will be amended to include a section on therapeutic interventions to ensure all new staff members are aware of the behaviour supports of each resident as documented in their behaviour support plans.

Proposed Timescale:

1. 31/10/14
2. 30/09/14
3. 30/09/14
4. 22/07/14
5. 15/08/14
6. 01/08/14

Proposed Timescale: 31/10/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The following operational policies were not fully drafted/approved: –
• Incidents where a resident goes missing.
• Visitors.
• Monitoring and documentation of nutritional intake.
• Health and safety, including food safety, of residents, staff and visitors and
• Access to education, training and development.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:
The PIC will ensure that following operational policies will be amended, drafted and approved:

• Unexpected absence of a resident.
• Visitors.
• Monitoring and documentation of nutritional intake.
• Health and safety, including food safety, of residents, staff and visitors.
• Access to education, training and development.

Proposed Timescale:
• Unexpected absence of a resident: 12.07.14
• Visitors: 29/08/14
• Monitoring and documentation of nutritional intake: 29/08/14
• Health and safety, including food safety, of residents, staff and visitors: 29/08/14
• Access to education, training and development: 29/08/14

**Proposed Timescale:** 29/08/2014

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The following records were either incomplete or not accurate: –
• "Period Review of positive Behaviour Support Plan" had not been signed by the staff member completing the information.
• Some staff members had not signed that they clearly understood the positive behavioural support plans for residents to ensure consistency in implementing the plan.
• Information recorded in respect of residents who could not use the written form was inaccurate.

**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:**
The person in charge will:

1. Review all documentation relating to behaviour support plans to ensure they are up to date, accurate and complete.

2. The PIC will convene a meeting with all staff members to highlight the following:
   • The signing of periodic service reviews.
   • The staff sign off of behaviour support plans once read and understood.

3. The induction process template will be amended for all new staff members to include a section on therapeutic interventions: all staff will sign that they have read and understood each individual’s behaviour support plan.

**Proposed Timescale:**
1. 01/08/14
2. 22/07/14
3. 01/08/14

**Proposed Timescale:** 01/08/2014

**Theme:** Use of Information
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The document entitled “Adult Personal Passport Consent Form” was not in an appropriate format.

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:
The PIC will ensure that:

The document entitled “Adult Personal Passport Consent Form” will be reviewed to ensure it is in an appropriate format for each resident.

Proposed Timescale: 30/09/2014

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The documentation in relation to the dependency level of residents was completed, however, there was no information/guidance in relation to the interpretation of the scoring mechanism and staff could not verbally provide this information.

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:
The person in charge will ensure that all:

Staff Nurses will receive training /instruction on the dependency tool and its interpretation.

Proposed Timescale: 28/08/2014