### Centre Details

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003932</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 24</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Sharon Balmaine</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
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<tr>
<td>Support inspector(s):</td>
<td>Linda Moore</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>12</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</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>
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<th>From</th>
<th>To</th>
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<tr>
<td>12 May 2015 10:45</td>
<td>12 May 2015 18:00</td>
</tr>
<tr>
<td>13 May 2015 09:00</td>
<td>13 May 2015 11:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

As part of this inspection, the inspectors met some residents and staff. Some family members and residents also completed questionnaires for the inspectors. The inspectors also observed practice and reviewed documentation such as personal plans, medical records, and policies and procedures.

This designated centre consisted of one house, two flats for up to three residents, and five flats in a corridor of a apartment block. They were all based in established communities, and had easy access to local amenities such as shops, public transport and leisure facilities. They were generally well maintained and met the needs of the residents.
The house was a three bedroom house, with a lounge, kitchen diner, upstairs and downstairs bathroom, and a staff office/ bedroom. There was also a garden to the rear.

The two flats that could accommodate three residents were the same layout. They had an entrance hall/ corridor leading to a lounge/ dining room and kitchen all in one. There was also a laundry room and five bedrooms and two bathrooms. Due to the size of the communal areas the flats would only be suitable for three residents.

The five flats that accommodated two people were of a similar layout. Though two had merged in to one larger flat. They had a lounge area with kitchen and dining area, two bedrooms and two bathrooms.

The aim of this centre was to support residents to live as independent a life as possible, and to continue to support residents to develop skills to increase their ability to manage all aspects of their lives.

This was the second inspection by the Authority of the designated centre. Overall, inspectors found the provider demonstrated a willingness to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and was providing a service in line with the stated aims and objectives.

Residents who spoke with the inspectors said they were happy with their accommodation and felt they were involved in a range of different activities that they were interested in. They all appreciated their independence and the support provided by staff to maintain it.

Feedback received from families was positive, with one stating that staff were ‘companionate and patient’.

Inspectors found that residents on the day of the inspection were receiving a good quality service in the centre. Residents were seen to be coming and going from their homes as suited them, and engaged in a range of activities that included paid work, volunteering, accessing the local community and attending day services.

Residents were seen to have plans in place that identified their skills and areas where more learning would support them to develop further. All had set personal goals, and some evidence was seen of the progress being made to achieve them.

Health care assessments were in place, and information gave an overview of residents needs. Some improvement was needed in ensuring all residents’ needs were identified and met.

Resident’s rights, privacy and dignity were being respected, and they were involved in the running of the homes they lived in. There were also opportunities to be involved in the residents groups in the organisation that were based on residents advocating for their needs to the provider. Residents advised inspectors they had
good relationships with families and friends and keeping in touch and visiting was important to them, and facilitated where necessary.

Inspectors found there continued to be a committed management team, who ensured a good governance structure were in place. Inspectors met the person in charge and senior management at the inspection. Both the provider and person in charge suitably demonstrated their fitness and commitment to meet the requirements of the Regulations at this and previous inspections. The social care leaders and staff teams were seen to be knowledgeable of the residents needs, and received training in line with their roles and responsibilities.

Policies and procedures that were in place guided staff practice and many well known by the team. Staff had access to training, and some supervision by their line manager. Some improvement was needed in the implementation of a small number of policies.

However, there were improvements identified to ensure compliance with the Regulations, these were in relation to fully completing complaint recording, providing all residents with a contract of care that set out the fee to be charged, some minor maintenance requirements, improvement in behaviour support plans for all known areas of need, clear information on how residents health care needs are to be met, some medication administration improvements, and to produce an annual report available to residents.

The actions are outlined in the body of the report and 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 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):
No actions were required from the previous inspection.

Findings:
Residents were consulted with and did participate in decisions about how the centre was run. However, some improvements were required in relation to the management of complaints.

Inspectors saw there was a complaints policy in place and a pictorial procedure was displayed in the centre. However, improvements were required as the policy did not fully meet the requirements of the Regulations and was not fully implemented in practice by staff. There was no person nominated to oversee that complaints were recorded and responded to. The person in charge was developing a revised procedure to address this.

