<table>
<thead>
<tr>
<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-0001827</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>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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>
<thead>
<tr>
<th>From:</th>
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<tbody>
<tr>
<td>04 November 2014 09:30</td>
<td>04 November 2014 15:30</td>
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<tr>
<td>05 November 2014 15:00</td>
<td>05 November 2014 18:00</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.

The centre provides 24 hour care and support for people with autism and/or intellectual disability who present with behaviours that challenge and who have medium to high dependency levels.
The centre comprises a purpose built single storey house which can accommodate five residents in single bedrooms.

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, procedures and staff files.

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

The centre was warm, comfortable, appropriately furnished and well maintained.

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

Areas identified on this inspection for improvement were minor and included the need to update the emergency plan, inclusion of timeframes for pursuing residents' goals and including complainants' satisfaction or not with the outcome. These are discussed throughout the report and in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector was satisfied that residents were consulted with regards to their care and running of the centre. There were regular weekly in-house meetings held with residents. Staff and residents discussed and planned the menus for the week ahead, activities that they would like to attend and things that they would like to do.

Residents had access to advocacy services. The social work department had recently visited and held an information evening for residents and staff, they explained about advocacy and how to access the service. Information leaflets on the national advocacy service were available in the centre.

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.

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. The person in charge told the inspector that ‘Your Service - Your Say’ brochures and quality improvements questionnaires had recently been sent to all families. A key worker was assigned to each resident and pictorial images were used to inform residents about the complaints procedure. All staff had received training on complaints management.
There was a complaints log book available to record complaints, comments or suggestions. There were no open complaints and recent complaints had been responded to appropriately but there was no evidence of the complainant’s satisfaction or not with the outcome.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. 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 with residents preferred colour schemes, soft furnishings and furniture. The inspector observed that residents were relaxed and happy in the company of staff.

**Judgment:**
Non Compliant - Minor

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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 individual communication needs of each resident. Each resident had a communication profile documented in their personal plan. There was evidence of multi-disciplinary input and their recommendations were reflected in residents’ files. Staff used a number of different communication methods including visual schedules, pictorial images and choice boards. The inspector observed staff and residents communicating and understanding one another. A staff member had recently attended training on the use of iPads to assist in using this technology to communicate with an individual resident.

All residents had access to television and radio. Some residents had their own DVD players and iPads. Staff supported residents to read; some residents liked staff to read books for them.

Signage throughout the centre was clear and pictorial images were used on doors of rooms to indicate their use.
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.

Staff supported all residents to visit family members on a regular and ongoing basis. Many of the residents visited and stayed at home for overnight stays each week.

There was an open visiting policy in place and family and friends could visit at any time. Staff told the inspector that visitors were always welcomed and offered refreshments. Residents could receive visitors in private if they wished.

Staff told the inspector that families were in regular and some times daily contact with staff and residents in the centre.

All residents attended local day care services were they met and socialised with friends from other houses in the organisation.

Residents were supported to visit local shops, local parks and to eat out occasionally.

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

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

**Theme:**
Effective Services

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**Outstanding requirement(s) from previous inspection(s):**
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/families were involved in the development of their personal plans and staff provided a good quality of social support to residents.

The inspector reviewed a number of personal plans. The plans set out each resident's individual needs, aspirations and choices. The person in charge told the inspector that families were involved in the ongoing review of plans; input from families was documented to support this. Support plans were in place for all identified needs. Support plans were detailed and individualised. They were up-to-date and gave very specific details/instructions as to each resident's preferred routines. There was evidence of referrals to a range of multidisciplinary 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 but the agreed time frames were not always included. There was evidence of review of plans involving family and multidisciplinary team members.
The personal plans contained personal profiles of each resident and information about residents’ interests. Each file had an individualised weekly plan of things to do. Some residents had specific interests such as swimming, cycling, watching DVD's and these were included in their weekly activity schedule. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place.

Personal plans were also designed in an accessible picture format and kept in residents' bedrooms.

**Judgment:**
Non Compliant - Minor

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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

**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 house fitted with the statement of purpose and met the needs of residents.

The centre was a purpose built single storey house. It was well maintained internally and externally. It was comfortable, clean, warm and homely.

The house had a variety of communal day space including a large sitting room, a large bright kitchen/ dining room and a visitors' room. The rooms were comfortably and appropriately furnished.

The layout of the house promoted residents' independence, privacy and safety.

There were five single bedrooms for resident's use. Bedrooms were bright, well furnished and decorated in varying colour schemes of residents' choice. Residents had adequate personal storage space. There was a separate assisted bathroom and shower room.

There was a utility room with facilities for washing and drying clothes. There were adequate arrangements in place for the storage and removal of domestic waste.
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.

Facilities for staff included a separate office, bedroom and en-suite shower room.

Residents had access to a large enclosed paved area and garden at the rear of the centre. The inspector observed some residents using the trampoline and swing.

The centre was secure; all doors were fitted with key pads; 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. The inspector saw that measures had been put in place to control recently identified risks. 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. 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 and were familiar with what to do in the event of fire. 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 emergency plan in place which outlined clear guidance for staff in the event of a fire and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation. The plan required further updating to provide clear guidance for staff in the event of other types of emergencies such as flooding, burst pipe, loss of power, loss of heating and loss of water.

