

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Joseph's Foundation
<b>Centre ID:</b>	OSV-0001821
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Joseph's Foundation
<b>Provider Nominee:</b>	David Doyle
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **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 un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
18 September 2014 09:30	18 September 2014 18:30
19 September 2014 09:30	19 September 2014 19:00

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

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

**Summary of findings from this inspection**

The inspection of this centre by the Health Information and Quality Authority, to inform a registration decision, was announced. As part of the inspection the inspector met with residents, the person in charge, her deputy, the provider, his deputy and social care workers. The inspector reviewed the policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, personal plan development, staff training and health and safety risk management. The person in charge informed the inspector that she had been in her position for one year and she had been involved in implementing the new personal plans. During the inspection there were five residents in the centre and the inspector

met with them over the two day period. There was one empty bedroom which was occasionally used for a respite resident. The centre was located in a residential estate. The house was spacious and well maintained. The furniture and the fittings were found to be of good quality and the premises was suitable for the residents who lived there at present. The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013. Some improvements were required in the area of staff training, residents' contracts and health and safety risk assessments.

**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 found that the rights of residents were supported by staff and the social worker for the centre. Residents were treated with dignity and there was a regular consultation process in place, adapted to their needs. The person in charge explained that this conversation would take place as a group, on Saturday morning when the residents were gathered for breakfast. As the residents have limited verbal expression the staff would respond to their body language when suggestions were made for outings or food choice. All residents had recently been present at a short training course on advocacy and there were certificates of attendance in each personal plan seen by the inspector. Staff had attended meetings with the social worker for the centre who discussed the importance of advocacy for this group of residents. The inspector saw minutes of these meetings and staff indicated to the inspector that they found the content to be very informative. The inspector observed staff interacting with residents in a friendly and warm manner. They were seen informing the residents about the choice on offer at meal times and this was presented in a visual form to aid communication.

A folder containing accessible documents was visibly displayed on the hall table and in the bedrooms of the house. This included information on how to make a complaint, residents' rights, access to advocacy, the mission statement and photographs of key personnel in the centre. There was pictorial input in the documents. Residents' representatives were involved in their personal plans. Residents could make choices about their daily lives with support from staff and staff with whom the inspector spoke were aware of the residents' usual routine when they returned in the evening from their day care facilities. One resident was observed to enjoy music and staff were seen to have facilitated this by turning on the music centre in the visitors' sitting room for this

person. Staff informed the inspector that one resident liked to rest on his bed for an hour before tea and watch his favourite programmes. Staff were seen to assist him in a caring manner, as he was unable to mobilise independently. The roster of staff was arranged in a manner to support residents and the inspector viewed the roster which indicated continuity of staff members. The provider explained to the inspector that this group of residents were particularly vulnerable as they had communication challenges to overcome. For this reason staff who were rostered in this centre were familiar with the residents and their communication styles. The provider had developed policies to guide staff on the care of residents' property and finances, as required by Regulations. Individual records were kept of the weekly spending money for each resident. The inspector reviewed a number of these and noted that transactions were being signed by two staff members. The amounts checked correlated with the balance in the written record. The person in charge explained to the inspector that all receipts for day trips and outings were retained and that she checked these on return. She informed the inspector that staff were trained in the prevention of financial abuse as part of their 'Trust in Care' policy and training sessions.

