

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0001820
Centre county:	Limerick
Email address:	hazelville@stjosephsfoundation.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	David Doyle
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
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 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:
27 August 2014 09:30	27 August 2014 16:30
28 August 2014 09:30	28 August 2014 16:00

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

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

Summary of findings from this inspection

This was the second inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered 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 was announced and took place over two days.

This centre which is a retirement home can accommodate a maximum of 10 residents. The centre accommodates both female and male residents over the age of 18 years who have a diagnosis of intellectual disability with additional health needs (physical / mental), the management of which requires full time support and care.

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The centre was a purpose built single storey building. The house was comfortable, appropriately furnished and well maintained.

Overall, the inspector found that residents received a good quality service in the centre. Staff were very knowledgeable regarding each resident's needs and the inspector was satisfied that individual needs were being met. Relatives spoken with and completed questionnaires reviewed were complimentary of the service provided.

Staff supported residents in making decisions and choices about their lives. Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

Areas of non compliance related to assessment of residents needs and personal planning documentation which are discussed further in the report and included in the Action Plan at the end of this 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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted in how the centre was planned and run. There were regular weekly in house meetings held with residents. The inspector reviewed the minutes of the meetings which showed that residents were recently consulted in choosing new flooring for the kitchen and dining room, they discussed day trips that they would like to organise and discussed the complaints process. Residents and relatives spoken with confirmed that they were always consulted and their views were sought.

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 included 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' brochures were available in the main hallway, the complaints procedure, the name, contact details and photograph of the complaints officer were clearly displayed and an easy read poster was also displayed.

There was a complaints log book available to record complaints, comments or suggestions. To date two issues had been recorded, both of which had been resolved informally and the complainants were satisfied with the outcome.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All doors were closed when personal care was being delivered. Bathroom doors were provided with signage to

indicate when in use. All residents had single bedrooms. An intimate personal plan was developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. Each bedroom had been personalised, residents confirmed that they had chosen their preferred colour schemes, soft furnishings and furniture.

Residents were supported to attend religious services of their choice, there was a small oratory in the house that residents could use should they wish to spent time alone, reflect or pray. The person in charge was in the process of supporting residents to register to vote as some residents had indicated that they would like to vote.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that systems were in place to assist and support residents to communicate.

Staff spoken with were aware of the different individual communication needs of each resident. Each resident had a communication profile documented in their personal plan. Pictorial cards were in use to communicate with some residents.

All residents had access to televisions, radio, newspapers and magazines. Residents told the inspector how they were supported to go to the local shop to buy their favourite paper, book or magazine.

Residents were provided with information on local events at the weekly in house meetings. Residents and relatives spoken with told the inspector that they were very involved in the local community and attended many local community events. Residents spoke of attending the local carnival and festival every night which took place recently over a two week period. Some residents had entered and won competitions during the festival.

Judgment:

Compliant

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Outcome 03: Family and personal relationships and links with the community <i>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.</i>

Theme: Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector was satisfied that residents were supported to maintain positive relationships with their families and the local community. There was an open visiting policy in place. Relatives spoken with stated that they could visit at any time and were always made welcome. They spoke of there always being a good atmosphere in the house when they visited. The inspector met with several relatives during the inspection, some visiting, some calling to take their relative out for lunch and others taking their relative out for drive. Relatives told the inspector that they were kept up to date regarding their relatives well being and attended regular reviews/personal plan meetings. Residents were supported to go on day trips in the local area, some residents liked to visit their family graves, go on shopping trips and dine out in local restaurants.

Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services <i>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.</i>

Theme: Effective Services

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The statement of purpose clearly set out the admissions criteria and process. Contracts for the provision of services were agreed with each resident. The inspector

reviewed some contracts and noted that they included the services to be provided, the fees to be charged including the details of additional charges.

Judgment:

Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Actions relating to personal planning documentation were required from the previous inspection of May 2014 and these were still within the agreed time frames for completion.