A complaints log was reviewed by inspectors. The records showed that all complaints logged were reviewed and responded to within an appropriate time. The investigations recorded that appropriate people were involved in seeking a resolution, such as links with day services and allied health professionals where appropriate. While outcomes were recorded, there was no consistency in recording the complainant’s satisfaction with the outcome. The person in charge was reviewing the documentation to ensure this element was recorded consistently.

Residents spoken with during the inspection knew who to complaint to and showed inspectors the pictures and phone numbers of the complaints staff that were on the wall in each part of the designated centre.

Relatives who completed the HIQA questionnaire also confirmed they knew who to complain to if necessary.
The organisation had a resident’s advocacy committee. They discussed matters of concern in the different designated centres, and in relation to other community issues. Meetings were videoed so they could be watched by other residents. There was also information available in the centre about accessing an external advocacy service if residents wanted to.

Residents were seen to have a good relationship with the staff in the centre, residents were enjoying making jokes with the staff during the inspection.

Inspectors observed that staff supported residents in line with their support plans, and encouraged independence in line with the resident’s skills. The way the records were completed, there was a focus on the skills of the residents and any areas for development. Staff also took the approach of focusing on the skills the residents had, and supporting them to maintain and develop them.

Staff were seen to speak respectfully to residents, knock on doors before entering their personal rooms/apartments and treating them with respect.

Each resident had a single room that was personalised their own taste. They included furniture, pictures and decoration. There were communal rooms in each of the houses/flats, and residents could choose how to spend their time, either in their own rooms, or with company in the communal rooms.

There was a policy in place that covered resident’s personal possessions, and records were in place of their belongings.

The staff confirmed arrangements were made for residents to vote when there were elections, where they were able.

Residents were able to practice their religion. Some residents attended local churches and services as was their choice.

**Judgment:**
Substantially Compliant

**Outcome 02: Communication**
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents were assisted and supported to communicate, appropriate to their identified needs.

There was a policy in place that set out the importance of communication, and assessing residents needs.

Staff were aware of the communication needs of residents. Each resident had a statement of their communication needs available as part of their personal records. These set out how people communicated, and if necessary gave examples of the ways residents communicate.

Residents were seen to be speaking and communicating well with staff and other residents throughout the inspection. Records showed residents had sight and hearing tests on an ongoing basis, and those who needed equipment such as glasses were supported to get them.

The centre was part of the local community, and residents had access to radio, television, internet if they wanted to have it, and information on local events. The residents participated in local services and had links with the neighbourhood, through employment, work experience, leisure and social activities and their day services.

**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):**
No actions were required from the previous inspection.

**Findings:**
Residents were supported to develop and maintain personal relationships and links with the wider community, where needed.

Residents spoke to inspectors about their contact with families and friends, and confirmed that they were able to meet visitors in private, and at times that suited them. This matched the information in the visitor’s policy, which made it clear that there were no restrictions to receiving visitors.

Records were kept of contact details for resident’s families and friends, to support residents to maintain relationships that were important to them. Records also showed that families were invited to attend meetings with the agreement of the residents. For
example planning meetings.

Residents spoke to the inspectors about the activities they were involved in, in their local community, which included accessing local leisure facilities such as cinema, restaurants and shops. Some residents were in paid employment in the community, others were volunteering in services.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

**Theme:**
Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found the provider ensured admissions and discharges to the service were in line with the organisation policy. However, improvements were required in relation to the contract of care.

There was a comprehensive policy and procedures in place for admitting and the discharge of residents. The residents were admitted in line with the Statement of Purpose.

Inspectors reviewed a draft copy of the contract for services which dealt the care and welfare of residents, they were very person centred and set out the specific services that would be provided to a resident in line with their assessed needs. In some examples seen it was clear what fee they would pay for the service they received, in others it was not.

**Judgment:**
Substantially Compliant

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**Outcome 05: Social Care Needs**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents were seen to be living independent lives with the support they needed in agreed areas.

The personal support plans set out the residents assessed needs, including how they would be met. Plans recorded the assessed needs of resident’s health, personal and social needs. See outcomes 8 and 11 for information on residents health and mental health needs.