Local amenities such as the park, library, shops, restaurants and hairdressing facilities were accessed and the inspector saw evidence in the daily reports that residents had been assisted to avail of these. Residents were facilitated to go for walks or drives and to take part in arts and crafts, multi-sensory sessions and ceramic making activities. During the week these activities took place from their individual day care facilities. In the evenings and at the weekends staff in the residential centre provided appropriate activities and social outings. Residents also went on day trips and overnight outings, which were in line with their individual assessed preferences and goals and attended events such as concerts and 'socials'. At the time of inspection one resident had gone home for the weekend. There was a complaints policy in operation in the centre. An easy-to-read version for residents and their representatives was prominently located in the entrance hall. The centre had a dedicated complaints officer and an independent nominated person. Their photographs were displayed in the centre. Staff were aware of the names of these personnel and how to initiate a complaint. The inspector spoke with a relative who was familiar with this protocol and was able to tell the inspector the name of the complaints officer and that any issues raised were dealt with efficiently. The inspector viewed the complaints book and observed that complaints were recorded. The satisfaction of the complainant was documented. Learning from complaints was in evidence also. Residents were supported to attend religious ceremonies of their choice, for example, some residents attended Mass in the local church. Staff were heard discussing which restaurants would suit certain residents at the weekend and also the specific needs which would need to be accommodated for those residents.

**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):**

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

**Findings:**

The inspector found that staff were aware of the individual communication needs of residents and that residents' communication needs were being met by interpretation and support from the advocacy, social work and SALT (speech and language therapy) services. Residents' representatives were consulted and the inspector saw the policy, letters and communication notes to support this. The inspector reviewed a sample of residents' files and reviewed communication plans. Plans of care outlined specific means of communication and were seen to be detailed, including information such as how residents' behaviour would change when expressing different emotions. The plans also outlined methods of communication to use to support relatives' contact with individual residents. There was evidence that multi-disciplinary professional input was sought where required, for example, from the psychologist and the GP (general practitioner). The inspector observed that communication care plans were reflected in practice by the staff on duty on the day of inspection. Residents had access to television, DVD players and radio. There was a portable phone available if a phone call was to be taken in a private setting. The person in charge and the social care worker informed the inspector that the SALT was responsive to the needs of staff and residents in the centre. The inspector viewed a care plan for one resident written by SALT and saw that it outlined the goals, the time line for implementation and the person responsible for progressing the action. The inspector also noticed that a novel system, 'optics', was in place to aid the sensory and visual identification of objects and tasks. This had been initiated by the speech and language therapist (SALT). To illustrate how this was used in the centre the inspector was shown a colourful card onto which was fixed a toothbrush and mug, for example. These would be presented to residents in the morning and evening to provide sensory and visual information about the task to be performed.

The psychologist also provided advice and detailed steps to be followed when providing positive behaviour support in specified events. The inspector saw that this plan had been highlighted by the person in charge for the attention of all staff. The social worker was working with the advocate for one resident to improve social contact and the inspector read documentation to support this. Friends and relatives were encouraged to visit the centre and there was a visitors' room available for private visits. Staff with whom the inspector spoke said that Sunday was a popular visiting day and described recent special occasions which had been celebrated. A relative confirmed this with the inspector and said that staff were always welcoming of efforts to include the residents and their representatives in social events, within the centre and in the community.

<b>Judgment:</b> Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

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

**Findings:**  
The inspector found that positive relationships between residents and their representatives were enabled and encouraged in the centre. Contacts and social links were supported in the centre by a variety of means. There was an open door visiting policy in the house and family, relatives and friends were welcome to visit. Staff told the inspector that they had access to direct phone numbers of residents' representatives and other relevant people. This contact was supported as appropriate to each resident, for example through the residents' home visits, phone contact and visits to the centre. Family or residents' representatives were encouraged to attend birthdays and other special occasions such as Christmas parties. Staff said that they would facilitate visitors who may wish to take an individual resident out for shopping, for a meal or other special occasion. One resident was shopping with a family member on the day of inspection and the inspector later spoke to the relative when they both returned to the centre. There was evidence of personal links in the personal plans. Residents' representatives were contacted by the social care worker in advance of the review of each resident's personal plan and invited to attend the review meeting. Input from relevant people, in relation to individual residents' wishes and preferences, was documented in personal plans. The centre was in the process of setting up a scheme called the "Buddy system" in conjunction with local schools. This had not been implemented as policy and protocols had yet to be developed.

