| **Centre name:** | A designated centre for people with disabilities operated by St Joseph's Foundation |
| **Centre ID:** | OSV-0001826 |
| **Centre county:** | Limerick |
| **Type of centre:** | Health Act 2004 Section 39 Assistance |
| **Registered provider:** | St Joseph's Foundation |
| **Provider Nominee:** | David Doyle |
| **Lead inspector:** | Mary Costelloe |
| **Support inspector(s):** | None |
| **Type of inspection** | Announced |
| **Number of residents on the date of inspection:** | 10 |
| **Number of vacancies on the date of inspection:** | 0 |
About monitoring of compliance

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

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

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

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

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

<table>
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<tr>
<td>15 October 2014 09:30</td>
<td>15 October 2014 16:30</td>
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<td>16 October 2014 09:30</td>
<td>16 October 2014 14:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

Summary of findings from this inspection
This was the first inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

This centre which is a retirement home can accommodate a maximum of 10 residents. The centre provides 24 hour care and support for people with a intellectual disability who are no longer able to participate in day services through advancing age.
or additional physical or mental health needs.

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

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

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

Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to attend educational sessions.

Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

Areas of non compliance related to staffing levels which are discussed further in the report and included in the Action Plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector was satisfied that residents were consulted in how the centre was planned and run. There were regular weekly in house meetings held with residents. The inspector reviewed the minutes of the meetings which showed that residents were regularly consulted regarding menus, social activities and outings. Residents spoken with confirmed that they were always consulted and their views were sought. Residents told the inspector "we can do whatever we want". Residents were also involved in household activities to promote a sense of ownership. There were monthly meetings between each resident and their key worker when any issues of concern could also be discussed.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service. Staff told the inspector that no complaint was ever considered too small.

There was a complaints policy in place, which included details of the designated complaints officer and appeals process. The policy included the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records maintained. ‘Your Service - Your Say’ brochures were available in the main hallway, the complaints procedure, the name, contact details and photograph of the complaints officer were clearly displayed and an easy read poster was also displayed. All staff had recently attended training on complaints management and residents had attended an information session on how to make a complaint.

There was a complaints log book available to record complaints, comments or
suggestions. To date two issues had been recorded, both of which had been resolved informally. There were no open complaints. All residents had recently attended training on advocacy and certificates of attendance were observed in residents files. Information leaflets on the national advocacy service were available in each resident's bedroom and displayed in the main hallway.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All doors were closed when personal care was being delivered. All residents had single bedrooms. An intimate personal plan was developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. Each bedroom had been personalised, residents confirmed that they had chosen their preferred colour schemes, soft furnishings and furniture. A visitors room was available should residents wish to receive visitors in private.

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

Staff spoken with were aware of the different individual communication needs of each resident. Each resident had a communication profile documented in their personal plan. Resident’s specific communication needs were set out in a communication passport which included recommendations from the speech and language therapist (SALT). Objects of reference and pictures were in use to communicate with some residents.

Signage throughout the centre was clear and pictorial images were used on doors of rooms to indicate their use. The names and photographs of staff on duty were displayed as knowing which staff were on duty was very important to residents.

All residents had access to televisions, radio, newspapers and magazines. Residents told the inspector how they were supported to go to the local shop to buy their favourite paper, book or magazine. Some residents bought the daily newspapers and there was a daily current affairs discussion in the centre.

Residents were provided with information on local events at the weekly in-house
meetings. Many of the staff were from the local area and kept residents informed and updated regarding local events. St. Josephs Foundation published a quarterly newsletter which also contained information regarding local events. Residents spoken with told the inspector that they attended many events in the local community events. Residents spoke of recently attending music concerts.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector was satisfied that residents were supported to maintain positive relationships with their families and the local community.

There was an open visiting policy in place. Family and friends could visit at any time and were always made welcome.

Most residents visited and stayed with family members a number of times a year. Staff confirmed that residents received regular visits from friends and family. Some of the residents liked to to visit family graves and were supported to do so. Residents visited the workshops one day every week to meet with and socialise with their former colleagues and friends. Most residents attended the local day care one day a week where they met with local people, neighbours and some residents met with relations. Residents told the inspector that they looked forward to and enjoyed attending the workshop and day service.

Residents were supported to go on day trips in the local area, some residents liked go on shopping trips and dine out in local restaurants and pubs. Residents attended the local hairdressers and beautician. Residents visited the local shops in the village on a daily basis and were familiar with and known to many of the local people. Residents attended many local social events.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.
Theme: Effective Services

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

Findings:
The statement of purpose clearly set out the admissions criteria and process.

Contracts for the provision of services were agreed with each resident. The inspector reviewed some contracts and noted that they included the services to be provided, the fees to be charged including the details of additional charges.

Judgment: Compliant

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme: Effective Services

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

Findings:
The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident’s assessed needs and these were set out in an individualised personal care plans. Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents.