Assessments focused on resident’s skills and areas where further development of skills would increase their independence, for example cooking, and road safety. The documents showed that residents had been involved in the assessments to identify their needs and to help them make choices about how they would spend their time.

Some residents had chosen not to participate in the organisations chosen assessment process, and this decision had been respected. However, all residents had identified goals that they wanted to achieve. Improvements to the recording process around the goals would make it clearer if they had been met or not.

Residents who spoke with inspectors said they were involved in activities of their choosing, and had a range of social activities that they enjoyed being involved in. Residents spoke of enjoying going shopping in the local shopping centre, going for a pint and watching the football, or attending art classes, as examples of how they chose to spend their time.

Residents were involved in a range of different activities in the day, including paid work, volunteering, accessing education and skills classes in the community, and day services.

Where residents required involvement of other professionals, records showed that this had been supported. For example mental health services, health care specialists and occupational therapy.

Records showed that residents plans were reviewed every year, and where needs changed. There was also evidence that families were involved in planning meetings where the residents chose for them to be.

A plan to ensure all the residents plans were in an accessible format was on-going, and the person in charge was working to ensure they were completed within the timeline.
agreed in the previous inspection report.

**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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The location, design and layout of the centre was suitable to meet the needs of the residents.

The centre was made up of one house, and two flats that could accommodate 3 residents each, and five other flats that could accommodate 2 residents.

The house had a lounge, kitchen diner, toilet and staff office/ bedroom downstairs. It had three bedrooms and a bathroom upstairs. the house was well presented and reflected the tastes of the residents. The garden at the time of the inspection was being used to store old equipment, and could be a hazard to those accessing the area.

The two flats that could accommodate three residents were the same in their layout. They had an entrance hall/ corridor leading to a lounge/ dining room and kitchen all in one. There was also a laundry room and five bedrooms and two bathrooms. Due to the size of the communal areas the flats would only be suitable for three residents. They were well presented and well decorated. Some small areas needed attention, for example painting in the laundry and an odour in one bathroom.

The five flats were of a similar layout. Though two had merged in to one larger flat with three bedrooms and three bathrooms. They had a lounge area with kitchen and dining area, two bedrooms and two bathrooms. Residents were seen to be coming and going as suited them, with keys to their doors, and access to the entrance hall of the complex. Some minor maintenance areas were identified, and fed back to the person in charge, for example the work surface in one flat, and some areas decoration.

Throughout the accommodation there were many examples of personalisation with photos and furniture chosen by the resident. Rooms were also decorated according to the residents’ own preferences and several residents showed inspectors their rooms and
the items/colours that they chose to individualise their rooms.

The designs and layout of each of the houses and flats matched the descriptions laid out in the Statement of Purpose, and catered for the needs of residents. Each part of the centre had suitable lighting, heating and ventilation.

**Judgment:**
Substantially 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The centre has policies and procedures relating to health and safety and these were seen to be put in to practice. However the policy on risk management required further work to meet the requirements of the regulations.

There was a risk management policy in place, and inspectors saw that it covered the requirements of the regulations. The person in charge explained it had been recently developed and was in the process of being rolled out to all the centres.

A number of individualised risk assessments completed for resident were seen, and they related to issues such as accessing the community independently, smoking, and individual's physical mobility. However some areas were identified during the inspection that had not been risk assessed in enough detail, or not risk assessed at all for example for a resident staying home alone, or for self injurious behaviours. The person in charge was aware of the need to improve in this area and was arranging training for staff on the newly developed templates.

Inspectors reviewed the risk registers. These were dated, and scheduled for review twelve months later. While these were adequate they required up-dating after risk control measures were implemented, as set out in the organisations policy.

There was an emergency plan available to inspectors. This detailed the procedure for evacuation, contact numbers and the location of mains valves for electricity, water and gas (where applicable). The plan also included the location of alternative accommodation and means of transport should these be needed.

Inspectors reviewed the incidents and accidents for the centre and found them to provide clear information about the incident and actions taken. Inspectors saw that
discussions were held on these issues in quality assurance meetings, and actions had been allocated to members of the management team to oversee areas of improvement needed in the organisation, for example setting up audits of medication practice, and infection control practice.

