

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by St Joseph's Foundation |
| Centre ID: | OSV-0001816 |
| Centre county: | Cork |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | St Joseph's Foundation |
| Provider Nominee: | David Doyle |
| Lead inspector: | Mary O'Mahony |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 7 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 June 2014 10:30 To: 27 June 2014 18:50

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

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

The monitoring and compliance inspection of this centre was announced. As part of the inspection the inspector met with residents, the person in charge, the provider, the centre co-ordinator and the social care workers. The inspector spoke with the person in charge and discussed the management and clinical governance arrangements for supporting staff in their roles. The inspector reviewed the policies and procedures in the centre and examined documentation which covered issues such as medication management, accidents and incidents, personal plans, staff files and the emergency plan.

The person in charge informed the inspector that she endeavoured to provide a person-centred service to effectively meet the needs of residents. On the day of inspection there were six residents in the centre and one resident was on holidays. Three residents were going home for the weekend and two of the beds in the centre were used at the weekend for respite residents. Some of the residents were on a seven day residential plan while others were on a five day respite allocation.

The centre was located in a quiet residential estate and the house was spacious and well maintained. Residents were involved in maintaining the plants in the garden and there was a pet rabbit in the back garden as well as two basketball nets. Residents had made a colourful ceramic bird table and ceramic garden ornaments. Staff informed the inspector that there were plans to develop a small garden area for

vegetable growing as the residents were interested in this.

The action plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National 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

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

This was the centre's first inspection by the Authority.

Findings:

This outcome is addressed in so far as it is related to Outcome 5: Social Care Needs and Outcome 6 : Safeguarding and Safety:

Leaflets about advocacy services were available in the centre, however, the residents were not familiar with these and they were not facilitated to access an independent advocate. The person in charge told the inspector that each key worker acts as an advocate for the residents. Based on the abilities of the residents to whom the inspector spoke the advocacy information was not sufficient.

Judgment:

Non Compliant - Minor

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Each resident's wellbeing and welfare was maintained by a high standard of evidenced based care and support. Each resident was facilitated to participate in meaningful activities appropriate to their interests and preferences. The inspector was informed by residents and staff that there were a number of options available to them in relation to activities and work. The inspector noted that residents were involved in the day to day running of the centre including cooking, laundry and shopping. The inspector spoke with the residents when they came back to the house in the evening and they outlined their interests and their ambitions for the future.

The residents spoke with the inspector about a number of off-site activities they enjoyed including taking holidays, shopping, life skills training, going out to a local restaurant, basketball, walking, ceramics, keeping fit and attending workshops and. They informed the inspector that they enjoyed attending the day care centre each day where they had access to a sports advisor when using the gym. Residents also outlined their routines for relaxation in the house such a beauty therapy, board games, caring for a pet and listening to music. The residents invited the inspector to visit their bedrooms which were personalised with furniture, pictures and bed linen purchased by the individual resident. They showed the inspector their personal selection of CD's and DVD's as well as their music centres and televisions.

The residents showed the inspector their personal plans and it was evident that they had been consulted in the formulation and design of the documentation. They were able to access the personal plans at any time and they had decorated the file cover with their choice of photographs and colourful pictures. The inspector viewed evidence that the residents had access to allied services such as the dietician, physiotherapist, occupational therapist, dentist and the general practitioner. There was evidence of multi-disciplinary input and consultation with family members where necessary. Plans were seen to be implemented and the inspector heard from the residents that there was recognition and support for their personal goals. One resident was attending for interview, another was attending a TESS (Training Employment Social Skills) programme while a third resident had completed travel training to promote independent travel. The person in charge told the inspector that residents would be supported to transition between services if this occurred.

Each resident had a named key worker and they were responsible for ensuring that the set goals were reached. The residents were familiar with the names of their key workers and there were large photographs of staff members in the hallway to aid recognition further. Personal plans were reviewed regularly and the inspector saw that each resident had personally written to the staff to invite them to their personal plan review meeting.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The centre had a health and safety statement and it was updated in 2013. It identified, assessed and outlined the controls required for certain risks in the centre.

Procedures were in place for the prevention and control of infection. Alcohol hand gels, plastic aprons and disposable gloves were available. Staff had training in the correct hand washing technique and there were Health Service Executive (HSE) leaflets on the correct procedure placed strategically near the sinks. Housekeeping duties were carried out by the staff. There were coloured coded systems in use for floor washing and food preparation. Both the person in charge and the social care worker on duty had extensive knowledge of food hygiene and food storage. There was a labelling system in place for any food which was being stored in the fridge.

There was a large laundry room which was used by both residents and staff and the equipment was in working order and in good repair. All of the residents had individual laundry baskets. There was a hot press in the centre and the inspector noted that there was a sufficient supply of clean towels stored there.

The centre had a risk management policy and a risk register capturing potential risks (environmental, operational and clinical) associated with the centre. There was no documentation available in the centre, however, to indicate the arrangements, if any, in place for learning from serious incidents/adverse events involving residents or for medication incidents. The person in charge said she would commence a root cause analysis system to support improvement. The policy did not outline the controls in place for the risks which are specified under Regulation 26 (c).