**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:**



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

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

**Findings:**

The inspector found that overall, admissions were in line with the statement of purpose. Contracts of care set out the service to be provided in the designated centre. Contracts of care were signed by the provider, person in charge and next of kin, where appropriate. If the need arose a member of the staff would meet with residents and their families or representatives and review current living arrangements and any wishes in relation to any changes or moves. There was evidence that moves were planned for in a safe manner. Transfers were overseen by senior members of the team and information meetings were held. Consultation with residents was undertaken in line with their abilities and input was sought from their representatives and the multi-disciplinary team. The inspector spoke with the person in charge and other staff who confirmed such arrangements were in place. However, one resident did not have a contract in his file. The provider explained that efforts to locate a next of kin or relative for this resident had failed despite numerous attempts by the social worker. The provider undertook to provide a contract for this resident with the support of his advocate and the social worker.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Each resident's wellbeing and welfare was seen to be maintained within the centre. Each resident was facilitated to participate in activities appropriate to their preferences and their abilities. The inspector was informed by the person in charge that residents were involved in some small daily chores and would be informed about the contents of the shopping lists. Their likes and preferences would be taken into account. The inspector

spent time with residents when they came back to the house in the evening and saw that they were involved in kitchen tasks. The inspector heard staff talking to the residents about activities they enjoyed including their recent bus outing, shoe shopping, outings to local restaurants, spiritual services, walking and the upcoming 'socials'. Staff outlined the residents' routine for relaxation in the house such as beauty therapy, listening to music, art and crafts as well as favourite TV programmes. Residents attended their day care facilities on weekdays and the inspector saw evidence of the activities in which they were involved. The centre had its own minibus in which residents travelled to the day care facilities. There was good communication between both centres and the staff showed the inspector the individual diaries which were sent daily with the resident to be updated by the day care staff. A staff member from the day care attended the residential house to give a handover report at the end of each shift and staff from the residential house accompanied the residents in the morning to provide a care update to the day centre staff.

The inspector saw that the bedrooms were furnished with duvet covers, pictures, signed celebrity photographs and other personal items. The staff showed the inspector their selection of music CDs and DVDs as well as certificates of achievement. There were individual television sets in each bedroom. The inspector saw that some residents seemed very relaxed in the sitting room after work and that the staff moved about efficiently and discreetly providing physical and psychological support where required. The inspector was informed by staff of goals which had been reached by the residents with staff support and they were obviously proud of the progress made. The arrangements to meet each resident's assessed needs were outlined in a personal plan. The person in charge showed the inspector these plans and it was evident that they had been drawn up in line with the specific assessed needs of this group of residents. The plans had been personalised with residents' photographs and the person in charge informed the inspector that this ensured that residents were able to identify their own file.

The inspector viewed evidence that residents had access to the multidisciplinary team such as the dietician, the GP, physiotherapist, occupational therapist, dentist, social worker and the psychological services. There was evidence of consultation with family members or representatives. Each resident had a key worker who was responsible for ensuring that the set goals were reached. Some gaps in documentation were identified such as the time-scales for goals to be fulfilled and the outcome measures for long and short term goals. The person in charge told the inspector that training was being undertaken to ensure effective use of this new documentation as the inspector noted that some of the required detail was present in a duplicated form of the care plan. The inspector saw evidence that goal setting for residents in this centre required flexibility and that time-scales could change depending on their needs at a particular time. There were large photographs of staff members in the hallway to inform residents of the staff on duty during the day and at night. These were placed on a poster which had a visual element to portray night and day. Personal plans were being reviewed as required by the Regulations.

