<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
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</thead>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003618</td>
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<td>Louth</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernadette Shevlin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
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<tr>
<td>Support inspector(s):</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
30 September 2014 09:00 30 September 2014 17:30
01 October 2014 09:00 01 October 2014 18:30

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>
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<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
As part of the application for registration the provider nominee was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspector reviewed this documentation, ascertained the views of residents, relatives and staff members, observed practices, assessed the premises and reviewed documentation such as care plans, medical and accident records, policies and procedures and information in respect of staff working at the centre. Approval is being sought from the Authority to register the designated centre for 8 residents currently living in the accommodation.
The designated centre consists of a residency situated in a community setting. The centre provides facilities and services for residents with a diagnosis of intellectual disability.

The inspector met with the persons in charge as this role is shared between 2 staff members to outline the inspection process and methodology and provided feedback to the management team at the conclusion of the inspection. The provider nominee was on annual leave at the time of this inspection. Matters identified during the previous inspection had been satisfactorily actioned. The persons in charge facilitated the inspection process and demonstrated their knowledge of the legislation and standards during the inspection.

The inspector met all of the residents currently being accommodated. The majority of residents had some awareness of the inspection process and each resident who communicated with the inspector expressed satisfaction with their surroundings and quality of life. The residents were happy and content in the community which they had transitioned to from a congregated setting.

Three questionnaires completed by relatives were positive regarding residents' personal care plan, opportunities for social development, adequacy of support and assistance to communicate in different areas and to be as independent as possible. All respondents were complimentary of the staff team but one suggested that additional staff at night time and at weekends would be beneficial, however, the inspector did not find any other evidence to concur with this viewpoint.

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

The location, design and layout of the designated centre met the needs of residents. The health and safety of residents, visitors and staff was promoted and protected as staff were in the main observant in identifying, analysing and controlling risks.

From an examination of the day time staff duty rota, communication with/observation of residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents with the exception that there was no household staff employed.

Staff had participated in training appropriate to their roles and responsibilities and they demonstrated that they had good knowledge of the residents and their needs. They emphasised the importance of promoting a holistic model of care which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences while maximising their independence.
The action plan at the end of this report identifies 4 actions to be addressed by the provider and persons in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
| **Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.** |

| **Outcome 01: Residents Rights, Dignity and Consultation** |
| Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure. |

| **Theme:** |
| Individualised Supports and Care |

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

| **Findings:** |
| There was evidence that residents are consulted with and participate in decisions about their care and the organisation of the designated centre. For example, weekly house meetings take place in order to work out the day to day operations of the house such as menus for the evening meals and social programmes. |

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

Staff members demonstrated that residents' privacy and dignity was respected and prior to the inspection had obtained the residents' permission for the inspector to review their care planning records/documentation. Residents showed respect for other residents by not going into their bedrooms without being invited. |

The inspector was informed by staff that there are sufficient staff available if residents chose to remain at home from their retirement activation programme or return home at any time if they wished to do so and during the inspection a staff member accompanied a resident to a medical appointment. |

Residents had individual bedrooms which were spatial, accommodating beds, and storage space for personal possessions chosen by the residents. Their bedrooms were personalised with photographs of families and friends, were decorated in accordance with the residents' preferences and choices, had tasteful soft furnishings and the private spaces reflected their personalities and interests. The inspector saw that residents' clothing was laundered and placed in residents' wardrobes. Resident had a locked |
facility to store valuables.

Resident had access to an independent advocacy service.

There was a complaints policy and procedure which was translated into an understandable format for those residents who had the capacity to understand it. A relative communicated that a complaint was dealt with satisfactorily.

**Judgment:**
Compliant

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

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

The inspector saw that information that was relevant to residents was in an appropriate format for the residents’ communication abilities and capacity of understanding, for example, menu planning.

The inspector saw residents going out after the evening tea meal to maintain social relationships and contacts. There were televisions, radios and information technology aids available.