The inspector reviewed a sample of personal plans. The plans set out each resident’s individual needs, aspirations and choices. There was evidence of participation of residents/relatives in the development of their plans. Detailed, individualised support plans were in place for identified needs. There was evidence of referrals to a range of multi-disciplinary health professionals and recommendations were reflected in personal plans. Individual goals were clearly set out and included the name of the person responsible for pursuing the goals within an agreed time frame. The personal plans contained personal profiles of each resident and information about residents’ interests.
Each resident had a personal plan outlining the things that they liked to do and each had a documented weekly activity chart/programme. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place.

The inspector was shown personal plans which were designed in an accessible format for individual residents and kept in their bedrooms.

**Judgment:**
Compliant

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**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

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

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

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

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

There was a variety of communal day space including a large sitting room, visitors sitting room, prayer room and beauty room. There was separate large open plan kitchen and dining room. All rooms were bright, spacious and comfortably furnished.

All bedrooms were for single occupancy; they were bright, well furnished and decorated in varying colour schemes of residents choice. Residents had adequate personal storage space including a lockable storage area. Two bedrooms had en suite toilet and shower facilities. There were an additional five toilets, one assisted bathroom and one assisted shower room.

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

The inspector found the kitchen to be well equipped and maintained in a clean condition. There was a plentiful supply of foods available, both fresh and frozen, fruits and juices.
Adequate assistive equipment was provided to meet the needs of residents such as ceiling and manual hoists. Service records were reviewed and found to be up to date.

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

There was a separate office, bedroom, toilet and shower facilities for staff.

Residents had access to a large enclosed landscaped garden area.

The centre was secure, all doors were fitted with key pads and all fire doors were connected to the alarm system, the front gates were controlled electronically and kept closed at all times.

**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 inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected.

There was an up to date health and safety statement available. There was a recently updated risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the Regulations. Systems were in place for the regular review of risk. The person in charge met with the health and safety officer on a monthly basis to review risks and discuss any incident/accidents. The person in charge carried out and recorded weekly health and safety checks.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in December 2013 and the fire alarm was serviced on a quarterly basis, the last service took place in October 2014. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. All staff had received up to date formal fire safety training. There was a personal emergency and evacuation plan documented for each resident. The procedures to be followed in the event of fire were displayed. Regular fire drills took place involving all residents and staff. Records were maintained of all monthly fire drills.
There was an updated emergency plan in place which outlined clear guidance for staff in the event of a number of different types of emergencies including fire, flooding, burst pipe, power failure and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation.

The building was found to be maintained in a clean and hygienic condition throughout. Infection prevention and control guidelines for community disability services were in place and being implemented. There was a specific toolkit available to staff in the event of Norovirus/infection control outbreak. Hand sanitizers were located at the front entrance. Staff confirmed that they had attended recent training in relation to hand hygiene and the inspector observed good practice during the inspection.

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

Judgment: Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme: Safe Services

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

Findings:
The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policy on the safeguarding of adults with a disability from abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations or suspicions of abuse. It also included the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area.

The inspector reviewed the comprehensive policies on responding to behaviours that challenge, management of aggressive behaviours and use of restraint - the last resort. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. Positive behaviour
support plans were in place for residents who displayed behaviours that challenged. The plans included prediction of triggers, displayed behaviour, ongoing support strategies and reactive strategies. All staff had attended training on managing actual and potential aggression.

The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. There were three residents using bed rails at the time of inspection. Risk assessments in line with national policy had been completed in respect of each resident in conjunction with the multidisciplinary team, person in charge and family. Support plans for the use of bed rails were documented, residents were checked on an hourly basis at night time, these checks were being recorded.

The inspector observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. Residents spoken with told the inspector that they were happy and felt safe living in the centre.

The inspector was satisfied that residents' finances were managed in a clear and transparent manner. All money was securely stored in the safe. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two persons. Receipts were maintained for all purchases. The financial administrator had recently carried out an audit of all files and no discrepancies were noted.

Judgment:
Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Services

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

**Findings:**
The person in charge and management staff spoken with were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. All required incidents to date had been notified.

The inspector reviewed the incident book and noted that comprehensive details of all incidents were maintained. Systems were in place to forward a copy of the incident record to the health and safety officer and another copy to the provider. The health and safety officer met with the person in charge on a monthly basis and discussed all
Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

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

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

Residents participated in weekly in-house educational sessions. Recent topics discussed included the complaints process, advocacy, hand hygiene, healthy eating, road safety and money management.

Residents attended weekly fit for life training and displayed their certificates of attendance in their bedrooms.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.
All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals including physiotherapy, OT, speech and language therapy, psychology and psychiatry.

The inspector noted that residents’ nutritional needs were well monitored. All residents had been recently assessed by the dietician/nutritionist. Residents who required specialised diets were catered for. Residents were weighed regularly. Residents were supported and encouraged to eat healthy balanced diets and partake in an exercise programme. Individualised support plans were in place for some residents.