**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 designed and laid out in a way that was suitable for its' stated purpose. It was freshly painted and the furniture and fittings were of a high standard. The centre met the individual and collective needs of residents and there was appropriate and suitable assistive equipment provided which was maintained in good condition. The inspector saw evidence of the service records for equipment and observed that there was a responsive maintenance programme available for the centre. The communal rooms were bright and spacious. Bedrooms had suitable beds, large wardrobes with a 'locking function' and hand wash basins. Corridors were wide and there was room for a two-seater couch in the entrance hallway. All parts of the centre were fully accessible to residents. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

Areas where hazards were present were restricted however, the inspector noticed that the key was in the lock of the chemical press in the utility room and it was not locked. This was addressed immediately. This risk will be addressed under outcome 7: Health and Safety and Risk Management. The inspector observed that there were risk assessments carried out for most hazards identified in the centre and controls had been put in place. There were sufficient toilets, bathrooms and showers to meet the needs of residents. A new reclining shower chair had been secured for the residents and staff explained how this had enhanced their care. The inspector noted that there was adequate storage for large pieces of equipment, for example, motorised wheelchairs and hoists. The inspector observed that equipment was appropriate to meet the needs of residents and to support and promote their full capabilities. One resident had an adjustable bed and the inspector saw evidence of maintenance records for all the assistive equipment in the centre.

**Judgment:**

Compliant

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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):**

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

**Findings:**

The centre had a health and safety statement and it was updated yearly. It identified, assessed and outlined the controls required for certain risks in the centre. Procedures were in place for the prevention and control of infection. Alcohol hand gels, plastic aprons and disposable gloves were observed in the centre. Alginate bags were seen by the inspector in the laundry room. Staff had training in the correct hand washing technique and there were leaflets on the correct procedure on display. Housekeeping duties were carried out by the staff. There were coloured coded systems in use for floor washing and food preparation. Both the person in charge and the social care worker were aware of safe food practices and food was labelled once opened. There was a large laundry room which was used by staff and there was adequate equipment in place. The inspector saw the 'hot press' in the centre and noticed that each resident had an individually labelled shelf for their personal supply of linen and towels. The centre had a risk management policy and a risk register which identified potential risks in the centre. This was seen to be updated and augmented when new risks were identified. The risk management policy outlined the controls in place for the risks specified under Regulation 26 (c). However, the inspector noted that the use of oxygen in the centre had not been risk assessed and the consequences of an unlocked chemical press had not been assessed. This was addressed while the inspector was on the premises. The inspector was shown the records of a recent detailed health and safety audit and observed the actions that had been taken as a result of this.

A fire evacuation plan was in place and a premises had been identified to which residents could be evacuated in an emergency. Regular fire drill training was documented and there were personal evacuation plans (PEEPs) prepared for the residents. Records reviewed by the inspector indicated that the fire alarm was serviced on a quarterly basis, fire safety equipment was serviced on an annual basis, and fire drills took place on a regular basis. The fire assembly points were identified and there was appropriate emergency lighting in place. There was evidence that arrangements were in place for reviewing fire precautions which included the alarm panel, the fire exits and the testing of fire equipment. The fire safety certificate was displayed on the wall. Staff with whom the inspector spoke, were aware of the external fire assembly areas. They informed the inspector about their most recent fire drill and about the fire evacuation arrangements. The inspector noted that fire exits were unobstructed. Staff spoken with by the inspector were aware of what to do in the event of a fire and were aware of the location of the fire exits and break glass panels. Training in fire safety was under taken, however in the sample of records seen one staff member had not attended

an update in fire training. This was scheduled for the end of September. The social care worker explained to the inspector about the personal evacuation plans for each resident. The procedure to be followed in the event of a fire was prominently displayed around the buildings. It was available for residents in a pictorial form also. The centre was a smoke free zone and a large 'bucket of sand' ashtray was available outside, at the back of the centre, for any staff member who smoked. This area was identified with appropriate signage as the designate smoking area for staff.

**Judgment:**

Non Compliant - Minor

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The person in charge informed the inspector that she was involved in the management of the centre on a daily basis and worked on both the day and night shifts. She checked on the safety of residents in the centre by observing their body language and speaking to their relatives and representatives. She informed the inspector that she spoke to the staff regularly about their interactions and relationships and was aware of her obligation to report any allegation of abuse to the Authority. Relatives, spoken with by the inspector, said that the staff were kind and caring and the inspector observed communication and the relationships between staff and residents which demonstrated a respectful attitude. Residents seemed to be very comfortable in the company of staff on duty on the day of inspection and indicated this by smiling and occasionally hugging staff members.

