

**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-0001814
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	David Doyle
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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, Health Act 2007 (Registration of 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:
14 October 2014 10:00	14 October 2014 17:45
15 October 2014 09:25	15 October 2014 12:45

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 first inspection of the centre carried out by the Health Information and Quality 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.

The centre is part of the services provided in a community setting by St. Joseph's Foundation; a voluntary organisation set up to support the needs of persons with a diagnosis of an intellectual disability. A maximum of six residents, both male and

female over the age of 18 years, could be accommodated in this house, which was set in a village in Co. Limerick.

As part of the inspection, the inspector met with residents 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 bungalow. Accommodation comprised seven bedrooms, one of which was used for overnight staff; a large and a small sitting room; a spacious well equipped kitchen and utility room; a bathroom and a shower room; storage cupboards for linen and household equipment and a small well organised office. The bungalow was set in mature and secure grounds, which was planted with shrubs, trees and flowers. There was a generous paved area with patio table and chairs. The garden had space for a clothes line, a basketball stand, a swing and a separate space for the storage of fuel. Waste bins were stored in a safe area separate to the back garden. The premises were clean, tastefully decorated, in good repair, warm, homely and safe. Bedrooms were personalised and reflected the interests of the residents.

Overall, the inspector found that a high standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were very knowledgeable regarding each resident's needs and the inspector was satisfied that individual needs were being met. Residents appeared relaxed in their home and in the care of the staff.

The inspector saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. Residents were consulted in the planning and running of the centre and in decisions regarding their own care, in so far as was possible.

There was evidence of robust governance within the organisation and there were arrangements in place to monitor and improve key areas in the provision of safe, quality care.

Areas identified on this inspection for improvement were minor and included the need to sign all contracts of care and place a lock on the medicine fridge. These are discussed throughout the report and 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, Health Act 2007 (Registration of 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 was satisfied that the rights, privacy and dignity of residents were promoted and residents' choice was encouraged and respected. This was evident from the observations of the inspector of the interactions between residents and staff. Without exception, all interactions were respectful and caring; and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of residents' preferences and this was supported by information in the care plans and the residents' file notes.

The inspector noted that residents retained control over their own possessions. For example, each resident had their own wardrobe space, each resident had their own bedroom which had a queen size bed and was decorated in a manner that reflected each resident's individuality. The organisation's policy on residents' personal property was centre specific. Residents, in so far as possible, were supported to choose and purchase their own clothes and this was documented in their care plans. Residents' grooming needs had received attention and again there was specific details documented in each resident's notes. For example, one resident liked to have hair gel, another liked to have their hair coloured and another resident liked to wear a tee shirt with a picture of his favourite singer. All these preferences were seen to not only be documented but carried out in practice. The inspector saw residents returning from day services, taking their preferred seat at the dining table, choosing the music they wished to listen to and independently feed themselves.

The inspector reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. When possible,

financial transactions were signed by residents. In addition, transactions were checked and counter signed by staff and written receipts retained for purchases made on the residents' behalf. Two staff carried out a daily check of each residents finances and a record was maintained and seen by the inspector. A regular random audit of the financial records was carried out by a member of the senior management team.

The inspector saw minutes of house meetings that were held with the residents, usually on a Saturday when there was no attendance at day services. The complaints policy was available in an easy to read format and provided detail on how to make a complaint. The focus of the policy was around providing and maintaining a quality service. Staff displayed an openness about receiving complaints, the number of complaints received was low and complaints received were documented and corrective action taken. There was a culture of inviting complaints and viewing complaints as constructive feedback. A record was also maintained of complements which equally provided valuable feedback to staff. Also available to residents was a pictorial easy to follow guide to the resident's charter of rights which included information around privacy, choice and maintaining independence

Residents had access to advocacy support. Documentation was available with names and contact numbers for residents and/or their families who wished to use this service. Each resident had a named key worker and this person also advocated on behalf of the resident as did the person in charge, deputy person in charge and day services staff.

A number of residents communicated in a non verbal manner. From speaking with staff and from observing, it was clear that in most instances non verbal residents were able to communicate if they were anxious, worried or in need of assistance. Residents' care plans showed a good level of attention given to ensuring residents' preferences were documented, respected and acted upon. For example, one plan with regards to a resident's choice around rest stated "I like to go to bed early and listen to music before I sleep". Other preferences expressed included "I like to sit at the front of the bus". On return to the house after attending day services it was noted by the inspector that this resident's preference to sit at the front of the bus was facilitated. The inspector noted that all residents were listened to. When a care intervention was taking place it was explained to the resident in a friendly and genuine manner.