The house 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 sanitzers were located at the front entrance. All staff had attended recent training in relation to hand hygiene and a hand hygiene audit was scheduled to take place next week.

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

Judgment:
Non Compliant - Minor

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

Theme:
Safe Services

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

Findings:
The 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 management support plans were in place for residents who displayed behaviours that challenged. The plans included known triggers, displayed behaviour, actions required and behavioural strategies developed in conjunction with the psychologist. All staff had attended crisis prevention intervention training and some staff had attended training on managing actual and potential aggression. The person in charge told the inspector that this training was now being scheduled for all staff.

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. The inspector was told that there were no restrictive measures in place.

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.

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.

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 incidents.

**Judgment:**
Compliant

<table>
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<th><strong>Outcome 10. General Welfare and Development</strong></th>
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<td><strong>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.</strong></td>
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**Theme:**
Health and Development

<table>
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<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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<tr>
<td>This was the centre’s first inspection by the Authority.</td>
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**Findings:**
The inspector was satisfied that residents were supported to and given opportunities for new experiences, social participation and information/education. Residents were not engaged in formal education/ training or employment due to their disabilities.

All residents attended the foundations day services where they could partake in a variety of activities such as swimming, attending the gym, use of the walking track, cycling, multisensory room, music therapy and go for social drives.

Residents attended in-house information/educational sessions covering topics such as complaints procedure, advocacy and respecting one another’s privacy.

Long term and short term goals were clearly set out in residents' personal plans. Documented support plans were in place and risk assessments had been carried out to assist each resident achieve their goals.

**Judgment:**
Compliant

<table>
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<th><strong>Outcome 11. Healthcare Needs</strong></th>
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<tr>
<td><strong>Residents are supported on an individual basis to achieve and enjoy the best possible health.</strong></td>
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**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 their own GP. 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. Residents who required specialised diets were catered for. Residents were supported and encouraged to eat healthy balanced diets. Individualised support plans were in place for some residents.

The inspector was satisfied that residents' were supported to choose, 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. The inspector observed residents helping themselves to drinks, snacks and fruit. All residents had their main meal while attending the day services during the week days and had their breakfast and evening meal in the centre. The inspector saw residents communicating their preferred choices of food to staff.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
The inspector 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. All staff had attended epilepsy and rescue medication training. Further medication management training was scheduled for November 2014.

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.

Controlled drugs were appropriately stored and managed.

There were no medications requiring refrigeration at the time of inspection.

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.

Regular medication management audits were carried out by the nurse coordinator. Staff confirmed that the results of audits were discussed with them. The inspector noted that issued identified in the most recent audit had been addressed.

**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 23 October 2014 and noted that it complied with the requirements of the Regulations. It accurately described the services provided and was demonstrated in practice.
Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She had been working as a social care leader in the organisation for the past ten years. She had been recently appointed as the person in charge in this centre. She worked full-time including evenings, sleepovers and weekends. 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 worker deputised in the absence of the person in charge, they both normally worked opposite shifts. 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. There were established weekly management meetings 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 and cleaning. 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

### 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 Health Services Executive (HSE).

**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 noted adequate staffing levels to meet the needs of residents at the time of inspection. There was normally one social care leader and one care assistant on duty in the mornings from 7.00am to 9.30am. There was a social care worker on duty in the evenings from 16.00 to 23.00 and also on sleepover. There were two care assistants on duty in the evenings from 15.30 to 21.30 and another care assistant on active duty at night time from 21.30 to 9.30. There was an additional staff member on duty on Saturdays to facilitate and support activities and social outings. The staffing roster reviewed confirmed this to be the norm. Staff spoken with were generally satisfied with the staffing levels and told the inspector that there were no issues in rostering additional staff at short notice if required.

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 of 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, complaints management and management of actual and potential aggression. Further training was scheduled in occupational first aid, front line management, safe administration of medications and complaints.

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:**
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

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**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

<table>
<thead>
<tr>
<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-0001827</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>04 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no evidence of the complainants' satisfaction or not with the outcome.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
Under Regulation 34 (2) (f) the Registered Provider will ensure that in relation to any complaints received and addressed the complainant’s satisfaction or dissatisfaction with the outcome will be documented.

Proposed Timescale: 01/12/2014

Outcome 05: Social Care Needs
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Agreed time frames for pursuing goals were not always included in the personal plans.

Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
Under Regulation 05 (7) the Person in Charge will ensure that agreed time frames will be included for all goals identified in the personal plan.

Proposed Timescale: 01/12/2014

Outcome 07: Health and Safety and Risk Management
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency plan required further updating to provide clear guidance for staff as to what their roles might be in the event of emergencies such as flooding, burst pipe, loss of power, loss of heating and loss of water.

Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
Under Regulation 26 (2) the Registered Provider will ensure that the emergency plans are updated to include clear guidance and direction for staff in the event of
emergencies such as flooding, burst pipe, loss of power, loss of heating and loss of water.

**Proposed Timescale:** 08/12/2015