Inspectors observed that fire equipment, alarm, fire doors and emergency lighting were provided in each part of the designated centre. Inspectors reviewed records which showed that there was appropriate servicing and they were maintained in good working order. Records also showed that staff had completed regular checks on this equipment and the escape routes from the units.

Inspectors reviewed records that recorded drills as having taken place on a regular basis. These were conducted with both staff and residents and the outcome of these were recorded. Drills were conducted during both day and night hours. Both staff and residents were knowledgeable about evacuation when asked by inspectors.

Inspectors also saw that there was a personal evacuation plan available for each resident, and residents were familiar with these. Inspectors observed that there was an evacuation procedure displayed within each service unit.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
There were arrangements in place to safeguard residents and protect them from the risk of abuse.

Staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. All staff had received training on safeguarding vulnerable adults. Further training was planned to include the national policy.

The policy on safeguarding residents from abuse contained guidelines on how any
allegations of abuse would be managed. The provider had appointed a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had. Residents who spoke with inspectors were knowledgeable of who they could talk to if they needed to report anything, they were also clear about where they could contact them, including where to access their phone numbers.

There had been no allegations of abuse, but inspectors were satisfied that key staff identified in the policy were clear of the role they needed to take if any were made.

Inspectors noted that residents had a good relationship with the staff, and those spoken with confirmed they would speak to the staff if they had any concerns.

Inspectors observed that staff maintained resident’s privacy and supported them to be as independent as possible. All residents had an intimate care plan in place, and they did set out the residents needs and preferences where they were known.

Inspectors read the policy on the management of behaviours that challenged, and it was observed that it was being used to guide the care delivered. Training had been provided in this area and staff said that further training was being planned to cover the national policy.

There was evidence that the General Practitioner (GP), psychology and Psychiatric services were involved in the care of residents as required, with clear records of ongoing support to the resident, sometimes involving family where appropriate.

In some cases behaviour support plans were in place for residents that set out any agreed interventions. However, it was noted that in three of the cases where residents had known behaviours, for example relating to depression, no guidance was available to staff to advise them how to manage the situation. One example was also seen where the plan had not been updated in line with the residents need, although there were regular meetings and the minutes of those meetings reflected the residents changing needs.

Meeting minutes showed that each resident who had a behaviour support plan was reviewed regularly at the positive behaviour supports committee, and recommendations were made, and followed by the staff team.

There had been a restrictive practice committee in place. Examples of referrals to that committee were seen, but there was no restrictive practices in place for the residents in this centre.

**Judgment:**
Non Compliant - Moderate

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where
**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be notified and the timescales in which they must be completed. They had also provided three monthly notifications as required.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**
*Residents’ 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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors were satisfied that residents had opportunities for new experiences, social participation, education, training, development and employment. These opportunities appeared to be supported and facilitated by staff.

Residents all said they made their own choices about how they spent their time with regard to their choices of activities and courses. Their choices were further reflected in action plans and their personal goals. Where support was needed to fulfil choices the action plans indicated to inspectors that this support was agreed, planned and actioned with residents.

Residents had opportunities to engage in social activities both internal and external to the centre. Residents informed inspectors of the different things they enjoyed doing, which included going to the local to watch a match, shopping in the local shopping centre, and going on trips out in the services transport. Residents also informed inspectors of the various social activities that they engage in. These activities included, day services, jobs, coffee shops, shopping, and sporting events.
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):  
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:  
The inspectors found that there were arrangements in place to assess the health care needs for each resident. However improvement was needed to ensure there was clear instruction for staff on how all identified health care needs would be met.

Records showed that residents had good access to general practitioners (GP’s), some accessed them independently, others with support from staff.

There was a document available for each resident that contained the information of a health review. The document was seen to be updated over time, but it was identified that in at least three cases the information was not up to date.

There was evidence that residents accessed other health professionals such as physiotherapy, psychology and psychiatry. Letters and medical reports were available as part of the residents records. Where recommendations by professionals had been made, in some cases these were seen to be in place, for example recommendations from speech and language therapy. See outcome 8 for areas that required improvement.

In two examples reviewed by inspectors it was not possible to see if required health checks had been completed, and what the outcome of the checks were. This related to blood tests for residents.