**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):**
No actions were required from the previous inspection.

**Findings:**
There was substantial evidence that residents are supported to develop and maintain personal relationships and links with the wider community. For example, relatives were informed of residents' well-being and condition and a resident was supported by staff to find relatives not previously in contact with the resident. Since the initial meeting regular contact has now been established. Relatives are invited to attend resident's care planning reviews. A resident who has recently moved into the centre returns to visit the persons with whom he/she previously shared accommodation with and makes regular telephone calls in order not to lose contact. The inspector heard about residents visiting the local amenities for example pubs, restaurants, schools and nursing home.

In addition to residents' private bedroom space which is spacious and provides comfortable seating to receive visitors in private there is also a variety of other rooms which can be used for residents' private meetings.

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

**Findings:**
The policy and procedure in respect of the admission transfer and discharge of residents had been reviewed and was comprehensive. Applications for admission to the designated centre is determined by a committee.
The inspector spoke with a resident who had recently moved into the centre and confirmed that the transition was good. The resident had opportunities to visit the centre and be with the resident group prior to making a decision about living in the designated centre. The resident was consulted throughout the process and key members of staff previously working with the resident assisted in all aspects of the move, including removals and settling into the new accommodation.

When the admission is deemed appropriate written agreement is forwarded to the resident/or their representatives, if the resident is not capable of giving consent. This includes the terms of occupancy.

The inspector was informed that at national level a draft contract of care has been compiled and is awaiting Board approval. The persons in charge used the draft contract and has completed one for each resident in the designated centre setting out the services to be provided and the fees (including all additional charges) charged.

**Judgment:**
Compliant

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**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

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

**Findings:**
The designated centre can accommodate 8 residents all of whom have an intellectual disability.

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

A validated dependency measurement tool was used to assess individual resident's dependency levels. The elements assessed included psychological, safety and security, acceptance and belonging and self esteem needs. Dependency levels varied from low to high with in the group.
Each resident had an Individual Personal Plan (IPP) which referenced assessments completed and identified the arrangements in place to meet their needs. The personal care plans were developed in respect of each resident’s care and addressed key aspects of the social, emotional, psychological and health care needs of the residents. Many residents’ aspirations and goals were stated, and there was evidence that residents were empowered and supported in achieving their goals, which resulted in good outcomes. Documentation showed that there was regular reviews of residents’ care plans in consultation with residents and or their next of kin/families.

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

The inspector saw that residents’ communication needs were identified in the residents’ personal care plan and pictorial aids were used to assist residents to understand the care planning process.

**Judgment:**
Compliant

**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 location, design and layout of the designated centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. It is a purpose built bungalow designed to a high standard providing interlinking corridors built around a courtyard. Residents have individual bedroom accommodation that is spacious and many contained an ensuite or nearby bathroom. There were a variety of communal rooms including a large room where day care activation programmes took place. The combined kitchen and dining area was spacious and well equipped.

The premises have been well maintained and the furnishings and fixtures are modern and bright. There was appropriate equipment for use by residents and staff which was maintained in good working order. The inspector noted that due to residents' age/condition a chair weighing scale is necessary but was not available in the centre.
The centre was clean and warm providing a homely environment for residents.

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

**Judgment:**
Non Compliant - Minor

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**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:**
The inspector found that the health and safety of residents, visitors and staff was promoted and protected as there was a policy and procedure in respect of managing risk which included documentation in relation to recording and analysing risks, and this had been implemented throughout the designated centre.

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

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

**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):
No actions were required from the previous inspection.

Findings:
The inspector saw that there were measures in place to protect residents from being harmed or suffering abuse.

Staff were familiar with the comprehensive policy and procedure and were aware of the appropriate action to be taken in response to any allegation, disclosure or, suspected abuse. They confirmed that they had participated in relevant training and were knowledgeable with regard to what constitutes abuse, their duty to report any incident, were aware that this should be investigated and protective procedures put in place for residents.

