### Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Joseph’s Foundation</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001822</td>
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<td>Centre county:</td>
<td>Limerick</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Joseph's Foundation</td>
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<tr>
<td>Provider Nominee:</td>
<td>David Doyle</td>
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<tr>
<td>Lead inspector:</td>
<td>Margaret O'Regan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Paul Dunbar</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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: 07 October 2014 13:40  07 October 2014 19:10
To: 07 October 2014 13:40  07 October 2014 19:10
08 October 2014 10:00  08 October 2014 14:00

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

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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, all male and over
the age of 18 years, could be accommodated in this house, which was set in a town in Co. Limerick.

As part of the inspection, the inspector met with residents and staff. 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 six bedrooms, two sitting rooms; a spacious well equipped kitchen and utility room; a bathroom and a shower room; storage cupboards for linen and household equipment and an office with overnight accommodation for staff. 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 premises was clean, tastefully decorated, in good repair, warm, homely and safe. Bedrooms were personalised and reflected the interests of the residents.

Overall, the inspectors 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 inspectors were satisfied that individual needs were being met. Residents appeared relaxed in their home and in the care of the staff.

The inspectors 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.

The centre was found to be in compliance with regulations and standards.
**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 inspectors were 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 inspectors 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 inspectors noted that residents retained control over their own possessions. For example, each resident had adequate wardrobe space in their own spacious bedroom which 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. The inspectors saw residents returning from day services, and carrying out their preferred routine which varied from helping to wash the dishes, to completing word puzzles, to sitting on their own in the sitting room, to chatting with staff and looking at pictures of tractors and cars. Residents were seen to be given choice in relation to what food they wanted, when and where to eat, what to wear and what outings to go on.

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. The inspector carried out a check on a random sample of residents' personal finances and those examined were correct.

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. Changes were made according to matters arising at the meetings. For example, noise levels were reduced in the centre when a resident raised it as an issue.

The complaints policy was available 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.

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. The inspectors 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.

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.

Staff were seen to communicate with residents in a manner that created an emotional contact between resident and staff member and affirmed the resident in his communications. For example, one such interaction was where the staff member would say part of the expression and the resident would finish the phrase. This created a pleasant connection between the two. Another staff member was seen to engage with a resident who was keen to help her in the kitchen and another resident who was upset received an intervention which gave him privacy to express his distress in a safe manner with the skilled intervention of the staff member. Sign language was used by one resident who had a hearing impairment. However, not all staff were skilled in the particular sign language the resident used. Plans were underway to provide staff with a greater level of training in this sign language to assist staff in gaining a better understanding of the resident's needs.

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 do not use words"
3) "I communicate mainly using other methods" e.g. sign language
4) "I have received support from speech and language therapy", if so, date and name of therapist documented.

The inspectors 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. It was evident from resident 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.

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. Staff paid particular attention to explaining to residents about any change in routine.

**Judgment:**
Compliant

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**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 centre provided opportunities for residents to maintain links with family, friends and the wider community. All of the residents travelled to a day service five days per week. A social event was scheduled for the evening of the first day of the inspection. It was clearly an occasion enjoyed by those residents who attended. These social events were held once a month from October to May and residents had an opportunity to interact with other service users and also members of the wider community.

The inspectors reviewed a number of care plans and noted that family contacts were laid out. Family members were invited to participate in the personal care plan meetings which happened at the day service unit. One resident left the centre two evenings per week to visit his family home and was transported there and back by a family member.

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. Residents regularly went on outings such as shopping trips, the cinema and meals in a restaurant or bar. The inspectors reviewed a sample of the residents’ money logs and found a number of entries which confirmed these outings.

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.

**Judgment:**
Compliant

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### 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

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

**Findings:**
The admissions policy was clearly stated in the statement of purpose along with the procedure for emergency admissions. The inspectors were satisfied that new admissions to the centre were given opportunities to familiarise themselves with the environment prior to their arrival. Consideration was given to the prospective resident’s daily routine in their previous setting and the centre took steps to facilitate this routine. Placements were reviewed where indicated and attention was given where it was felt a resident would benefit from a change of setting.

Contracts of care were available for the inspectors to review. These were comprehensive and listed the services to be provided by the centre to the resident. Fees were also clearly laid out. The contracts examined were signed by the person in charge, a family member on behalf of the resident and a representative from St. Joseph’s Foundation.

**Judgment:**
Compliant

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### Outcome 05: Social Care Needs

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

**Theme:**
Effective Services
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.

Residents also 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 written in the first person and pictures or single words described:
1) me
2) things I am good at
3) things I like
4) things that upset me
5) issues of concerns
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 with social and behavioural 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 horse riding instructor worked with a resident who had a particular interest in this hobby; a compact disk player was provided for a resident who enjoying listening to his favourite artists.