Where a specific health need was identified for a resident, in most cases there was detailed plan with clear guidance for staff on how that need was to be met. However a number of examples were seen where the health need was referred to in some supporting document, but did not set out how the resident was to be supported. For example a condition relating to digestion.

Residents were supported attend appointments, and encouragement was provided if needed, but residents decisions were respected, for example if they chose not to addend appointments.
One example was seen where the guidance on how to support a resident was not in line with expected practice in relation to a healthcare need, and required review. This was fed back to the person in charge following the inspection.

Resident’s healthcare needs were being discussed in other meetings such as the multidisciplinary meeting. The minutes of these meetings were available on the residents files, and recommendation reviewed by the inspectors were seen to have been put in place.

In parts of the centre, residents were cooking themselves. In other parts, they were receiving support from staff. It was noted that an arrangement in some of the flats for staff to cook a meal for residents in a number of the flats was not in line with the principles of more independence, and the person in charge confirmed this would be reviewed to ensure residents were being enabled to develop skills in relation to preparing and cooking meals.

Some of the residents were involved in shopping and the preparation of meals as much as they were able. Those spoken said they liked to be able to choose meals, and it was identified on the menu who had chosen which meal. Some residents commented that due to staff cooking one meal choice per evening they had to eat what was provided on the day, or prepare something else for themselves. Again the person in charge confirmed this would be addressed when the cooking arrangements were reviewed.

Snacks and drinks were available to the residents at all times in line with their dietary requirements.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found there were policies and procedures around the safe administration of medication. However some improvement was needed in ensuring there was clear instruction for the administration of all medication, and storage of refrigerated medication.
There was a policy in place for the administration of medication which did cover key areas such as receipt, safe administration, storage, audit and disposal of medication. The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration and disposal.

The policy covered the arrangements in place for assessing residents ability to manage their own medication. A number of residents were doing this, and assessments clearly showed they had the necessary skills in a range of areas.

Where staff carried out the administration of medication, they confirmed the process of training and supervision they completed before they were approved to undertake this role. They were also aware of the need to oversee the arrangements in place for residents who were managing their own medication, for example checking with the resident that medications were stored appropriately.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete. However, there were examples seen where there were no clear instructions on the route or does for medication, and also no guidance for the maximum dose to be administered in 24 hours for ‘as required’ (PRN) medication.

The inspector observed that the medication storage was in the office in the houses/flats. A staff member kept the keys at all times. In one house it was identified that medication needed to be refrigerated, but the correct arrangement were not in place for this. Residents who were self administering medication also had locked storage in their bedrooms.

Staff reported that the pharmacist was available to provide support if they needed it, and were available locally. Records showed that medications were reviewed by the prescriber on a regular basis.

The management team carried out an audit of the use of any of the psychotropic and ‘as required medication’ (PRN) to ensure use was in line with good practice. However, there was not a full audit of medication practice available for inspectors to review at the time of the inspection.

Judgment:
Substantially Compliant

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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that the Statement of Purpose met the requirements of the Regulations.

The Statement of Purpose accurately described the type of service and the facilities provided to the residents. It reflected the centre’s aims, ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met.

**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:**
Leadership, Governance and Management

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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors found there was an established management structure in place, with the roles of staff clearly set out and understood. The provider nominee had plans for an annual report, but at the time of the inspection it was not in place.

There was a management system in place on the day of the inspection which supported the delivery of services. The provider had established monthly regional management meetings, quality and safety committee, residential quality improvement and the supervisor’s forum meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The role of the person in charge was carried out by the programme manager who was supported by the residential coordinator. He was appropriately qualified and had continued his professional development. He was full time in the role and met the requirements of the regulations. Through the inspection process he demonstrated a good understanding of the regulations and standards.
Inspectors found that there were appropriate deputising arrangements in place. There were robust on call arrangements in place, and staff were familiar with who to call if support was needed.

Social Care leaders were in place in the units that made up the designated centre, and carried out regular team meetings with the staff teams to keep them up to date on areas like new policies and procedures.

An audit on the service was completed by the quality and safety department within the organisation. These were un-announced visits and took place up to twice a year. Inspectors reviewed the audits and the action plans which included risk and quality. Progress was being made against the actions in the report.