The inspector was satisfied that residents’ were supported to buy, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Residents had access to drinks and snacks throughout the day. Residents spoken to told the inspector that they planned their own menus each week following consultation with one another, they stated that they enjoyed eating out usually at weekends.

**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 inspector noted that the policies and procedures for medication management were generally robust.

There was a comprehensive medication management policy guiding practice. Staff on duty told the inspector that only staff who had completed medication management training administered medications. Staff spoken with were knowledgeable regarding medication management policies and practices.

The inspector reviewed a sample of prescription/administration charts and noted that they contained all the information required to enable staff to safely administer medications. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN medications was prescribed and all medications were regularly reviewed by the GP.
There were no residents prescribed controlled drugs at the time of inspection.

Medications requiring refrigeration were suitably stored and the dates of opening of medications were recorded. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for checking medications on receipt from the pharmacy and recording medications on return to the pharmacy. Systems were in place to record medication errors and staff were familiar with them. Staff told the inspector that medication errors were audited by the health and safety officer and the person in charge on a monthly basis, issues were discussed with staff to ensure learning and improvement to practice.

Regular medication management audits were carried out by the nurse coordinator and the pharmacist. Staff confirmed that the results of audits were discussed with them.

**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 inspector reviewed the updated statement of purpose dated 8 October 2014 and noted that it complied with the requirements of the Regulations. It accurately described the services provided and this was demonstrated in practice.

**Judgment:**
Compliant

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### Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

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

Findings:
The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She was a qualified nurse and had been working as a clinical nurse manager in the organisation since 2012. She had completed a Diploma in healthcare management and was currently undertaking a higher Diploma in epilepsy. She had been appointed as person in charge in March 2014. She worked full-time in the centre. She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs of each resident. The inspector observed that she was well known to staff and residents. A senior social care leader 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 her to deliver a good quality service. These supports included a nurse coordinator, 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 regularly and was knowledgeable about the service. He was well known to staff and residents. Weekly management meetings took place to discuss issues of concern in the centre. There were formal meetings of all persons in charge from centres in the group to discuss common areas of interest and share their learning.

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

There was no formal annual review of the quality and safety of care in the centre, however, some audits had been completed including medication management, medication errors, incidents/accidents, residents finances, cleaning, hand hygiene and further audits were planned before year end. The person in charge stated that the results of all audits were discussed with staff to ensure learning and improvement to practice.

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:**
The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

**Judgment:**
Compliant

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### 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.

Management staff told the inspector that all service users had agreed residential placements funded by the HSE in place.

**Judgment:**
Compliant

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### 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 had some concerns regarding the staffing levels taking into account the dependency levels of the residents and the size and layout of the centre. There was normally one social care leader/nurse and two care assistants on duty during the daytime, one social care leader and one care assistant on duty in the evenings after 19.00. There was one social care leader on sleepover and one care assistant on active duty at night time. There were two residents who required the support of two staff getting up, going to bed and with personal care. Care assistants had to multi-task; other duties included, cleaning, laundry and cooking. Staff told the inspector that there were times if two staff were supporting a resident there was no other staff member available to support and supervise other residents. Staff stated that they were not always able to facilitate individual choice to residents as regards getting up and going to bed times because of staffing levels. The inspector was also concerned that when meals were being cooked, the cooker/kitchen required supervision which again reduced the numbers of staff on the floor to two. Staff had identified the inadequate staffing levels as a risk which was included in the risk register and had been highlighted to the health and safety officer and CEO of the organisation. The provider told the inspector that management were currently reviewing staffing rosters.

There was a comprehensive staff recruitment policy based on the requirements of the Regulations. The inspector reviewed a number of staff files and found them to contain all the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended on going training and records of training were maintained in staff files. Recent training included safe administration of medications, epilepsy and rescue medication, hand hygiene, peg feeding, front line management and management of actual and potential aggression. Further training was scheduled in occupational first aid, complaints, dignity at work, hand hygiene and front line management. The speech and language department in the organisation had scheduled training for staff at the end of October 2014 on creating and using visual supports, iPads, food consistencies and eating, drinking and swallowing.

**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 was satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available and up to date. The person in charge had put systems in place to ensure that staff read and understand policies.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Joseph's Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001826</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04 December 2014</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector had some concerns regarding the staffing levels taking into account the assessed needs of residents and the size and layout of the centre.

Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
The Registered Provider will ensure compliance with Regulation 15 (1) regarding the staffing levels of the residence by:
A) Identifying with the co-operation of the Person in Charge critical times of the day/evening when additional staff are required and increasing the current staffing levels at these times to maintain the safety of residents.
B) Informing the Health Service Executive in writing of the need of this additional funding and requesting this new requirement to be met in the Foundation’s Service Level Agreement 2015.
C) Advise the Board of Directors of the Foundation that this additional cost be included in the budget for 2015 as a matter of urgency.

Proposed Timescale:
A) 21st November 2014
B) 25th November 2015
C) 30th November 2015

**Proposed Timescale:** 30/11/2015