# Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Joseph's Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004263</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Limerick</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:ddoyle@stjosephsfoundation.ie">ddoyle@stjosephsfoundation.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St Joseph's Foundation</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>David Doyle</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</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>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>14</td>
</tr>
</tbody>
</table>
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 1 day(s).

The inspection took place over the following dates and times
From: 23 July 2014 09:00
To: 23 July 2014 16:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This inspection was the first inspection of this centre carried out by the Authority. The provider made an application for a new centre to be registered for the first time under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection took place over one day.

This centre is a new purpose built facility that can accommodate up to 14 residents in individual apartments. It was designed and developed in line with best practice following extensive research to provide long term and respite accommodation specifically for people with autistic spectrum who display behaviours that challenge.
As part of the inspection, the inspector met with the provider, assistant manager of adult services, the coordinator of autistic residential services and the person in charge. The inspector reviewed documentation such as policies, procedures, proposed personal plan templates, proposed medication administration templates and staff files.

The inspector was given a tour of the apartment complexes and equestrian facilities. The buildings have been finished to a high standard. The apartments are not fully furnished, the inspector was informed that residents will be given the support needs required to choose soft furnishings and personalise each apartment as they wish.

Individual transition plans have been drawn up for residents transferring to this new centre. Staff have proposed moving residents into their apartments in this new centre on a phased, planned basis.

While considerable preparations had been made by the provider and staff, the report identifies some areas of improvement which are required in order to comply with the requirements of the Regulations. These include updating the statement of purpose, updating contracts for the provision of services, developing an emergency plan, displaying of fire procedures and further development of the complaints policy. These issues are included in the Action Plan at the end of the report.
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:
The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a complaints policy in place, which included details of the designated complaints officer and appeals process. The policy required updating to include the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records maintained. ‘Your Service - Your Say’ posters outlining the complaints procedure were clearly displayed in each apartment complex and included the name and contact details of the designated complaints officer. The provider showed the inspector information brochures which clearly outlined the complaints process which he stated were regularly sent out to all families and residents.

There was a complaints log book available and all staff had received training on the management of complaints.

The provider stated that It was proposed to hold weekly meetings with residents in order to afford them the opportunity to have an active role in relation to decisions in the service.

Staff informed the inspector that residents will have input into the decoration, colour schemes and choosing of soft furnishings for their apartments.

Staff spoke about the importance that will be placed on ensuring privacy and dignity for all residents. All residents will be accommodated in individual apartments with their own separate facilities. Staff confirmed that an intimate care protocol will be developed for
each resident to ensure privacy is respected and to protect the resident from any risk during the delivery of intimate care.

**Judgment:**
Non Compliant - Minor

---

### Outcome 02: Communication

*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.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that systems will be place to assist and support residents to communicate.

Staff informed the inspector that communication passports which outlined the communication support needs of individual residents will be developed as required. They stated that the Speech and Language Therapist (SALT) was involved in directing staff in communication techniques. Some staff had received training in sign language specific for people with disabilities and in the use of IPads as a form of communication. Staff stated that some residents used IPads while others used picture exchange communication systems.

All apartments were equipped with TV, telephone and computer access points and the provider told the inspector that it was planned to have Skype available also.

Staff stated that local newspapers will be available and that residents will be updated at the weekly meetings regarding events taking place in the locality.

**Judgment:**
Compliant

---

### 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
Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector was satisfied that arrangements were in place for each residents to receive visitors in private.

There was an open visiting policy in place. Each resident will have their own apartment and will be able to have family and friends to visit or join them for meals. There was also a separate communal visitors room available should residents wish to avail of this facility.

Staff told the inspector that families will be encouraged to attend special occasions such as birthday parties and Christmas. There was a large communal day room available to facilitate larger gatherings, parties etc.

Staff stated that families will be kept informed of residents wellbeing and invited to attend and participate in development and review of residents personal plans. The inspector reviewed the personal planning templates which facilitated the recording of family involvement and review meetings.

Staff outlined how residents will be supported to maintain links with the local community and to attend events in the community including support to attend religious ceremonies of their choice, to go to local pubs and restaurants.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The statement of purpose clearly set out the admissions criteria and process.