Inspectors noted that there had been learning from the previous inspection in the centre, and others in the organisation. Improvements were seen in a number of areas, and areas of non compliance at the previous inspection had been improved, improving the outcomes for residents using the service.

At the time of the inspection an overall report of the quality and safety of care and support in the designated centre was not in place, or available to residents.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place through the availability of the team leader and residential services manager to cover any absences of the person in charge. These arrangements were formalised and staff were aware of them.

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):**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that sufficient resources were provided to meet the needs of residents, and that the service being provided was in line with the statement of purpose.

On the day of the inspection there was sufficient staff to meet the needs of each resident.

They were involved in a range of activities, including supporting residents to attend appointments and cook meals.

Records of maintenance being carried out in a timely manner were seen. The premises was seen to meet the needs of the residents and had the facilities they needed.

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

**Findings:**
Inspectors were satisfied that there was an appropriate number, skill mix and trained staff in place to meet the needs of the residents, in a safe, meaningful and respectful manner. Staff records indicated to inspectors that all staff were recruited, selected and
supervised in an appropriate basis.

Inspectors reviewed the staff rosters and found that there was an adequate number of staff, with appropriate qualifications and skills, rostered to reflect the needs of residents. Where resident needs were changing management was aware and were seen to be reviewing staff numbers. The number of staff rostered reflected the layout of the premises, and the care offered in the Statement of Purpose.

All staff were social care staff, as no residents had nursing needs that needed the ongoing support of a nurse.

Staff were seen by inspectors to respond to residents, when they requested assistance, with knowledge of residents’ needs. When speaking with staff it was evident that they knew the residents well, and supported them to maintain their independence by providing encouragement as well appropriate support. All support was seen to be provided in a respectful and timely way.

Training records were reviewed by inspectors. All staff had completed the training required by the regulations, and those required by the provider. For example medication training, protection of vulnerable adults training and fire training. The supervision process was planned to support the identification of staff training needs going forward. Staff commented that the arrangements in place for them to be notified when any of their training needed to be updated were very effective.

It was identified that staff would need to provide support to manage a resident’s diabetes if they were unable to do it themselves. No staff had received training in this. It was planned for a future date, but the person in charge planned to review if it could be brought forward.

Induction training was also reviewed. This had three elements; induction to the Providers’ service and ethos; introduction locally to the particular service unit; participation in the training days centrally scheduled. This appeared sufficient to meet resident’s general needs, and to deliver the care outlined in the Statement of Purpose.

The service was using agency staff. Inspectors reviewed the documentation held by the service to assure themselves the staff were appropriately trained and vetted, and found it to give full detail of robust recruitment arrangements.

Team Leaders expressed to inspectors that when they use agency staff they attempt to gain consistency in obtaining the same agency workers. Agency workers met were knowledgeable about residents, and appeared consistent.

Formal arrangements were being put in place for supervision of the staff team. Inspectors saw that meetings had been booked with social care leaders. There were also regular staff meetings taking place, where the staff team were able to discuss any issues arising in the service, and receive information, for example updated policies and procedures.

Staff files met with the requirements of schedule 2 of the regulations at the last
inspection, and so were not checked again during this inspection.

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):
No actions were required from the previous inspection.

Findings:
Inspectors found that all policies required by Regulations were in place, and overall, records were accurate and, up-to-date.

The provider had ensured the designated centre all of the written operational policies as required by Schedule 5 of the Regulations. However, staff required additional education and training to ensure all policies were implemented in practice. For example, the risk management policy (outcome 7) and the complaints policy (outcome 1).

Inspectors reviewed the records listed in Schedules 2, 3 and 4 of the Regulations which were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An up-to-date insurance policy was in place for the centre which included cover for resident’s personal property and accident and injury to residents in compliance with all the requirements of the Regulations

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:**

Helen Lindsey  
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 John of God Community Services Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003932</td>
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<tr>
<td>Date of Inspection:</td>
<td>12 May 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30 June 2015</td>
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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:
The records of complaints did not contain the complainants satisfaction.

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

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
1. Each complaint will now record whether or not the complainant, resident or their representatives (as applicable) were satisfied with the outcome of the complaint.