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):

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

Findings:

Effective and supportive interventions were provided to residents to ensure their communication needs were met. Staff were qualified and experienced in the care of residents with a disability and this was evident in the expertise they displayed in communicating with all residents. For example, staff understood residents' facial expressions, body movements and general demeanour. Residents and staff used a picture library to express themselves. For example, pictures were used to determine a resident's choice of activity; pictures were used to communicate when a resident was going home through a photograph of their family home and pictures were used to communicate which restaurant residents were going to or wished to go to. Staff used a "communication passport" as a way of communicating important information to hospital staff, new staff working in the resident's home or any engagement between the resident and an outside agency. This gave clear details of the residents' likes, dislikes, how to communicate with them, and what upsets them. It was written in the first person and was a concise, clear and influential expression of oneself.

Each resident's communication needs were set out in individual care plans. Residents, their families and the multi disciplinary team were involved in completing and reviewing these plans. The actions set out in the plans were seen implemented in practice. Good documentation was in place to support the decisions taken at the personal care planning meetings. Residents' communication care plans documented the input from professionals including speech and language therapists and occupational therapists. Overall, there was a strong sense of a team approach to ensuring residents' communication needs were met.

Each resident directed their own care preferences and this was possible because communication between residents and staff; between staff and families and amongst members of the multi-disciplinary team was effective. For example, residents decided their social activities, families were invited to care planning meetings and referrals to members of the multi-disciplinary team were made in a prompt manner and in consultation with the resident.

Residents had easy access to television and radio. Residents' preferences in terms of what programmes or music they preferred were facilitated. The families of residents in the centre were involved in ensuring the resident visited the family home and where possible staying overnight.

Each resident had a comprehensive communication assessment as part of the care planning process. This assessment and care plan was divided into four sections;

- 1) "My ability to understand what is communicated to me" e.g. "I can understand most spoken language"
- 2) "My ability to communicate with others"; e.g. "I use single words"
- 3) " I communicate mainly using other methods" e.g. Lámh signs;
- 4) "I have received support from speech and language therapy" if so, date and name of therapist documented.

The inspector saw that picture notices were on display as an aide memoire for residents. For example, a photograph of the staff on duty was on display in the hallway, with a picture of the sun indicating day staff and a picture of a moon indicating night staff. It was evident from residents' care plans that knowing which staff was on duty was very important to residents. Staff and management of the house were equally aware of the importance of this and how disruptions to routine impacted on residents. Staff were observed using simple, direct language which matched with the documented communication needs of residents. For some residents, humour was employed in communications and residents were observed responding well to this. This aspect of the resident's personality was reflected in the care plan which had a statement "I like bringing a smile to people's faces".

Much emphasis was placed on ensuring all staff who interacted with a resident were kept informed of the resident's wellbeing and kept up to date on any issues that arose during the day. Each resident had a communication book which travelled with the resident when they went between day services and the centre. The inspector observed a resident requesting a staff member to read for him his daily notes. The staff member read it aloud and the resident appeared satisfied with the record read to him.

Staff paid particular attention to explaining to residents about any change in routine. For example, when the day services was closed for a week, staff explained this to residents through verbal and pictorial communication. Staff showed residents a photograph of an aeroplane and explained that day service staff were going on their holidays in an aeroplane. It was explained what activities would be in the house for the week of the holidays and pictures were used where appropriate to relay this message. Residents were given time to process new information and the need to allow time for processing was documented in the care plans.

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:
Residents were supported to maintain relationships with family and friends and this was set out in the residents' notes and personal care plans. Families confirmed this via surveys conducted by the provider to determine service satisfaction levels. Care plans showed that a plan was put in place for each resident to be involved in the community

in a manner that suited their interests and capabilities. This varied from swimming to music sessions to dining out.

Cognisance was given to ensuring that residents' boundaries were not infringed by other residents. For example, staff closely observed interactions between residents; used distraction techniques if necessary and explained in a sensitive and respectful manner to residents how their actions impacted on others.

