

**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-0003788
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:	14
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 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: 29 April 2015 09:30 To: 29 April 2015 18:30

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

Outcome 05: Social Care Needs
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
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an unannounced inspection of a designated centre operated by St. John of Gods Community Services Limited. The purpose of this inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the Standards).

As part of this inspection, the inspector met with the person in charge, staff and residents. The inspector observed practice and reviewed documentation such as personal plans, healthcare plans, accident and incident records, risk assessments, medication records, meeting minutes, policies, procedures and protocols, governance and management documentation, staff training records and staff files.

Fourteen residents resided in this designated centre which, whilst a congregate setting, was not on a large campus and was comfortable and spacious. Some residents had already moved into community homes, and there were plans for a move to the community for all the remaining residents.

Detailed personal plans were in place for residents, their families and friends had been involved with the in developing the personal plans, and there was clear

evidence of goals relating to maximising each person's potential.

Some improvements were required in healthcare and in medication management .
These areas are discussed in the body of the report and in the action plan at the end
of the 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 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 person in charge had put structures in place to ensure a meaningful day for residents. Activities were taking place both in the home and in the community, and were planned in accordance with the preferences and abilities of residents. Each resident had a meaningful day programme, these included work experience, paid employment and voluntary work. Activities included skills teaching programmes such as cooking and grocery shopping in preparation for planned moves to community living, and leisure activities such as a local drama group.

Personal plans were in place for all of the residents. These plans included likes and dislikes, preferred and activities, information about the worries of the residents and healthcare plans. Personal planning involved meetings with families and friends, and goals were set with residents according to their assessed needs and preferences.

These plans were available in an accessible version for residents, including their healthcare plans.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There was evidence that fire safety procedures were well managed, there was a thorough personal evacuation plan for each resident and an emergency plan. Personal evacuation plans were available in an accessible format, and highlighted any particular difficulties each resident might encounter in an emergency. Fire equipment maintenance records were up to date including emergency lighting and fire alarms. Fire training for staff and fire drills were regularly conducted. Staff were aware of the procedures to follow in the event of an emergency.</p> <p>There was evidence of structures in place for the management of risk, for example system of accident and incident recording and reporting was in place. These reports clearly identified any incident, and included actions required to prevent recurrence. There was evidence of individual and local risks having been assessed and managed.</p> <p>The centre was visibly clean and staff were aware of infection control issues. Storage of cleaning products and equipment was appropriate.</p>
<p>Judgment: Compliant</p>

<p>Outcome 08: Safeguarding and Safety <i>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.</i></p>
<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that the provider had systems in place to manage residents' personal finances. Each resident had a financial management plan, and personal spending was supported and safely managed. Any transactions were signed by two staff members and included receipts, and all balances checked by the inspector were correct.</p>

In addition there was evidence of external audits having been conducted,

Staff had received training on the protection of vulnerable adults, and all staff engaged by the inspector demonstrated knowledge of the types and signs of abuse, and of the prevention and detection of any abuse.

Positive behaviour support plans were in place for those residents who required them. They included sufficient detail to guide staff, and staff could demonstrate knowledge of the content of them. An intimate care plan was also in place for each resident.

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 some arrangements were in place to support the healthcare needs of residents, but that improvements were required in relation to the development and implementation of healthcare plans. For example, an annual health assessment resulted in an action plan for one resident relating to required blood tests, but these tests had not been carried out.

In addition there was ambiguity in some of the healthcare plans, for example, one plan referred to epilepsy rescue medication for the management of diabetes. The person in charge undertook to rectify this immediately. Another resident's healthcare plan relating to the management of epilepsy also gave conflicting guidance as to the use of rescue medication.

Residents all had access to a general practitioner, and were in the process of moving to the care of a community GP. Access to other healthcare professionals was appropriate.

There was evidence of a balanced and nutritious diet. Menu planning with residents took place weekly, and choice making was assisted by pictorial information. Residents were being supported to develop skills around meal preparation. All staff engaged by the inspector demonstrated knowledge of the particular requirements of individual residents.