The provider stated that contracts for the provision of services will be agreed with each resident. The inspector reviewed a sample contract and noted that the services to be provided were not clearly set out, details of additional charges were not included.
Judgment:
Non Compliant - Moderate

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:
Management staff told the inspector that each resident will be given the opportunity to participate in activities, appropriate to their individual interests. They stated that arrangements will be put in place to meet each resident's assessed needs and they will be set out in an individualised personal care plan.

The inspector reviewed a sample personal plan template. The template included areas to record personal information, special events, long, short and life time goals. It included areas for recording assessments of residents health, personal, social care and educational/learning needs and support plans as required. Staff stated that personal plans will be reviewed at least twice a year and more often if there is a change in residents support needs. They stated that there will be multidisciplinary input from the OT, SALT, social worker and psychiatrist who were employed in the organisation.

Individual transition plans had been drawn up for residents transferring to this new centre. The inspector reviewed some of these plans which included social stories and photos being used to explain about the new centre, visits to the centre were planned and advice was being sought from the psychologist and the social worker.

Management staff showed the inspector the timetable / transition plan for moving to the new centre. They proposed to transfer residents into their new apartments on a phased basis. They planned to initially transfer four residents and staff who would be familiar with one another. They then proposed to transfer a further four residents the following week provided that the first residents and staff were settled in their new surroundings.

Judgment:
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

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
This centre is a new purpose built facility that can accommodate up to 14 residents in individual apartments in three apartment complexes. It is set in 85 acres of parkland and accessed by a tree lined avenue. It was designed and developed in line with best practice following extensive research and site visits to centres in the UK who provided accommodation specifically for people with autistic spectrum.

Each apartment consisted of a bedroom, assisted bathroom/shower room, kitchen and living room. Each apartment was spacious and bright with stunning views of the surrounding rural landscape. There was adequate storage space provided for residents belongings as well as individual laundry facilities. Each room was fitted with a call bell system.

There were separate administration and staff offices, staff sleepover facilities, staff changing facilities, communal day areas and sensory room, visitors room and visitors toilet, cleaners room and storage rooms. The buildings had been finished to a high standard to promote residents safety, dignity, independence and well being.

Residents have access to a enclosed garden area and to several walking trails throughout the farm and woodlands.

There were equestrian facilities, including indoor and outdoor all weather arenas and stables. There are several mountain and woodland sensory riding trails.

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 inspector was satisfied that the provider had put safe systems in place to manage health and safety and risk management.

There were up to date health and safety statements in place for the three apartment complexes.

The inspector reviewed the risk management policy and risk registers. All risks specifically mentioned in the Regulations were included. The organisation had appointed a health and safety officer and had put systems in place for the regular review of risks. Many staff had received training in carrying out risk assessments.

Arrangements were in place for evacuation of the centre in the event of fire but there was no clear guidance for staff as to what their roles and responsibilities might be in the event of varying types of emergencies. The provider undertook to document an emergency plan to provide guidance for staff.

There was an infection control policy in place based on the HSE policy infection, prevention and control for community disability services. Management staff told the inspector that they had good links with the HSE infection control nurse who was available to support staff, provide education and training updates and carry out infection control audits as requested. Hand hygiene training was scheduled for all staff on 13 August 2013.

All staff had received training in moving and handling, refresher training was scheduled for some staff on 29 August 2014.

A fire safety compliance certificate was submitted as part of the application for registration. Arrangements were in place for the quarterly service of the fire alarm and annual service of the fire equipment. Staff told the inspector of systems that will be put in place for daily, weekly and monthly fire checks and fire drills. A personal emergency evacuation plan will be developed with each residents on admission. The procedures to be followed in the event of fire were not yet displayed. Fire safety training was scheduled for all staff in the new centre on 1 September 2014.

#### 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 inspector was satisfied that systems were being put in place to protect residents from abuse.

The policy on safeguarding of adults with a disability from abuse was reviewed and found to be comprehensive and included details of the designated person. The provider told the inspector that a photograph and the contact details of the designated person will be displayed in all apartment complexes. The person in charge confirmed that he had received training in relation to the prevention and detection of abuse and was knowledgeable regarding his responsibilities in this area.