31st July 2015

Proposed Timescale: 31/07/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no nominated person to ensure complaints were recorded and responded to as per the Regulations

Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
1. The Social Care Leader will ensure that all complaints are logged and resolved at a local level where possible. Where this is not possible, the complaint will be escalated to the complaints officer. The progress of the complaint will be communicated to all stakeholders.

2. A local complaints procedure will be drafted to include the nominated person.

3. The Statement of Purpose will be updated to include all recommendations including a clear guide to the complaints policy.

1. 31st August 2015
2. 31st August 2015
3. 31st July 2015

Proposed Timescale: 31/08/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some written agreements did not set out the fee to be paid for the service.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
1. Support agreements will include all appropriate fees and charges that the resident is expected to pay, while living in the Designated Centre.

1.30th September 2015

**Proposed Timescale:** 30/09/2015

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some areas of the designated centre needed attention to assure they were suitably decorated, and well maintained.

**Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge in conjunction with the Social Care Leader, will ensure a revised schedule of improvement and decoration is developed for the designated centre.

1.30th August 2015

**Proposed Timescale:** 30/08/2015

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**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:**
Improvements were required in the documentation of controls to manage risks in relation to residents and premises.

**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:**
1. The person in charge in conjunction with the Social Care Leader, will review the risk management policy for the designated centre to ensure they are up to date and include the measures and actions in place to control the risks identified.

2. Risk assessments will be updated to accurately reflect the policy.

3. A schedule of training will be compiled for all staff in risk management.

1. 31st July 2015
2. 31st August 2015
3. 31st August 2015

**Proposed Timescale:** 31/08/2015

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all residents had plans that set out how to implement therapeutic interventions in relation to their assessed needs.

**Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
1. Behaviour support plans will be reviewed by the multi-disciplinary team to ensure that all recommendations are included in plans.

2. The person in charge will coordinate a review meeting with the staff team to ensure all staff members are aware of how to implement agreed behaviour supports.

1. 30th August 2015
2. 30th August 2015

**Proposed Timescale:** 30/08/2015
### Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

Some areas of healthcare need were not set out in residents plans in sufficient detail to ensure their needs were met. Some information was not up to date and did not reflect residents current needs.

**Action Required:**
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. The person in charge will coordinate a review of the personal planning format.
2. A revised personal plan will be put in place for each resident to ensure their assessed health needs are met & where required recommendations of allied health professionals are comprehensively incorporated into these plans

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>1.4th June 2015</td>
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<tr>
<td>2.30th November 2015</td>
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**Proposed Timescale:** 30/11/2015

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### 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:

Examples were seen where the information was not clear about the dose or route for medication to be administered. One example of refrigerated medication not being stored securely was seen.

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

1. All local operational procedures relating to medication management will be reviewed and updated.
2. Kardex’s will be reviewed to include the route of the medication is clearly stated by the prescriber.
3. A full medication audit will be coordinated by the person in charge with a corrective action plan put in place regarding ordering, receipt, prescribing, storing, disposal and administration of medication where required.

1. 31st August 2015  
2. 31st July 2015  
3. 30th September 2015

**Proposed Timescale:** 30/09/2015

**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:**  
There was no annual review of the quality and safety of care and support in the designated centre, and therefore it is not available to the residents.

**Action Required:**  
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
1. The quality and safety committee will compile an annual report on the care and support on residents in the service. This will happen every year and will be released in January every year.

2. An accessible version of this report will be produced and shared with residents.

1. 28th February 2016  
2. 31st March 2016

**Proposed Timescale:** 31/03/2016

**Outcome 18: Records and documentation**  
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Not all policies as set out in schedule 5 were fully implemented on the day of the inspection

**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. A review of the schedule 5 policies will be coordinated by the person in charge to ensure that all policies are available in the designated centre and staff know how to access them.

2. Individual policies will be discussed in detail at staff meetings as a mechanism of education and training around that policy.

3. Specific policies such as Risk management, Medication Management and Complaints will be prioritised for discussion.

1. 30th September 2015
2. 31st July 2015
3. 31st October 2015

Proposed Timescale: 31/10/2015