

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0004137
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 April 2015 10:30 To: 09 April 2015 19:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was conducted in order to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013, and to follow up on the agreed actions following a monitoring inspection conducted on 6th February 2014.

The centre inspected comprises two houses which accommodate eight residents, and one self contained house which accommodates one resident. The inspector visited all the houses and met with residents and staff members. The inspector observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures, staff training records and staff files.

Significant improvements had been made in the centre since the last inspection, and all of the agreed actions had been implemented. The inspector found that residents received a good quality service in the centre whereby staff supported and encouraged them to maximise their potential and to make choices about their lives. Staff were knowledgeable about the needs of the residents including communication needs, and all interactions observed by the inspector were positive and supportive. Compliance with the regulations had been achieved in six outcomes inspected against, and substantial compliance in the other two.

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 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Personal plans were in place for all residents, and had been developed in conjunction with the residents, who were able to discuss the plans and the implementation of them with the inspector.

There was a thorough assessment of needs for each resident, both of healthcare needs and of social care needs, and personal plans were based on these assessments. Person centred plans included goals which were appropriate to the needs of residents, set in conjunction with the residents, and clearly designed to maximise the potential of each resident, as required by the regulations. For example, some of the goals reviewed during the inspection involved both developing existing skills and introducing new skills for residents.

The inspector was satisfied that all residents had a meaningful day, in accordance with their abilities and their preferences. Some of the residents were in full time employment, and some attended day services and others engaged in individual activities according to their wishes, for example, attendance at literacy classes.

Residents engaged in various leisure activities, including membership of various community groups, and some of the residents were supported in keeping a pet.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Significant improvements had been made in relation to the suitability of the premises since the last inspection. A large assistive bathroom had been installed to meet the needs of a resident with mobility needs, and the back door to one of the houses had been widened to ensure safety of access and egress for residents.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that systems were in place for the prevention and detection of fire and the management of emergencies, including a satisfactory emergency plan. All fire safety equipment had been regularly tested, and daily checks of fire exits were conducted. The training records showed that there was regular fire safety training for the staff and regular fire drills were conducted. Learning from these fire drills was recorded, and informed the personal emergency evacuation plans of residents.

There were structures and processes in place in relation to the management of risks. The risk policy had been reviewed and now included all the requirements of the regulations. Any identified risk reviewed by the inspector had been risk assessed, and management plans were in place, for example, environmental risks, risks relating to the use of equipment, and clinical risks for residents. A risk register was maintained, and a system was in place for the escalation of any risks that could not be managed locally.

Any accidents or incidents were recorded and reported, and a software system was in

place to review and trend any incidents. There was evidence of actions being identified following incidents, including the review of residents' care plans and change in practice.

Infection control policies were in place, the centre was visibly clean and there was appropriate storage of cleaning equipment.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents and to respond appropriately to any allegations of abuse. All staff had been trained in the protection of vulnerable adults and were knowledgeable in relation to the types, signs and management of any allegations of abuse.

The management of residents' finances in the designated centre was robust, there were receipts and staff signatures for all transactions, and all balances were correct on the day of the inspection.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the healthcare needs of residents were met. Each resident had an annual health care assessment completed, as well as an annual check up by their General Practitioner (GP). All visits to the GP were recorded, and any information or correspondence from other relevant healthcare professionals was maintained, and clearly informed the healthcare plans. Delivery of healthcare, for example the support of residents to manage their diabetes, was observed during the course of the inspections, and was found to be appropriate and in accordance with the healthcare plans.

Residents had access to allied healthcare professionals, including occupational therapist, speech and language therapist and mental health services.

The inspector was satisfied that resident's were provided with meals that were wholesome and in accordance with their assessed needs. The inspector spent time with residents in the dining rooms at meal times and they found that meals were social and pleasant occasions. All residents engaged by the inspector expressed their satisfaction with the meals and snacks. The residents were involved in menu planning, the kitchens were well stocked, and snacks and drinks were readily available.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that there were structures and processes in place in relation to the safe management of medications. There was a medication management policy in place which gave appropriate guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines for the most part. For example, prescriptions for as required (PRN) medications clearly specified the conditions under which the medication was to be administered. However, the administration recording sheet for two of the records examined by the inspector did not include a place to record the administration of some of the PRN medications, so that it was unclear as to whether it had been administered.

Storage of medications was appropriate, including the arrangements for a resident who managed their own medications, and had a locked cupboard in their bedroom.

Judgment:

Substantially 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a clear management structure in place that all staff were aware of, and processes in place to support communication throughout this structure. For example, regular staff meetings, social care leader meetings and meetings of more senior management were held, and there was evidence of the discussions of these meetings being available to the appropriate staff. However not all the actions agreed at these meetings were monitored, for example the agreed actions of a recent social care leaders' meeting had not been implemented within the agreed timeframe, there was no evidence of the monitoring of this and the issue had not been followed up at the subsequent meeting.

Various audits had been conducted, including health and safety audits and audits of medication management. Unannounced visits had been conducted by a quality team on behalf of the provider, and an annual review based on these audits was available. The review included an action plan which identified responsible persons, and there was evidence of the monitoring of the implementation of these actions.

The registered provider had ensured that there were sufficient resources to ensure the effective delivery of care to residents, including the provision of any necessary equipment, and the recent addition of an adapted bathroom.

Arrangements were in place to support and manage the performance of staff members by a biannual performance development review.

Judgment:

Substantially 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Improvements had been made in this outcome since the last inspection. The inspector was satisfied that the staff numbers and skills mix were appropriate to meet the assessed needs of the residents, which had been informed by supports needs intensity scales having been conducted for each resident.

Staff members engaged by the inspectors were knowledgeable in relation to the assessed needs of the residents, their daily routines and the level of support they required. Staff training was up to date in all mandatory training and in the areas of significance to the assessed needs of the residents.

In addition staff members were always familiar to residents, and where relief staff were required they were drawn from a panel of staff known to the residents.

A sample of staff files reviewed by the inspector contained all the information as required by the regulations.

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0004137
Date of Inspection:	09 April 2015
Date of response:	10 June 2015

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 12. Medication Management

Theme: Health and Development

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

It was unclear as to whether some medications had been administered.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable

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

practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

A) Medication Administration Record Sheets (MAR) for PRN medications were obtained from the pharmacy for the two records identified by the inspector on 10/04/2015.

B) Staff collecting and checking medication on delivery from pharmacy will ensure MAR sheets have been delivered for all medications including PRNs.

C) Local procedures, protocols & guidelines have been updated to reflect this.

Proposed Timescale: 31/05/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Management systems did not ensure that the service provided was effectively monitored.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A) All templates used to record minutes of meetings will be updated to ensure actions from previous meetings have been carried out and followed up on.

Proposed Timescale: 30/06/2015