The inspector reviewed the policies on responding to behaviour that is challenging and use of restraint. Management staff told the inspector that positive behaviour support plans had been developed in conjunction with the psychologist for all residents who displayed behaviours that challenge and were in place for residents who will be transferring to the centre. Staff stated that there were currently no restrictive practices in place for any of these residents and none were envisaged. All staff had completed training on managing actual and potential aggression which included use of restrictive measures and personal safety techniques for staff.

**Judgment:**
Compliant

**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

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

**Findings:**
The person in charge and management staff spoken with were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

An incident log book was available to record incidents. Systems were in place to forward a copy of the incident record to the health and safety officer and another copy to the provider. The health and safety officer met with managers of all centres on a regular basis to discuss incidents, audits of incidents were carried out monthly. The provider confirmed that the results of audits were discussed with staff in each centre to ensure learning and improvement to the service.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that residents will be afforded the opportunity for new experiences, social participation, education, training and employment.

Staff told the inspector that each residents educational/employment/training goals will be assessed and set out in their personal plans.

Prior to developing this centre, a committee made up of staff, families, board and multidisciplinary team members was set up. Extensive research was carried out in the United States of residential and day services as to what activities best stimulated people with autism. Based on that research they were in the process of providing rural based activities on site such as horticulture, sensory walking trails, equine and animal therapies.

There were two large walled gardens on the farm and the provider outlined plans to develop the gardens and include horticultural activities for residents.

There were equestrian facilities, including indoor and outdoor all weather arenas and stables. The provider had acquired five horses to date. There were several mountain and woodland sensory riding trails. The provider told the inspector of a recent visit and demonstration given by a US equine expert who had written books on autism which was attended by service users and staff. The provider told the inspector that two staff
members had been trained in equine therapy and were currently developing a Further Education Training Awards Council (FETAC) training programme on horse and stable management. He stated that it is intended to provide equine therapy and FETAC approved training courses to residents.

There was a craft centre and gymnasium currently under construction where residents will be able to partake in various activities.

Staff informed the inspector that residents will be supported to take part in activities of their choice including swimming, going to the gym, attending religious services, attending local events, going to the cinema, going on shopping trips, attending the hairdresser and visiting the local pubs and restaurants..

**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:**
The inspector was satisfied that arrangements were in place to ensure that residents’ overall health care needs will be met and that they will have access to appropriate medical and allied health care services.

Management staff told the inspector that all residents will have access to their own GP services and there will be an out-of-hours GP service available. All residents will have access to a multidisciplinary team of allied health professional employed in the organisation.

Each resident will have their own kitchen/cooking facilities and staff told the inspector that they will be supported to buy, prepare and cook the foods that they wish to eat. Residents will have access to their apartment at all times and will be able to choose a time that suits them to have their meals.

Staff told the inspector that residents with specialised dietary requirements will be supported and that recommendations and support needs will be documented in their personal plans.

Staff confirmed that residents will be free to have family, friends or other residents join
them at meal times if they wish.

**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:**
The inspector was satisfied that safe medication management systems were being put in place.

There was a comprehensive medication policy in place to guide practice.

The inspector reviewed a sample medication prescription/administration sheet and found that it contained all of the required information.

Systems were in place for recording the receipt of all medications from the pharmacist and from respite users.

Systems were in place to record medication errors and for the safe return of medications to the pharmacy.

The person in charge told the inspector that all nursing staff were in the process of completing on line updated medication management training. All social care staff had completed safe advanced medication training and three clinical assessments had to be signed off by a qualified nurse following the training. All staff had received in house epilepsy training including the administration of emergency medications. The pharmacist was available to provide support and training to staff. Staff confirmed that recent training included drug interactions, storage of medications and asthma.

**Judgment:**
Compliant

### Outcome 13: Statement of Purpose
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*
**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector reviewed the statement of purpose dated 17 July 2014 which was submitted in advance of the inspection. It was generally found to be in compliance but required some updating in order to fully comply with the requirements of the Regulations. The arrangements made for dealing with the reviews of residents individualised personal plans was not included and the complaints procedure while included was not clear.