Where there was any indication of disharmony among the residents there were plans drawn up with the appropriate professional input. The inspector was shown one such plan and saw that interventions were being implemented where required. There was a policy on the management of allegations of abuse which was up to date. There was a named person identified as the person responsible for investigating allegations and the responsibility to report any allegation to the Authority was documented. Training records indicated that staff had received training on the prevention and detection of abuse and the inspector saw that there was a programme of training planned for September and

October. However, one staff member required an update of this training. This will be addressed under Outcome 17: Workforce. There were photographs on the hall table of the complaints officer and of the designated social worker for protection issues. The inspector spoke with the social worker who had been in recent contact with the advocate for the residents and he indicated that he had received training in the 'Trust in Care' policy for the centre. At the time of inspection staff were seen to be reviewing the 'Trust in Care/Adult Protection' policy. Staff confirmed with the inspector that they had all received a copy of this, with a signing sheet which was used to confirm that this had been understood. There was a policy on the use of restrictive interventions which outlined measures to promote a restraint free environment. The majority of staff with whom the inspector spoke had received updated training in positive behaviour support and de-escalation techniques. There were measures in place for the management of residents' finances and there were records in a register of financial transactions made by and on behalf of residents. The inspector spoke with staff who were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person. The inspector reviewed personal plans for supporting residents with reactive behaviour and the associated risk assessments were seen. Residents' representatives were involved in discussions where appropriate.

**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:**

A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided to the Authority and the inspector viewed these prior to the inspection.

**Judgment:**

Compliant

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**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:**

Residents' opportunities for new experiences and social participation were facilitated and the inspector was shown photographs of some of the activities and outings undertaken. An assessment of each resident's goals relevant to their general welfare and ability had been completed. Goals were developed in accordance with residents' known preferences and to maximise their independence as evidenced in their personal plans. A number of residents participated in activities in the day houses such as art, life skills, ceramics and music therapy. In the centre activities, such as bus outings to Ballybunion and Fota as well as parties and dining out in the garden, were documented. Sociability was encouraged with those residents who were capable of sitting around the kitchen table in the evening. Residents were seen being offered a choice of meal at this time and staff were seen to be utilising a menu planner and visual aids to assist in decisions regarding their menu choice. The person in charge informed the inspector that residents would become involved in baking sessions when these were arranged. The inspector read the communication books and the staff handover records from the day houses and saw that the abilities of the residents were being encouraged and praised.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Residents had access to the general practitioner (GP) services and appropriate

therapies, such as dentist, psychologist, dietician, occupational therapist, social worker and speech and language therapist. There was evidence in personal plans that residents had availed of allied health care services and consultants. One resident had been assessed by videofluoroscopy (an x-ray to detect swallowing difficulties) and a modified diet plan had been put in place. Staff were seen to support this resident to eat his meal and to adhere to the guidelines laid out in his care plan. The inspector saw assessments carried out by the speech and language therapist, the dietician and dentist. The personal plan of one resident indicated a recent admission to the acute sector for surgery. The inspector saw that the physiotherapist had put a rehabilitation programme in place and staff informed the inspector that this had supported the recovery of this resident who was now back to full physical capability. Documentation seen by the inspector was detailed and person-centred often written in the first person, when preferences were known. The inspector saw that residents' representatives had signed residents' personal plans. As well as the personal plans, each resident had a file for all correspondence from medical personnel and the inspector saw the referrals and the responses received in relation to residents care. In addition, these were then seen by the inspector to inform goal setting and outcomes for the residents.