Judgment:

Non Compliant - Moderate

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:

There were some structures were in place to safely manage the ordering, receipt and storage of medications. Medications were ordered on a monthly basis and checks on receipt of orders were in place. There were effective systems to ensure the safe transfer of medications between the centre and residents' homes.

However, while there was an organisational policy on the management of medications it did not include guidance on the local practices of the centre, and there was no protocol in place which included this guidance.

The inspector was also concerned that there was no guidance in place relating to the conditions under which some 'as required' medications should be administered, and that this lack of guidance could lead to inconsistent and subjective decision making. In addition an error in the recording of administration of medications identified by the inspector had not been detected. These issues are further addressed under Outcome 18.

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 provider had established a management structure in which the roles of managers and staff were clearly defined. Regular management meetings and staff meetings were held. These meetings were minuted and identified actions reviewed by the inspector had been implemented.

A system of audits was in place including risk management, hand hygiene and documentation. The provider had conducted three unannounced visits to the centre, and reports and action plans were available.

The inspector found that the person in charge was appropriately skilled and qualified and had continued her professional development. She demonstrated a clear knowledge about the needs of each resident, was aware of her responsibilities under the regulations and demonstrated leadership skills.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there were adequate levels of staff and appropriate skills mix on the day of inspection to meet residents' needs within the layout of the premises.

Staff were in receipt of up to date training in mandatory areas, and in other areas appropriate to the needs of the residents, for example, the management of epilepsy. All staff engaged by the inspector demonstrated knowledge of the assessed needs of residents, and of the care required to meet these needs, and demonstrated a commitment to maximising the potential of residents.

Staff files included all the information required by the regulations, and the person in charge had undertaken to audit these files.

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:

As discussed under Outcome 12, the policy on medication management did not include guidance relating to the local practices on safe management of medications, and the information required under schedule 3 of the regulations on the method of administration of medications was not all in place. These were the only areas of this outcome to be examined during this inspection.

Judgment:

Substantially 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:

Julie Pryce
Inspector of Social Services
Regulation Directorate

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-0003788
Date of Inspection:	29 April 2015
Date of response:	26 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 11. Healthcare Needs

Theme: Health and Development

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

There was insufficient clarity in healthcare guidance to ensure appropriate healthcare was provided.

Action Required:

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

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

- 1) Actions identified as outstanding in health care plans have been completed.
- 2) The person in charge shall ensure that Health care plans will be reviewed to ensure clarity and accuracy of data.

- 1) Completed 01/05/2015
- 2) 31/07/2015

Proposed Timescale: 31/07/2015

Theme: Health and Development

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

Not all recommended medical treatment was facilitated.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

- 1) The person in charge shall ensure that all recommended medical treatments identified as outstanding will be carried out.

- 1) Completed 19/05/2015

Proposed Timescale: 19/05/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no adequate policy on medication management.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- 1) The designated centre has developed local procedures regarding transfer of

medication to home, stock taking of medication, ordering of medication and transfer of medication from house to the day services.

2)The person in charge will disseminate these local procedures to the staff team. The staff team will sign to indicate they have read and understand the local procedures.

3)The person in charge shall ensure that where a medication variance is detected all staff will adhere to the procedure in reporting as per the policy and report to the relevant manager. The procedure for medication variances was discussed at a staff team meeting to ensure adherence.

1)06/07/2015

2)06/07/2015

3)Completed 18/5/2015

Proposed Timescale: 18/05/2015

Theme: Use of Information

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

Records relating to the method of administration of medications were not all in place.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

1)The person in charge shall ensure where residents are prescribed PRN medications, clear guidance protocols will be in place.

2)The person in charge shall ensure that all staff will be familiar with residents PRN protocols.

1)31/07/2015

2)31/07/2015

Proposed Timescale: 31/07/2015