Staff were familiar with the behavioural support plan, which was in place for a resident and this was consistently implemented by the team.

The inspector noted that a restraint free environment is promoted and only one resident requested the use of bedrails and another resident uses a lap belt while in a wheelchair. Care documentation showed evidence of regular review.

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 inspector saw that a record of incidents occurring in the designated centre is maintained and, where necessary, notified to the Chief Inspector.

The inspector noted that, notifications in respect of serious injury to residents, altercation between residents and quarterly reports had been forwarded to the Authority.

An internal processing/auditing system is available within the designated centre and the Organisation.

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 saw that residents had opportunities for new experiences, social participation and education. A bus is available which transports residents from the designated centre to community events and outings.

The inspector was invited to join the residents during their Retirement Activation Programme (RAP) which is provided on site for the retired residents. It operates from Monday to Friday 09:00 hours to 16:00 hours. Two staff on a daily basis are rostered to work in the day programme and this is supplemented by sessional times from external instructors for example, music therapy, flower arranging and artwork. Six residents avail of this service while 2 residents attend a day programme outside the designated centre. Residents were involved in a variety of activities and were keen to show the inspector their artwork which was being entered in an exhibition and one resident was setting up a floral business. Other residents were listening to music and at one stage, all of the residents were enthusiastically engaged in an exercise programme and a singsong. The activation room is spacious with good natural light and displayed a variety of arts and crafts completed by the residents. The inspector saw that residents received their lunch which is provided by an outside catering agency. Residents are actively involved in reviewing these menus.
All of the residents which the assistance of staff completed the Authority's residents' questionnaires. These were positive in all respects. Residents explained how they were made aware of their rights at weekly meetings, identified the aspects they enjoyed most about living in the designated centre and described the things that made them feel safe.

The Authority received three completed questionnaires from relatives. These were complementary of the facilities and services and care provided. Relatives, were particularly satisfied regarding the commitment of staff in providing assistance and support to the residents and relatives. One relative highlighted the need for additional staff at nights and weekends, however, the inspector found no evidence to concur with this viewpoint.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**

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

**Theme:**
Health and Development

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

**Findings:**
From an examination of documentation and the views of residents and staff it was evident that residents are supported on an individual basis to achieve and enjoy good health.

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

The inspector was informed that residents with swallowing difficulties were provided with soft consistency dishes. In the kitchen the inspector saw a variety of foodstuffs and snacks in the cupboards, fridge and freezer and an ample fruit bowl. Residents' records showed that their weights were monitored. There was evidence that residents were able to choose their own foods. Pictorial menu cards were available to inform residents about different menu choices.
**Judgment:**
Compliant

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**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:**
There was a written operational policy/procedure informing staff about ordering, prescribing, storing and administering medicines to residents which a staff member described/explained to the inspector.

The inspector saw that medicines were secured safely and the staff member on duty administering lunchtime medicines to residents was knowledgeable of residents’ prescribed medicines, residents' preferred method for taking medicines and explained the documents in use to administer prescribed medicines to residents. The inspector was informed and saw evidence in the care planning documentation that residents’ medication was reviewed on a regular basis.

**Judgment:**
Compliant

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

**Findings:**
There was a statement of purpose which described the services, facilities and care provided to meet the diverse needs of residents and which contained the information required as set out in schedule 1 of the legislation. The inspector recommended that the
number of staff should be included as well as a whole time equivalent of staff and the information in relation to the provision of day care should be more explicit.

**Judgment:**
Non Compliant - Minor

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**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):**
No actions were required from the previous inspection.

**Findings:**
The role of person in charge is shared by two staff members. The persons in charge are qualified intellectual disability nurses with much experience in the area of intellectual disability. Their registration with the professional body is up-to-date. The persons in charge facilitated the inspection process and made available documentation and information to the inspector.