The inspector noted that residents had access to refreshments and snacks with a selection of drinks and fresh fruit available. Staff showed the inspector the shopping list which they compiled weekly and the rotational menu plan. The inspector observed that there were adequate stores of both fresh and frozen food in the house. Staff told the inspector that some residents would accompany them on shopping trips and that the likes and dislikes of residents were known to staff. There was emphasis on healthy eating and the residents' weights were recorded monthly. The inspector saw that the MUST (malnutrition universal screening tool) was used to assess the residents' nutritional status and records were seen of the monthly weights. Staff were knowledgeable about residents' health and social care needs and were observed to provide care as outlined in the personal plans. Staff also gave detailed information to the inspector about each resident and how these needs were met. It was evident to the inspector from talking to staff and relatives that each person had ample opportunity to enjoy leisure pursuits which suited their needs and which were tailored to their abilities.

**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 found that residents were protected by safe medication management policies and practices. There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. The inspector spoke with staff and found that they were familiar with the guidance as outlined in the policy. The inspector reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process. Prescription charts and administration charts were completed in line with relevant professional guidelines and legislation. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN (as necessary) medications was prescribed and all medications were regularly reviewed by the GP. There were no controlled medications in use at the time of inspection. Residents did not require their medications to be crushed. A medication fridge was in place, this required a lock which was attended to. One resident was on oxygen as prescribed by a consultant. Unused and out of date medications were segregated from other medicinal products, as required by the Regulations and a record of returns to pharmacy was maintained. Medication errors were recorded in the critical incident report book and such errors were discussed at meetings to inform learning for staff. This record was difficult to read in parts as it was a duplicate copy. The provider undertook to review the record book and provide a medication error book for the centre. Staff had undergone training in relation to medication management in 2013 and 2014. The person in charge said that medication administration was undertaken by senior staff only. However, all staff would be required to administer an anti-seizure emergency medication and not all staff had received training in this. This will be addressed under Outcome 17: Workforce. The inspector reviewed audit findings and found that they contributed to learning. Oversight of medication management, including PRN and psychotropic medications was done by the pharmacist, whom the person in charge said was very attentive to the centre.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The 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. It

contained all of the information required by Schedule 1 of the Regulations. The statement of purpose was kept under review on a yearly basis. It was available to the residents in an accessible format. The inspector found that the statement of purpose was clearly implemented in practice. Staff with whom the inspector spoke were familiar with its contents.

**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:**

There was a governance and management structure in place which was in accordance with the structure outlined in the statement of purpose. The person in charge told the inspector that her post was full time and she was engaged in the governance, operational management and administration of the centre on a daily. Regular management meetings were held between the provider, the person in charge and the centre coordinator. Staff were facilitated to discuss issues of safety and quality of care at weekly team meetings which the person in charge attended. There was a regular review of the quality and safety of care in the centre. Audit of areas such as infection control, health and safety, privacy and dignity and medication administration practices were being undertaken. The inspector saw that this system was being expanded to include audit of compliance with relevant Regulations. The person in charge was suitably qualified, experienced and demonstrated good leadership and organisational skills. Staff and residents were able to identify the person in charge as being the manager and staff told the inspector that she was approachable and professional. The person in charge outlined to the inspector her plans to continue to improve the lives of residents and to ensure that the staff were supported. She demonstrated sufficient knowledge of the legislation and her statutory obligations and had a commitment to ongoing professional development.

**Judgment:**

Compliant

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**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 an occasion where the person in charge was absent for 28 days or more. Suitable deputising arrangements were in place for the management of the designated centre in the absence of the person in charge. A social care worker had been identified to deputise in the absence of the person in charge. The provider was aware of his statutory duties to report any such absence.