A fire evacuation plan was in place and a safe placement for residents in the event of an evacuation was identified. Regular fire drill training was documented and there were personal evacuation plans for some residents. Records reviewed by the inspector indicated that the fire alarm was serviced on a quarterly basis, fire safety equipment was serviced on an annual basis, and fire drills took place on a regular basis. The fire assembly points were identified and there was appropriate emergency lighting in place. There was evidence that arrangements were in place for reviewing fire precautions which included the alarm panel, the fire exits, and the testing of fire equipment. The fire safety certificate was displayed on the wall. Residents, with whom the inspector spoke, were aware of the external fire assembly points and showed these to the inspector. They told the inspector about their most recent fire drill and the procedure to be followed when the fire alarm sounded.

The inspector noted that fire exits were unobstructed. Staff spoken with by the inspector were aware of what to do in the event of a fire and were aware of the location of the fire exits and break glass panels. They showed the inspector the personal evacuation plans for each resident. The procedure to be followed in the event of a fire was prominently displayed around the buildings. The centre was a smoke free zone and a large ashtray was available outside the backdoor for any staff member who smoked. The large sitting room windows had no restrictors fitted and this had not been identified or assessed as a risk. This was relevant as a control for the protection of a resident who was residing in the centre at present. While the inspector was on the premises the health and safety officer for the centre came and assessed the risks with staff. Restrictors were applied to the windows which faced out to the front of the house and risk assessments were scheduled for the other windows.

Staff had up to date moving and handling training, infection control, fire training and CPI (Crisis Prevention Intervention) training among others.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

The person in charge informed the inspector that she was actively involved in management on a daily basis. She said she was confident of the safety of residents through speaking with residents and their family members and observing the interactions and relationships. She was aware of her obligation to report any allegation of abuse to the Authority.

Residents spoken with by the inspector said that the staff were helpful and caring and the inspector observed interactions between staff and residents which demonstrated a respectful attitude. They said they felt safe in the centre. The inspector saw evidence that the staff and residents were very comfortable in each other's company. Staff were on the alert to protect the residents from unexpected events, which might increase their anxiety. Residents had been informed about the inspector's visit and the residents had

been prepared for this. When the residents were speaking with the inspector the staff member left the room to afford them the privacy to discuss any issues they might have.

There was a policy on the management of allegations of abuse which was up to date. There was a named person identified as the person responsible for investigating allegations and the responsibility to report any allegation to the Authority was documented. Training records indicated that all the staff had received training on the prevention and detection of abuse. There was photograph on the hall table of the complaints officer and of the designated social worker for protection issues. Residents were able to show these to the inspector and were able to identify the personnel. The residents were aware of the name of key workers but did not know the name of an advocate and were not familiar with the concept. This was addressed under Outcome 1. The person in charge told the inspector that the key worker acts as an advocate for their individual resident. The inspector noticed leaflets on advocacy services on the table at the entrance to the house.

There was a policy on the prevention of/use of restrictive interventions which outlined measures to promote a restraint free environment. The policy listed alternative measures to the use of restraint. The staff had received training in positive behaviour support and CPI. The person in charge informed the inspector that all training is reviewed annually and that the CPI training is due to be updated this October.

There were measures in place for the management of residents' finances and there were records in a register of financial transactions made by and on behalf of residents. All transactions contained the signature of the resident and the staff member. The inspector reviewed the system in place to safeguard funds held for individual residents and found it to be clear and transparent.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Residents had access to the general practitioner (GP) services and appropriate therapies, such as, the dentist, the psychologist, the dietician, the occupational therapist, fitness advisor and the speech and language therapist. There was evidence that residents had availed of allied health care services and specialist consultants.

Residents had been assessed by the speech and language therapist and the dietician. Documentation seen by the inspector with regard to information from these reviews was detailed and informative. Regular multidisciplinary input was evident in the personal plans. The residents were included in these reviews and the inspector viewed the records of recent reviews which took place. The residents were seen to be central to these review meetings and took an active part in planning the date and venue of the meeting. One of the residents had wanted to document her advanced care plan while another resident had declined to do this at present. The inspector was informed by the person in charge that these wishes were revisited at the review meetings.

The inspector noted that residents had access to refreshments and snacks with a selection of drinks and fresh fruit. The residents showed the inspector their individual recipes for fruit 'smoothies' and the associated shopping list which they compiled weekly. The inspector observed that there were adequate stores of both fresh and frozen food in the houses. Residents, spoken with by the inspector, indicated that there was a choice available to them and that their individual likes and dislikes were taken into account. Staff told the inspector that the residents would accompany them on shopping trips and be involved in writing up the shopping list when possible. There was an emphasis on healthy eating and residents were encouraged to walk to their day centres and to go for walks with staff after work.