At the time of inspection all residents attended day services in a local town. They travelled to and from the town in a mini bus in the company of staff. The day services were scheduled according to the individual needs and preferences of residents. Each resident had a weekly activity programme and it included such day services activities as walking, arts and crafts, swimming, attending a FETAC course, drama and animal care.

Visitors were welcome to the centre and facilities were in place for residents to meet with visitors in private. Arrangements were made for residents to meet with friends from another centre. These social visits were evident from the photographs displayed in the centre. Apart from day services activities residents enjoyed several other links with the wider community. At weekends residents enjoyed visiting a restaurant or a coffee shop; two residents were particularly interested in visiting a local animal welfare centre and another resident enjoyed music sessions.

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 person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre prior to admission. She also outlined that consideration was always given to ensuring that the needs and safety of the prospective and current residents were evaluated before someone took up residency in the centre.

Contracts of care had recently been developed. The inspector examined the contracts and noted each resident had a contract and with the exception of one, all were signed by a family representative on behalf of the resident and a member of staff from St.

Joseph's Foundation. The contracts stated the fees to be charged and the services to be provided. Examples of services which incurred an extra fee were set out in the contract.

While residents may not have been in a position to sign the contract of care, their notes showed that a discussion took place between the family member and the resident with regards to the terms and conditions of his/her residency in the centre.

Judgment:

Non Compliant - Minor

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Each resident had a comprehensive assessment of their health, personal and social care needs. The plan was divided into eight sections under the following headings:

- 1) service user information
- 2) general information about the resident
- 3) life goals and support plans
- 4) health and wellbeing assessments
- 5) daily living assessments
- 6) outcomes of assessment support
- 7) evaluation and reviews
- 8) daily records, appointments and notes.

Some residents had a pictorial format of the plan with the title "My person centred plan". This was a synopsis of the more detailed plan and it was set out in an easy to read format. It was a document that a resident could take with them to day services or a new environment.

There were arrangements in place to meet identified social needs; for example, psychology support was sought to assist a resident with their social and behaviour skills; a notice board was in place in the hallway to show residents what staff was on duty as this information was important for them; a compact disk (CD) player was provided for a

resident who liked music and was able to turn on the CD player by himself.

The personal plans were reviewed annually by the multi-disciplinary team with the participation of the resident and his/her family. Family members were given formal advance notification of the review meetings and invited to attend. Review meetings included an evaluation of the resident's needs, choices and preferences and whether goals had been met for the previous year. The formalising of the review process was relatively new and put structure on the many good activities and plans that had always been in place for residents. As reported to the inspector, the new structure was seen as a positive development in ensuring the best outcomes for residents.

As discussed in outcome 3, each resident had opportunities to participate in activities appropriate to their individual interests. The inspector reviewed the systems in place relating to the transfer of residents within the service or to a new service and found that there were robust. Residents were consulted when moving within the service. There were planned supports in place for any moves and discharges were planned for in a safe manner.

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):

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

Findings:

The inspector found that the centre was homely, attractively decorated and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the residents whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. Overall, the premises were free from significant hazards that could cause injury. There were sufficient furnishings, fixtures and fittings.

The dependency needs of residents were such that there was no requirement for specialised equipment. Bedrooms were personalised with each resident having a private bedroom with adequate wardrobe and storage space, a vanity unit and a queen-size bed. Room colours and furnishing were coordinated; full length curtains hung on the windows, bed linen and cushions reflected residents' individual taste, nice table lamps

were on the bedside lockers and family photographs adorned the walls and the shelves. To protect residents' privacy, front facing windows had a glazing to prevent the room being viewed from the outside.

The centre was designed to have wide corridors, a spacious hall area and no door saddles. This facilitated easy and safe movement within the centre. Toilets had grab rails in place. The centre had a spacious comfortable sitting room with an open fire which was protected by a fire guard. There was a large television screen in this room and residents also had the option of having a television in their bedroom. There was also a smaller sitting room which was available for residents to meet with visitors in private. There was a large bathroom and a separate roomy shower/toilet area. An ensuite room was available for staff sleeping overnight. The centre had a well equipped domestic style kitchen with an adjacent utility room in which chemicals and cleaning products were securely stored. A patio door led from the kitchen to a paved area which had a patio table and chairs. The garden was well maintained with mature trees, grass area and raised planters. Residents had the use of a swing and a basketball net as well as a clothes line to hand out their laundry. Laundry was facilitated in house by staff with assistance from residents. Refuse bins were stored in a segregated and safe area and waste was collected by a local domestic refuse company.