They demonstrated in conjunction with the senior management team that they have authority, accountability and responsibility for the provision of the service as they advocated on behalf of residents to achieve the best outcomes and to this end a qualified nurse has been introduced to the social care model in order to meet residents' needs in a holistic manner.

The persons in charge have set up a computer system to assist in auditing/monitoring the quality of care experienced by residents so that this can be developed on an ongoing basis. Audits include risk assessments, behaviour support plans, resident's personal evacuation plans and fire safety issues.

The inspector saw that there was a clearly defined management structure that identifies the lines of authority and accountability and staff were familiar with this.

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

**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):**
No actions were required from the previous inspection.

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

The inspector noted that there were sufficient resources, including the availability of a minibus in order to ensure residents were able to go on outings and maintain their links in the community.

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

An annual review of the quality and safety of care and support in the designated centre which entails consultation with residents and their representatives is in progress.
**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector examined copies of planned rosters for the centre and found that staffing levels were adequate to meet the needs of residents with the exception of not having a household staff member available.

Arrangements were in place to manage planned and unplanned staff leave and there was evidence of staff participating in staff meetings.

The inspector found staff had a comprehensive knowledge of the residents’ likes, dislikes and life histories. Staff throughout the inspection were helpful and familiar with the legislation and standards governing the designated centre.

Documentation in relation to training showed that there was a planned schedule identifying dates and times of various different training modules. There was evidence of scheduled training that staff had participated in relevant to their role and responsibility. This included manual handling, basic life support, medication management, fire safety, safeguarding and de-escalation techniques.

The inspector noted that all staff had not completed food and hand hygiene and dementia care training.

**Judgment:**
Non Compliant - Moderate
### 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):

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

### Findings:

Documentation received prior to the on-site inspection in relation to the registration of the centre was satisfactory for example, there was adequate insurance against accidents or injury to residents, staff and visitors and there was confirmation of compliance with planning and development and fire safety.

The designated centre has procedures/guidelines on matters identified in schedule 5, is maintaining residents' records as per schedule 3, and general records as per schedule 4. The directory of residents was maintained.

The inspector examined documentation in relation to staff members working at the centre (schedule 2) and found that in the main, the requirements of the legislation were met, however, in some instances it was difficult to find staff members, employment history to determine if there were gaps and if these had been explored and documented.

### Judgment:
Non Compliant - Minor
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:

Siobhan Kennedy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
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<td>OSV-0003618</td>
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<tr>
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<td>30 September 2014</td>
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<td>Date of response:</td>
<td>21 October 2014</td>
</tr>
</tbody>
</table>

Requirements

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

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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Equipment required by residents in the form of a chair weighing scale was not available in the centre.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
Ordered by procurement officer on 22/10/14.

**Proposed Timescale:** 10/11/2014

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose should include the number of staff as well as a whole time equivalent of staff and the information in relation to the provision of day care should be more explicit.

**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:**
Completed on the 20/10/14

**Proposed Timescale:** 20/10/2014

### Outcome 17: Workforce

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no household member of staff employed in the designated centre.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.
Please state the actions you have taken or are planning to take:
The services are actively sourcing adequate Housekeeping personnel for the centre.

**Proposed Timescale:** 31/12/2014  
**Theme:** Responsive Workforce  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
All staff had not participated in food and hand hygiene and dementia care training.

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

Please state the actions you have taken or are planning to take:  
Food safety and Hand Hygiene training is scheduled for 24th November. Dementia training scheduled for half the staff team on the 5th November with the second half scheduled for December.

**Proposed Timescale:** 20/12/2014

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**Outcome 18: Records and documentation**  
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
It was difficult to find staff members' employment history to determine if there were gaps and if these had been explored and documented.

**Action Required:**  
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:  
All HR files are being reformatted and reviewed and will be completed by the end of November 2014.

**Proposed Timescale:** 30/11/2014