The inspector observed that the ethos of the centre encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. Staff informed the inspector that the level of support which individual residents required could vary. This was supported by information in the personal plans reviewed on inspection, which the residents were willing to share with the inspector. Staff were knowledgeable about residents' health and social care needs and were observed to provide care as outlined in the personal plans. They gave detailed information to the inspector about each resident and how their medical and social needs were met. It was evident to the inspector from talking to staff and residents that each person had ample opportunity to participate in activities, which included, reading, walking, watching television and DVDs, cooking, animal welfare, holidays, basketball, art, regular outings, music and shopping.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

All residents' medication administration records reviewed had photographic identification in place. There was training for staff in medication management and the inspector spoke to staff who demonstrated an understanding of medication management and administration. There was a medication management policy in place.

Staff were aware of the system for reporting medication errors however, while the inspector saw a record of these errors there was no record of a learning outcome from the event. There was no system in place to review and audit safe medication management practices. The person in charge undertook to undertake a review of the auditing, recording and learning from medication errors.

Residents' medication was stored in a locked cupboard in the office. The medications were packed in single dose units and the prescriptions were sent to the pharmacist on a monthly basis. There were regular reviews of the prescriptions depending on the needs of the residents. Identification of each individual medication was support by the pharmacist, who had provided photographs of the medications which were prescribed for each resident. However, the residents had not been assessed for the ability to self-administer their medications.

There was a system in place to store and return unused and out of date medications to the pharmacy and the staff member with whom the inspector spoke outlined the process in place. There was a staff signature sheet in the medication administration book. The person in charge explained to the inspector that on the occasions when the residents were on holidays or at home there was no record kept in the medication administration sheet. The person in charge said that an improved more consistent system will be developed to indicate this in the administration sheet.

Judgment:

Non Compliant - Minor

Outcome 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

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

This was the centre's first inspection by the Authority.

Findings:

There was a governance and management structure in place which was in accordance with the structure outlined in the statement of purpose. The person in charge told the inspector that her post is full time and she is engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Regular management meetings were held between the provider, the person in charge and the centre coordinator. Staff were facilitated to discuss issues of safety and quality of care at weekly team meetings which the person in charge attended. There was a regular review of the quality and safety of care in the centre and audit of areas such as infection control and medication administration practices were in the process of being developed.

The person in charge was suitably qualified, experienced and demonstrated good leadership and organisational skills. Staff and residents were able to identify the person in charge as being the manager and staff told the inspector that she was supportive and approachable. The person in charge outlined to the inspector her plans to continue to improve the services for the residents. She demonstrated sufficient knowledge of the legislation and her statutory obligations and had a commitment to ongoing professional development.

Judgment:

Compliant

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

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

This was the centre's first inspection by the Authority.

Findings:

A sample of staff files reviewed by the inspector complied with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector viewed the policies on staff recruitment and saw that staff had fulfilled the required vetting procedures.

Records reviewed indicated that staff had attended a range of training to include the mandatory training required by the Regulations. The person in charge told the inspector that training needs of the staff were attended to in October each year and training could also be provided on an individual basis if the need arose.

Staff were supervised according to their role and the organisation had recently responded to the needs of the residents and staff by augmenting the night staffing levels. While the inspector was present the residents received attention and care in a respectful and timely manner. The daily care notes viewed by the inspector indicated that the night staff were also responsive to any care and welfare issues which occurred on their shift.

Rosters were arranged to meet the needs of the residents. The inspector viewed the roster and the planned roster for the following week. The inspector found that staff had very good understanding of their role and of the needs of the residents. Staff were able to demonstrate an awareness of the centre's policies and had access to a copy of the Regulations, and the National Standards, for the sector. The staff were found to be enthusiastic about their work, to be well trained and committed to the ethos of the centre. The residents were familiar with the staff on duty on the day of inspection, which indicated to the inspector that there was continuity of care for the residents.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by St Joseph's Foundation |
| Centre ID: | OSV-0001816 |
| Date of Inspection: | 27 June 2014 |
| Date of response: | 22 July 2014 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:

The residents did not understand the concept of advocacy and even though there were leaflets on advocacy in the centre they were not aware of an independent advocacy service.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

The Registered Provider will ensure the Social Work Department will deliver training to Residents on how to access advocacy services and information about his or her rights.

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

Proposed Timescale: 30/08/2014

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:

All hazards in the centre had not been identified and assessed. The risk management policy did not state the measures in place to control the specific risks outlined under Regulation 26 (c).

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The Registered Provider together with the Health and Safety officer will ensure that the Risk Management Policy will include the actions and measures in place to control all specified risks.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

The arrangements for the recording and learning from adverse incidents was not robust. The incident book was not legible to the inspector as it contained duplicate copies of the events. There was no documentation available to indicate the learning which occurred from any incidents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The Registered Provider, in consultation with the Health and Safety Officer, will review the current Risk Management Policy and will include the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Proposed Timescale: 24/09/2014

Outcome 12. Medication Management

Theme: Health and Development

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

There were no risk assessments or assessments of capacity in place for residents, to enable them to take responsibility for their own medications in line with their wishes and capacity.

Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

The Person In Charge will make referrals to the Psychology Department to assess capacity in relation to individual medication management. A Risk Assessment will then be undertaken by the Person in Charge taking into account the resident's capacity.

Proposed Timescale: 15/09/2014