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:

Overall, the inspector found that there were adequate arrangements in place in regards to health, safety and risk management including robust policies and procedures relating to such matters. The health and safety statement was reviewed in November 2013 and staff had signed that had read and understood this document. There was a risk management policy in place that met the requirements of the Regulations. Hazards had been identified and assessed. These assessments were seen by the inspector and were found to be comprehensive. Each resident had assessments in their file notes of risks which pertained specifically to them. Control measures were put in place to minimise the hazards. For example, in order to minimise the risk of burns and scalds for two residents, procedures were put in place to prepare as much food as possible while the residents were in bed. This reduced the risk to these residents without restricting their access to the kitchen. There was evidence that learning took place from incidents which occurred; for example, residents were facilitated to dine in the kitchen in a seating

manner which assisted all residents to enjoy their meals.

A list of phone numbers of maintenance personnel was available and the person in charge confirmed maintenance matters were attended to swiftly. There was a robust system in place for incident reporting and investigation of same. The inspector reviewed the incident logbook and found that it was completed as required and appropriate actions were taken to minimise a recurrence. Audits of the environment were conducted and signed off by the health and safety officer with the last audit having taken place on 8 September 2014.

There were satisfactory arrangements in place for the prevention and control of infection. Staff had received suitable training including hand hygiene training. Documentation was available to support this. The inspector saw there was adequate personal protective equipment available such as aprons and gloves and observed staff using them at appropriate times. Aprons and gloves were stored in a manner to prevent accidents to residents. Cleaning schedules were in place and these were completed on an on-going basis. Hand gels were in place throughout.

Suitable fire equipment was provided and there were adequate means of escape. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Residents' mobility and cognition had been accounted for in the evacuation procedure. Each resident had an evacuation plan in place on a holder inside the front door for easy access by fire personnel should they be needed.

The fire alarm was tested on a weekly basis and this was documented. Daily checks were completed to ensure the fire exits were unobstructed. Staff were trained and demonstrated sound knowledge on what to do in the event of a fire. Fire drills were carried out on a monthly basis and a record maintained of the time, who was present and how long the evacuation took. The inspector reviewed service records and found that fire fighting equipment and emergency lighting was serviced on an annual basis. A carbon monoxide monitor was in place. The person in charge confirmed the local fire services were familiar with the location and layout of the centre.

Exit doors had keypad access and an electronically controlled gate was at the entrance. An emergency plan was in place should the house need to be evacuated and emergency contact numbers were included in the emergency policy and on display on the office notice board.

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):

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

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a pro active and non judgemental approach to managing behaviours that challenge. Specific plans were put in place to assist residents and staff in finding a satisfactory way of working with such challenges and the plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans and families were also involved in these. There was documentary evidence that the interventions put in place were effective, while at all times promoting a restraint free environment and protecting the privacy and dignity of the resident. The restraint-free environment was evident from the manner in which the house was designed and on observing how staff and residents interacted.

Policies had recently been updated in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and has access to staff with whom they could communicate with. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way.

The inspector reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable.

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):

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

Findings:

The inspector found that the person in charge was familiar with the process for recording any incident that occurred in the centre and familiar with the procedure for maintaining and retaining suitable records as required under legislation. The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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 found that the general welfare and development needs of residents were promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences. Residents had been afforded the opportunity to attend various activities such as visiting their own home on a regular basis and over-nights with family members; attending music therapy; visiting animal rescue centre; going for walks; visiting restaurants; swimming, going to the cinema and attending social evenings. Residents had access to a secure garden which had a swing and a basket ball net and facilities to dine outside, weather permitting.

There was an assessment process to establish each resident's employment/activity needs. All residents attended day services which were tailored to suit the requirements of residents. Each resident's personal development plan included a section on

"Education and Learning". An example of actions for one resident under this plan varied from support with hand hygiene, setting the table, and shopping. The plan also outlined the importance from the residents' perspective, to get encouragement, guidance, reassurance and praise from all staff. Daily records were maintained in individual diaries for each resident outlining the activities they were involved in each day.

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 saw that a comprehensive holistic assessment was used by staff in conjunction with the resident and/or relative to assess each resident's need. From the assessments, plans of care were devised. The plans seen by the inspector were detailed and there was strong evidence of a multi-disciplinary approach to care and the integration of recommended care interventions into the care plan. Staff spoken with were knowledgeable and informed as to each resident's needs and requirements. There was evidence of a health promoting ethos to care; for example, healthy lifestyle including diet and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided.