The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. There were a range of activities taking place in the centre and some residents were supported to attend local day care services. The inspector observed staff supporting and facilitating a variety of activities during the inspection. Residents confirmed that their individual interests were also facilitated. The inspector saw that residents had a chart in their bedrooms outlining the things that they liked to do during the day. Each resident had a personal plan outlining the things that they liked to do and each had a documented weekly activity chart/programme.

The person in charge was working on the completion of the recently introduced personal plan templates. The inspector saw that work was in progress on the plans and some had been completed comprehensively. Inconsistencies were still noted in some files. The health, personal and social care needs of each resident was not always comprehensively assessed. There were no personal plans to meet some assessed needs of some residents. There was a range of health care assessments in place including personal care and personal health, nutrition, falls risk, risk of developing pressure ulcers and pain but personal plans were not always in place for all identified issues such as continence, high risk of falls and wounds. There were no wound assessments and no wound care plans documented. Staff were able to outline the plans in place for all identified issues

but the documented plans did not always reflect this.

The inspector reviewed some personal plans. The personal plans contained important personal information about the residents' backgrounds, including details of family members and other people who were important in their lives. Some plans set out the resident's individual needs, short term and long term life goals and there was evidence of review and participation by residents in the development of their plans. There was evidence of meetings between residents, their families and key workers. There was evidence that individual goals were discussed and documented at the annual review meeting, the goals and the name of those responsible for pursuing objectives within agreed time frames was included in the personal plan.

Each resident had a personal plan folder/box that they kept in their bedrooms. The folders had been updated following the last inspection to ensure that they were in an accessible format for individual residents. Some boxes were titled 'My Life, My Story, My Plan' and contained photographs, sensory objects and the residents communication profile.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the design and layout of the centre fitted with the statement of purpose and met the needs of residents.

The centre was purpose built and found to be well maintained both internally and externally. The centre was found to be clean, homely, suitably decorated and comfortable.

There was a variety of communal day space including two sitting rooms and a dining room. They were bright, spacious and comfortably furnished. There was a separate small oratory/prayer room.

All bedrooms were for single occupancy; they were bright, well furnished and decorated

in varying colour schemes. Residents had adequate personal storage space including a lockable storage area. Two bedrooms shared one en suite toilet facilities. There was a separate assisted bathroom, an assisted shower room and separate assisted toilet adjacent to the day areas.

The corridors were wide and allowed residents using wheelchairs to mobilise easily.

The kitchen was accessible from the dining room but was separated by a serve over counter. The inspector found the kitchen to be well equipped and maintained in a clean condition. A food safety management system was in place. The most recent environmental health report reviewed by the inspector indicated that hygiene practices were acceptable. There was a plentiful supply of foods available, both fresh and frozen, fruits and juices.

Adequate assistive equipment was provided to meet the needs of residents, such as hoists, specialised beds and shower chairs. The inspector reviewed the maintenance and servicing contracts in place for all equipment and found the records to be comprehensive and up-to-date.

There was adequate storage facilities provided to safely, discreetly and securely store equipment. There were separate well equipped laundry and sluice room. There were adequate arrangements in place for the storage and removal of domestic and clinical waste.

There were two nursing and administration offices as well as separate staff toilet facilities.

Residents had access to an enclosed garden area at the rear of the building. The garden area was landscaped and raised flower beds were provided. Suitable garden furniture and parasols were provided for residents use. Some residents enjoyed gardening while others liked to sit and relax outside in good weather.

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):

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

Findings:

This outcome was inspected at the last inspection in May 2014 when the inspector noted

that there were generally robust systems in place to manage health and safety; some improvements were required to the risk management policy in order to fully comply with the Regulations.

The inspector was satisfied that the issues that were required to be addressed from the previous inspection had been attended to. The measures and actions in place to control the risks specifically mentioned in the Regulations such as the unexpected absence of a resident, accidental injury to residents, visitors or staff and self harm were now included.

The person in charge and the health and safety officer continued to meet monthly to review risks.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in December 2013 and the fire alarm was serviced on a quarterly basis, the last service took place in August 2014. Systems continued to be in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. All staff had received up to date formal fire safety training and staff spoken with confirmed that training took place and were confident in knowing what to do in the event of a fire. The personal emergency and evacuation plans had been updated since the last inspection to include a recent photograph of each resident. The procedures to be followed in the event of fire were displayed. Regular fire drills continued to take place involving all residents and staff. Records were maintained of all fire drills, the last drill took place in August 2014.