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 residents’ needs, choices and preferences and whether goals had been met for the previous year. The formalising of the review process was relatively new and was reported as a positive development in ensuring the best outcomes for residents. There was significant social work involvement in the annual review of care plans.

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. 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 inspectors 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.

Specialised equipment such as a bath hoist was provided to meet the needs of residents. Bedrooms were personalised with each resident having a private bedroom with adequate wardrobe and storage space. 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 and other memorablia adorned the walls and the shelves.

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 and frequently occupied by a resident who liked to have the option of a room to himself. There was a large bathroom and a separate shower/toilet area. An office with overnight facilities, was available for staff sleeping overnight. The centre had a well equipped domestic style kitchen with an adjacent utility room. A patio door led from the kitchen to a paved area which had a patio table and chairs. The garden was well maintained and had the attraction of three hens in a chicken coop which was visible from the kitchen. One resident had a particular interest in the hens and collected the eggs. 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 inspectors 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 they 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 incidents when travelling in the bus, arrangements were made for residents to have their specific travel needs met. There was evidence that learning took place from incidents which occurred including incidents which occurred when travelling.

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 inspectors 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.

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. 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 mains 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 inspectors reviewed service records and found that fire fighting equipment and emergency lighting was serviced on an annual basis. A carbon monoxide monitor was not 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 inspectors found that systems were in place to protect residents from being harmed or suffering abuse. There was a proactive 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.

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.

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 had 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.

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. Each resident had a wallet with his name on it which was stored in a locked safe within a locked cupboard.

**Judgment:**
Compliant

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**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 inspectors 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 inspectors were 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

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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:**
The inspectors 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 horse riding; listening to music; going for walks; visiting restaurants; going to the cinema and attending social evenings. Residents had access to a secure garden.

There was a comprehensive assessment process to establish each resident's employment/activity needs. All residents attended day services which were tailored to suit their requirements. Each resident's personal development plan included a section on "Education and learning". An example of actions under this plan varied from support with hand hygiene, to caring for the hens and shopping. The plan outlined the importance from the residents' perspective, to have a purpose. Activities were designed with this in mind. Daily records were maintained, in individual diaries for each resident, outlining the activities they were involved in each day.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**

*RResident 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 inspectors saw that a comprehensive holistic assessment was used by staff in conjunction with the resident and/or relative to assess each resident's needs. From the assessments, plans of care were devised. The plans seen by the inspectors 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 incidence of wounds in the centre at the time of inspection.

The dietician and speech and language therapist 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 these were facilitated and staff attended hospital appointments with residents. 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 meetings and the multi-disciplinary team prepared reports for the meetings. Day service staff, key worker and centre staff attended the care planning meetings.

The breakfast and evening meal was prepared and cooked daily in the centre. 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 had their meal at a time of their choosing. While mealtimes were flexible the inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible. Special dietary requirements were provided; for example, low fat diet and high fibre diet.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
**Findings:**
The inspectors were satisfied that there were systems in place to ensure that medication management practices were safe. Practice was guided by policy. The inspectors 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 resident’s changing needs. The centre had regular contact 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. A fridge was in place to store such items as creams and eye drops. The fridge was in a locked office.

There was evidence that 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:**
Compliant

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose was recently updated and affirmed the aims and objectives of the centre along with the services and facilities available to the residents. It was placed in a prominent place in the centre and was also available to residents. All of the items
required under Schedule 1 of the regulations were contained in the statement of purpose. The inspectors were satisfied that the services provided at the centre were reflective of what was outlined in this document. Staff were in the process of familiarising this updated statement of purpose.

**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. He had been working as a nurse in the centre for the past five years and had recently been appointed as the person in charge. He worked full-time in the centre. He was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs of each resident. The inspectors observed that he was well known to staff and residents. The person in charge was committed to his own personal development through regular attendance at courses including specific sports training to support residents with activities. An experienced member of staff deputised in the absence of the person in charge. There was an on-call out of hours 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 him to deliver a good quality service. These supports included a coordinator of services, assistant adult services manager and adult services manager/designated person to act on behalf of the provider.

The designated person to act on behalf of the provider visited the centre from time to time and was knowledgeable about the service 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 he could contact any member of the management team at any time should he have a concern or issue in relation to any aspect of the service. A copy of the regulations pertaining to disability services and a copy of the disability standards were available to staff in the centre.

The person in charge told the inspector that staff appraisals were completed on an annual basis. Inspectors were 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 was the deputy person in charge post and worked opposite the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The inspector was satisfied that there 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 inspectors 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 there was a staffing roster showing staff on duty including the hours they worked. The person in charge was satisfied with staffing levels and if needed extra staff would be provided. Two awake staff were on night duty with either the person in charge or the deputy person in charge sleeping in the house at night. Six staff were on day duty at the weekend.

Overall, inspectors were satisfied that the education and training provided to staff enabled them to meet the holistic needs of residents. The management team
demonstrated commitment to providing on-going 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 on-going 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 inspectors 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.

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