There was documentary evidence of the monitoring of residents' blood pressure, pulse rate and weight. Appropriate health care assessments were carried out for residents at risk of pressure sores, malnutrition or incontinence. Where a risk was identified appropriate control measures were put in place. There were no incidences of wounds in the centre at the time of inspection.

The dietician and speech and language were available to lend support and guidance in the formulation of nutritional care plans. There was evidence of referral and access to the GP, psychologist, psychiatrist, dentist and optician. Where other specialist services were required such as ophthalmology and neurology, these were facilitated. Discussions took place around end of life care and these were documented. Religious and spiritual care needs were assessed, as were residents' needs around rest and sleep.

Reviews of care plans took place where it was most convenient for the resident; this usually was at the day services centre. Families were invited to these meeting and the multi-disciplinary team prepared reports for the meeting. Day service staff, key worker

and centre staff attended the care planning meeting.

The breakfast and evening meal were prepared and cooked daily in the residents home. Residents had their lunch and other daytime snacks at the day services. Good documented communication took place between the day services and the centre in relation to specific dietary requirements. The inspector saw that meals, mealtimes and the provision of snacks were dictated by residents' routines and choices and residents enjoyed their tea at the kitchen table at a time of their choosing. While mealtimes were flexible the inspector saw that staff supervision and assistance were in place and that residents were facilitated to be as independent as possible. Special dietary requirements were provided; for example, food served in a modified consistency, low fat diet and high fibre diet.

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 there were systems in place to ensure that medication management practices were safe. Practice was guided by policy. The inspector saw that medications were securely stored and formal records were maintained of the return of unused or unwanted medication to the pharmacy. At the time of this inspection staff spoken with confirmed that no resident had been assessed as having the capacity to safely manage their own medication or was liaising directly with the pharmacist but the inspector saw that each resident was provided with information on their medication regime in a format that was appropriate to the needs and abilities. Nursing and non nursing staff administered medications. Non nursing staff had received training in the safe administration of medications and there was documentary evidence of this.

The inspector reviewed the medication prescription and the medication administration chart and both satisfied regulatory and legislative requirements. There were good systems in place for the ongoing review of medications and the monitoring of medication management systems. The prescription charts demonstrated medication review in line with the residents' changing needs. The centre had strong links with the pharmacist who supplied medications and she was available to advice staff and to audit practices.

Near misses and/or medication errors were recorded through the critical incident reporting system and the action taken in response included increasing awareness amongst staff of the need for vigilance around administering medication. This was reflected in the records seen by the inspector and by staff spoken with. A fridge was in place to store such items as creams and eye drops. The fridge was unlocked and in an unlocked office.

There was evidence that the strong links with family (as discussed in outcome 3) were maintained with regular home visits and procedures were in place to enable this, including safe and appropriate medication management practices.

Judgment:
Non Compliant - Minor

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 statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by Schedule 1 of the Regulations.

The statement of purpose was kept under review and last reviewed in September 2014 and was available to the residents and their relatives. The inspector found that the statement of purpose was clearly implemented in practice and reflected the ethos of providing a comfortable and safe environment.

Judgment:
Compliant

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. She had been working as a nurse in the centre for the past three 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. The person in charge was committed to her own personal development through regular attendance at courses and plans to undertake a management course. An experienced member of staff deputised in the absence of the person in charge. There was an on call out of hour's rota system in place.

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 inspector acknowledged that the success of the recent changes in the governance structure showed significant commitment from all members of staff. The challenges posed by such changes were acknowledged as were the rewards in terms of staff assuming more autonomy and accountability. The designated person to act on behalf of the provider visited the centre from time to time and was knowledgeable about the service and supportive of staff development. Weekly management meetings took place to discuss 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. A copy of the regulations pertaining to disability services and a copy of the disability standards were available to staff in the centre.

Audits had been completed including;

- 1) a medication management audit conducted by the area coordinator
- 2) financial audits carried out by the organisation's financial/ IT consultant

- 3) a health and safety audit carried out on 8 September 2014 by the organisation's health and safety officer
- 4) a hand hygiene audit carried out on 11 September by the community nurse
- 5) an audit of the personal plans was conducted on 13 September 2014
- 6) environmental audit.