Policies were in place on the management, prevention and control of infection and effective hand washing. Hand sanitisers were located at the front entrance and throughout the centre and staff were observed to be vigilant in their use. Further hand hygiene training was scheduled for September 2014.

All staff had received up to date training in moving and handling and further training was scheduled September 2014.

Judgment:

Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This outcome was inspected at the last inspection in May 2014 when the inspector found that measures were in place to protect residents from being harmed or abused however, some improvements were required in relation to risk assessment for the use of bed rails.

The inspector followed up on actions that were required to be addressed from the last inspection.

There were four residents using bed rails. The inspector found that risk assessments for the use of bed rails had still not been carried out in line with the national policy and the centres own restrictive procedure policy. Hourly checks continued to be carried out by staff on all residents including residents using bed rails and these checks were recorded. Personal plans supporting the use of bed rails had been documented since the last inspection.

Staff spoken to confirmed that they had received training in relation to adult protection /trust in care and were knowledgeable regarding their responsibilities in this area. Further adult protection training was scheduled for September 2014.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and appeared happy in the company of staff. Relatives spoken with told the inspector that their family members were happy and felt safe living in the centre.

Judgment:

Non Compliant - Minor

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.

The inspector reviewed the incident book and noted that comprehensive details of all incidents were maintained. 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 the person in charge on a monthly basis and discussed all incidents.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were supported to participate in education and training to assist them achieve their potential.

As this was a retirement home, residents no longer attended training workshops, however, ongoing in house training was facilitated.

Residents had recently attended training/information sessions on the complaints process, fire safety and evacuation, personal planning, physical environment and security, intimate care and oral hygiene. Residents had also attended information evenings on the HIQA inspection/registration process and the residents guide.

The local pharmacist had recently visited and spoke with residents regarding their own medications and their effects.

A member of the National Advocacy Service visited and gave a presentation on advocacy.

The person in charge told the inspector that she was arranging with the physiotherapist to have some specifically modified physical education provided in house and also trying to organise a Yoga course.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to General Practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GP's reviewed residents on a regular basis.

Residents had access to a range of allied health professionals. Records of referrals and appointments were observed in residents' files.

The inspector was satisfied that residents' nutritional needs were well monitored. All residents were nutritionally assessed using a validated tool. Residents who required specialised diets were catered for. Advice was sought from the dietician and speech and language therapist as required and residents were weighed regularly. Daily records of all residents' fluid and food intake was maintained. The inspector spoke with the chef on duty who was knowledgeable regarding residents likes/dislikes and special diets. There was a three week rolling menu in place which offered choice and variety on a daily basis. The menus were drafted in consultation with the dietician and taking residents likes into account. While the chef prepared and cooked the main meals, residents were able to access the kitchen at all times. Residents had access to drinks and snacks and to the kitchen at all times. Fresh bread and scones were baked daily. Fresh fruit was readily available and smoothies were also offered to residents. Some residents participated in preparation of meals, setting the tables and washing up. Residents showed the inspector photographs of themselves baking cakes.

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):

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

Findings:

This outcome was inspected at the last inspection in May 2014 when the inspector noted that while medication management practices were generally safe some improvements were required in relation to prescribing of crushed medications. This action was followed up at this inspection and found to be adequately addressed.

The inspector reviewed the updated medication policy which included guidance on areas such as prescribing, administration, safe keeping and disposal of medications. The nurse on duty told the inspector that there was always a nurse on duty and that only nurses administered medications. Nursing staff spoken with were knowledgeable regarding medication management policies and practices.

The inspector reviewed a sample of prescription/administration charts and noted that they contained all the information required to enable staff to safely administer medications. All medications were individually prescribed. Crushed medications were individually prescribed as such. The inspector noted that the maximum dosage of PRN (as required) medications was also prescribed and all medications were regularly reviewed by the GP.

All medications including medications requiring refrigeration were stored securely. The temperature of the refrigerator was monitored and recorded twice daily. There were no residents prescribed controlled medications at the time of inspection.