**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:**
The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. He worked full-time and arrangements were in place for senior management staff to be on call out of hours and at weekends. A senior social care worker deputised in the absence of the person in charge. The person in charge is a nurse and currently the person in charge in another centre in the organisation, he had worked as a social care leader since 2014. He was knowledgeable regarding the requirements of the Regulations and Standards. The person in charge stated that he had attended training in front line management and was scheduled to attend a ‘train the trainer’ course on managing actual and potential aggression in September 2014.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist him to deliver a good quality service. These supports included
a coordinator of autism residential services, assistant manager of adult services and the provider (manager of adult services). There were established regular management meetings where the managers of services could meet to discuss common areas of interest and share their learning. The provider visited all centres in the organisation on a regular basis, he was included in the on call rota and was well known to residents and staff.

The person in charge reported to the coordinator of autism residential services. The person in charge told the inspector that he felt well supported in his role and could contact any member of the management team at any time should he have a concern or issue in relation to any aspect of the service.

**Judgment:**
Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

**Judgment:**
Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The inspector was satisfied that there will be sufficient resources to support residents achieve their individual personal plans.

The provider told the inspector that all service users identified to transfer to this new centre have agreed residential placements funded by the HSE already in place.

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:
The inspector was satisfied that safe recruitment practices were in place.

There was a recruitment and selection policy in place to guide practice. The provider told the inspector that existing staff from within the organisation would be transferring to this new centre. There were no plans to recruit new staff. Key workers were allocated to each resident and it was planned that key workers would be transferring with the residents to the centre.

The inspector reviewed the proposed staffing roster which indicated that two social care workers and three care staff will be on duty in the evening up to 11pm, there will be one social care worker and three support workers on active duty at night time from 11 pm with one social care worker on sleepover in the centre. The person in charge is rostered on duty 5 days a week. The person in charge told the inspector that staffing levels will be flexible to meet the support needs of residents and residents will be supported to continue attending day care services following their transfer to the new centre.

The inspector reviewed a number of staff files and found them to be in compliance with the requirements of the Regulations. They included photographic identification, evidence of Garda vetting, written references and contracts of employment.

Training records, induction records and staff appraisals were maintained in staff files.
Management were committed to ongoing training of staff. Recent training included autistic spectrum disorder, intellectual disabilities, management of actual and potential aggression, therapeutic riding, social care, first aid and coronary pulmonary resuscitation.

**Judgment:**
Compliant

---

**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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that records as required by the Regulations will be maintained in the centre.

All records as requested during the inspection were made readily available to the inspector.

All policies as required by Schedule 5 of the Regulations were available and up to date.

**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 Costelloe
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 Joseph’s Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004263</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>23 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08 August 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 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 complaints policy required updating to include the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records maintained.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 34 (3) the Registered Provider will ensure that the complaints policy will be reviewed and updated to include the name of the nominated person (i.e. The Chief Executive Officer) who is independent to the person nominated to deal with complaints (Complaints Officer) to ensure all complaints were responded to and all records maintained.

**Proposed Timescale:** 01/09/2014

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</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>The services to be provided and details of additional charges were not clearly set out in the contract for the provision of services.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Under Regulation 24 (4) (a) the Registered Provider will ensure that the Terms and Conditions of Residence Agreement will contain all details of the services to be provided for that resident and where appropriate, the fees to be charged.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 18/08/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</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>There was no clear guidance for staff as to their roles and responsibilities might be in the event of varying types of emergencies.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
</tbody>
</table>
| Under Regulation 26 (2) the Registered Provider will ensure that systems will be put in place in the designated centre for the assessment, management and on going review of
risk, including a system for responding to emergencies. Training will be arranged by the Health and Safety Officer for staff in the use of all emergency systems.

**Proposed Timescale:** 01/09/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The procedures to be followed in the event of fire were not displayed.

**Action Required:**
Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

**Please state the actions you have taken or are planning to take:**
Under Regulation 28 (5) the Person in Charge will ensure that the procedures to be followed in the event of fire will be displayed in a prominent place in the designated centre.

**Proposed Timescale:** 01/09/2014

---

**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 arrangements made for dealing with the reviews of residents' individualised personal plans was not included. The complaints procedure was not clear.

**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 a statement of purpose will contain all 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.

**Proposed Timescale:** 19/07/2014