**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 found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose. The provider and the deputy manager informed the inspector that a regular review of resources in the designated centre took place in consultation with the person in charge. The inspector spoke with the person in charge and staff members who confirmed that an extra staff member would be available according to the needs of residents at a particular time. The person in charge and staff also confirmed that there had not been instances where they had been unable to meet residents’ goals due to lack of resources. The inspector found that the facilities and services available in the designated centre reflected the statement of purpose. Staff confirmed that there was a household budget that could be used to meet the day-to-day running costs of the centre and that any extra requirements were

met by the management.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

A sample of staff files reviewed by the inspector complied with the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector viewed the policies on staff recruitment and saw that staff had fulfilled the required vetting procedures. Records reviewed indicated that staff had attended a range of training to include the mandatory training required by the Regulations. The person in charge told the inspector that training needs of the staff were attended to in September and October each year and training could also be provided on an individual basis if the need arose. Staff had training in moving and handling training, adult abuse, infection control, fire training and positive behaviour/crisis prevention among others. However, not all staff had the required mandatory training done. The inspector checked training records and confirmed this with staff members. It was noted that in the sample of staff files checked by the inspector that one staff member did not have fire training done, another staff member did not have training in positive behaviour support, one staff member required updating of training in adult protection and not all staff had training in the use of specific emergency medication for medical needs within the centre. The inspector saw evidence that some of these staff had been scheduled for training at the end of the month.

The inspector checked the files of agency staff and found that a number of these staff members did not have the mandatory training, required by legislation, for example fire training and positive behaviour support. The inspector spoke to the provider who said that such training was usually provided by the agency. He assured the inspector that he will check all mandatory training of these staff going forward, to ensure compliance with the Regulations. While the inspector was present the residents received attention and care in a timely and patient manner. The daily care notes viewed by the inspector indicated that the night staff were also responsive to any care issues which occurred on their shift. Rosters were arranged to meet the needs of the residents. The inspector

viewed the roster and the planned roster for the following week. Staff were able to demonstrate an awareness of the centre's policies and had access to a copy of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities 2013. The residents were comfortable with the staff on duty on the day of inspection, which indicated to the inspector that there was continuity of care for the residents.

**Judgment:**

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):**

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

**Findings:**

The inspector found that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents and that the staff rota was properly maintained. The inspector found that there was an accurate staffing roster showing which staff were scheduled to work and it specified the times when staff were on duty. Over the course of the inspection staffing levels were seen to be adequate to meet the 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 supervision system facilitated the identification of staff strengths and training requirements. Mandatory training needs were being addressed. Staff had completed other training or instruction relevant to their roles and responsibilities including courses in relation to hand hygiene, food hygiene, medication management, personal care planning, communication and pain management. Staff supervision meetings were completed on an annual basis; documentary evidence of this was held on staff files and staff confirmed that such meetings took place. The relevant current registration status with An Bord Altranais agus Cnaimhseachais na hEireann was available for nursing staff and these records were seen by the inspector.

**Judgment:**

Compliant

## **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Joseph's Foundation
<b>Centre ID:</b>	OSV-0001821
<b>Date of Inspection:</b>	18 September 2014
<b>Date of response:</b>	22 October 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:**

The registered provider had failed to agree in writing the terms on which a resident would reside in the centre and the details of the services to be provided for the resident including the fees to be charged.

**Action Required:**

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

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

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

Under Regulation 24 (3) the Registered Provider will ensure that the Terms and Conditions of Residency will be completed for all residents.

**Proposed Timescale:** 20/11/2014

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

All risks in the centre were not identified and controls had not been put in place for all risks, such as the use of oxygen and the unlocked chemical press.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Under Regulation 26 (1) (a) the Registered Provider will ensure that the risk register will include the identification and assessment of all hazards and the control measures required to minimum these risks.

**Proposed Timescale:** 24/10/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

All staff in the centre did not have updated mandatory training. One staff member had not been afforded training in positive behaviour support and de-escalation techniques, one staff member required updating of training in Adult Protection, one in fire training and another staff member had not had training in the administration of emergency seizure medication. Agency staff working in the centre did not have an update of the required mandatory training as above.

**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:**

As per Regulation 16 (1) (a) the Person in Charge will ensure that all staff will be scheduled for any required training including refresher training.

**Proposed Timescale:** 31/10/2014