Robust systems were in place for checking medications on receipt from the pharmacy and recording medications on return to the pharmacy. Systems were in place to record medication errors and staff were familiar with them.

Staff spoken with had attended recent medication management training.

Regular medication audits were carried out by the person in charge. Following the last audit of medication errors, an action plan had been put in place which included a new system of twice daily medication checks; this had resulted in a 99% reduction in medication errors. The coordinator of adult services had recently completed a medication management audit; no issues of significance were identified.

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector reviewed the updated statement of purpose dated August 2014 and noted that it complied with the requirements of the Regulations. It accurately described the services provided and was demonstrated in practice.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Leadership, Governance and Management</p>
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<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She had been working as a nurse in the centre for the past two years and had recently been appointed as the person in charge. She worked full-time in the centre. She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs of each resident. The inspector observed that she was well known to staff and residents. A senior staff nurse deputised in the absence of the person in charge. There was an on call out of hour's rota system in place.</p> <p>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 her to deliver a good quality service. These supports included a coordinator of services, assistant adult services manager and adult services manager/designated person to act on behalf of the provider. The designated person to act on behalf of the provider visited the centre from time to time and was knowledgeable about the service. Weekly management meetings took place to discuss</p>

issues of concern in the centre. There were formal meetings of all persons in charge from centres in the group to discuss common areas of interest and share their learning.

The person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

There was no formal annual review of the quality and safety of care in the centre, however, some audits had been completed including medication management, incidents/accidents, health and safety and infection control. The person in charge had recently sent out satisfaction surveys to be completed by residents and their families, a review of the survey had taken place and positive feedback had been received. The person designated to act on behalf of the provider told the inspector during the May inspection that they intended to conduct a comprehensive audit of the safety and quality of care in the centre by year end.

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):

No actions were required from the previous inspection.

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. To date this had not been necessary.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector was satisfied that there was sufficient resources to support residents achieve their individual personal plans.</p> <p>Management staff told the inspector that all service users had agreed residential placements funded by the HSE in place.</p>
<p>Judgment: Compliant</p>

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):
No actions were required from the previous inspection.

Findings:
The inspector noted adequate staffing levels to meet the needs of residents at the time of inspection. There was a nurse on duty at all times. There was normally one nurse and three care staff on duty during the daytime and an additional care staff member specifically assigned to one resident. There was normally one nurse and one care staff on duty at night time. Staff told the inspector that staffing arrangements were flexible in order to meet the needs of residents. Staffing rotas reviewed confirmed these staffing arrangements to be the norm.

There was a comprehensive staff recruitment policy based on the requirements of the Regulations. The inspector reviewed a number of staff files and found them to contain all the information as required by 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 management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended ongoing training and records of training were maintained in staff files. Recent training included crisis prevention intervention,

eating and swallowing, wheelchair clamping, health and safety, epilepsy and rescue medication and hand hygiene.

There was a staff supervision policy in place. The person in charge stated that she met with nursing staff on a one to one basis every six to eight weeks to discuss practice issues and training needs. There was a training plan in place for 2014; upcoming training included occupational first aid, epilepsy, complaints process and front line management.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that records as required by the Regulations were 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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0001820
Date of Inspection:	27 August 2014
Date of response:	25 September 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

The health, personal and social care needs of each resident was not always comprehensively assessed.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Under Regulation 05 (1) (b) the Person in Charge will ensure that a comprehensive assessment involving relevant professionals will be carried out for each resident with regard to their health, personal and social care needs.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

There were no personal plans to meet some assessed needs of some residents.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Under Regulation 05 (4) (a) the Person in Charge will ensure that all personal plans for the residents will be completed and will reflect the assessed needs of the residents.

Proposed Timescale: 31/10/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Risk assessments for the use of bed rails were not carried out in line with the national policy and evidenced based best practice.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

As per Regulation 07 (4) the Person in Charge will ensure that appropriate risk assessments regarding the use of bed rails will be carried out in line with the national policy and evidenced based best practice.

Proposed Timescale: 25/09/2014