Learning from audits included the provision of increased information to staff regarding the administration of medicines and the need to store waste bins out of the reach of residents. Systems were in place to ensure that feedback from residents and relatives was sought and led to improvements.

The person in charge and deputy person in charge told the inspector that staff appraisals were completed on an annual basis and records of these appraisals were maintained in the centre. The inspector was informed that staff were recruited centrally and that the recruitment policy and staffing files were held centrally in the Charleville office. A random sample of these staff files were examined and seen to be complete and fulfilled the requirements of the regulations.

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:

There had not been any occasion where the person in charge was absent for 28 days or more. Suitable deputising arrangements were in place for the management of the centre in the absence of the person in charge. An experienced staff member with 12 years work experience for St. Joseph's Foundation was in the deputy person in charge post. She was working in the centre full time for the past eight months and was well known to residents and staff. She showed commitment to building a strong rapport amongst staff and displayed a person centred approach to care ensuring the house was a happy one.

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 was sufficient resources to support residents achieve their individual personal plans. This was evident from;

- 1) the comfortable home provided
- 2) access to transport through the provision of a mini bus
- 3) the good staffing levels and skill mix
- 4) the low staff turnover and the upcoming appointment of permanent staff in order to minimise the use of agency staff
- 5) the varied activity programme
- 6) the good family involvement in the life of residents
- 7) the provision of adequate and suitable equipment
- 8) the provision of an on-going training programme for staff.

Management staff told the inspector that all service users had agreed residential placements funded by the HSE 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 found that at the time of inspection the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. Agency

staff were occasionally employed but a process was underway to recruit permanent staff to avoid situations where residents were not familiar with the staff on duty and vice versa. The inspector found that there was a staffing roster showing staff on duty including the hours they worked. Three staff were on duty from the time residents returned from the day services at 16:30hours to 21:00hours. From 21:00hours to 07:00hours two staff were on duty, of which one was awake during the night to assist resident to the bathroom.

Overall the inspector was satisfied that the education and training provided to staff enabled them to meet the holistic needs of the residents. The management team demonstrated commitment to providing ongoing education and training to staff relevant to their roles and responsibilities. The annual staff appraisal system facilitated the identification of staff training needs. There was a dedicated co-ordinator of training and a planned training schedule that incorporated both mandatory training and training identified by staff. Records of training completed by each individual staff member were maintained. Mandatory training in manual handling, adult protection and fire safety was current. In addition staff had completed a broad range of further education relevant to the needs of the residents and in addition had ongoing access to the knowledge and expertise of other healthcare professionals as discussed in outcome 11. Information sessions on the Authority and the relevant legislation had been provided to staff.

Staff had completed other training or instruction relevant to their roles and responsibilities including training in; hand hygiene, medication management, eating and swallowing, first aid.

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.

There was a policy on and a dedicated person for the recruitment and management of persons working as volunteers in the service. Volunteers contributed to the social and therapeutic needs of the residents through programmes including music, arts and crafts, social outings or literacy programmes. There was evidence of full employment history, references, Garda Síochána vetting and regular supervisory meetings for each volunteer, who in addition had a designated mentor. Volunteers had their role and responsibilities formally set out for them on commencement of duty.

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:

Overall records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. A directory of residents was maintained in the centre and this contained the items required by the Regulations. A record of residents' assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident, including any treatment or intervention, was maintained. Residents' files were found to be complete and were kept accurately and up to date. For example, a record was maintained of referrals/appointments and residents' notes were updated accordingly with the outcome of the appointment.

Records relating to communication needs, money or valuables, complaints, notifications, fire safety and rotas were maintained, stored securely and were easily retrievable.

The policies required under Schedule 5 of the Regulations were in place.

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:

Margaret O'Regan
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-0001814
Date of Inspection:	14 October 2014
Date of response:	6 November 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, Health Act 2007 (Registration of 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

One contract of care was not signed by a representative of St. Joseph's Foundation.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

The Registered Provider will ensure that the residents contract of care will be signed by a representative of St Joseph's Foundation to comply with Regulation 24 (3).

Proposed Timescale: 17/10/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Medications in the medication fridge were not securely stored.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Under Regulation 29 (4) (a) the Person in Charge will ensure that medications in the medication fridge will be securely stored by getting a lock fitted to the medication fridge.

Proposed Timescale: 17/10/2014