<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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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005318</td>
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<td>Centre county:</td>
<td>Louth</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>Clare Dempsey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>Raymond Lynch</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>0</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 25 September 2015 10:00  To: 25 September 2015 16:00

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

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

The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application to register the centre as a centre for one adult with a disability.

The centre consisted of a one story semi-detached house that can accommodate one resident. The accommodation is for one resident to be accommodated moving from a larger designated centre. Suitable and sufficient facilities, management structures and resources, and guidance documents were available and in place to support the operation of the centre.
A core staffing roster plan was available to confirm staffing support over a 24 hour basis. There were no staff working at the centre and the resident was not living in the centre which was awaiting a registration decision by the Chief Inspector. However, visits to facilitate the transition process had taken place.

The person in charge and clinical nurse manager facilitated the inspection. The person in charge was already interviewed as part of a registration process. The provider nominee was previously interviewed in September 2015 in relation to another designated centre operated by the registered provider.

All proposals presented prior to and during the inspection, will be verified and followed up by an inspection that will be carried out when registered and occupied by residents.

Documents, care plan templates, policies and proposed plans were reviewed and discussed with the area manager and person in charge. The overall findings are presented in the body of this report. Areas for improvement highlighted on inspection were progressed during the inspection or communicated following the inspection as being addressed. As the result, the centre was found not to be in full compliance with the legislation and number of improvements were required before being recommended for registration. These improvements related to the premises which required a review and provision of suitable heating.

Overall, the inspectors found that, when written policies, procedures and staffing arrangements are implemented, the care and supports planned for will consistently and sufficiently provide a quality service to meet the residents' assessed needs and wishes. Registration application documents received by the Authority were incomplete and a letter was issued on 8 October 2015 requesting submission in line with the requirements of the Health Act 2007 (Registration of designated centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

### Outcome 01: Residents Rights, Dignity and Consultation

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

**Theme:**
Individualised Supports and Care

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

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

**Findings:**

The inspectors found that arrangements were in place to ensure the rights, privacy and dignity of residents will be promoted and residents’ choice encouraged.

Policies and procedures were in place to promote or ensure the resident is consulted with, and participates in, decisions about care and about the organisation of this centre. As per Outcome 18 a centre specific procedure relating to the management of resident finances was identified as a requirement on this inspection to inform and guide staff.

Access to advocacy services and information about resident rights was to form part of the support services to be made available to the resident. The identity and contact details of advocates available to residents was on display in the centre.

Arrangements were in place to promote and respect residents' privacy and dignity, including receiving visitors in private. Resident meetings were to form part of the arrangements for consultation and decision making processes.

Procedures and arrangements were in place and described by the person in charge to enable the resident to exercise choice and control over his life in accordance with his preferences and to maximise his independence.

A complaints policy was in place. The complaints procedure was displayed on the kitchenette notice board in the centre and an easy read version was also available. A dedicated log book for recording complaints was present.
Outcome 02: Communication

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
There was a policy on communication with the resident.

The inspector found that arrangements were in place so that the resident will be supported and assisted to communicate in accordance with their needs and preferences.

Communication needs will be identified in the assessment and personal planning process. Personal plan documents available for implementation aim to capture individual communication limitations, abilities and support requirements. Assessment documents and templates related to personal plans also included systems and interventions to be made available to meet the diverse needs of all residents. This may include the input of internal or external professionals, where necessary and on a referral basis.

The resident will be assisted and supported to form links with the local and wider community. The inspectors were informed that resident will have access to radio, television, social media, newspapers, internet, information on local events and entertainment. Access to assistive technology and aids and appliances where required are to be made available to promote residents’ full capabilities and facilitate needs.

**Judgment:**
Compliant

Outcome 03: Family and personal relationships and links with the community

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

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
Based on the information available, the inspectors were satisfied that family, personal relationships and links with the community are to be encouraged.

A policy was in place in relation to visitors. The policy supports residents to be facilitated to receive visitors in private with no restrictions on family visits, except when requested by the resident or due to a health and safety risk.

The inspectors were informed that residents will be supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of their relative in accordance with resident’s wishes.

The inspectors were informed by the person in charge that the resident would be fully supported with staff and transport arrangements are in place to promote engagement.

Resident, families, advocates and representatives of the resident are to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
There were policies and procedures in place for admitting residents, including transfers, transitions, discharges and the temporary absence of residents.

Residents’ admissions are to be in line with the centre’s Statement of Purpose. The area manager confirmed that admissions and/or transitions will be facilitated in accordance with the centre’s admission policy.

The inspectors were informed by the person in charge that the centre’s admissions and transition procedure will consider the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available outlining the terms and conditions of services
to be provided. The inspector was informed that each resident is to receive a written agreement of the terms of their stay in the centre given to them or their representative on admission.

The support agreement sets out the services to be provided and any fees or charges are to be specified and included when agreeing the contract. However, the current contract of care did not include the relevant fees or breakdown of charges in line with legislative requirements.

**Judgment:**
Substantially Compliant

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

**Theme:**
Effective Services

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

**Findings:**
The inspectors found that arrangements were in place, and when implemented, the social care support as described by the director of nursing and person in charge will consistently and sufficiently reflect the residents assessed needs and wishes.

The admission policy included a process of preliminary screening and assessment to include the person in charge following referral. The prospective resident has undertaken a visit the centre and this informed part of the pre-admission assessment procedures to be completed to ensure each resident’s health, personal and social care and support needs are fully assessed before admission.

The inspectors were informed of arrangements whereby an assessment is to be carried out as required to reflect changes in need and circumstances and at a minimum twice a year. Each resident (or their representative) along with their key worker are to be actively involved in all assessments to identify residents individual needs and choices.

Assessments pertaining to residents will include multi-disciplinary input and review.

Arrangements were described by the person in charge to ensure each resident has a
written personal plan that details his or her individual needs and choices. The plan is to be prepared no later than 28 days after admission to the centre. A template of the personal plan to be made available to each resident was available and was in an accessible easy read/understood format.

Personal plans aim to support residents and improve outcomes for them, if implemented as intended.

Each plan is to be reviewed on an bi-annual basis or more frequently if there is a change in circumstances.

Residents and their family members or representatives, where appropriate, are to be consulted and involved in reviewing plans. The relatives of the proposed resident have also been invited to visit the centre.

Planned supports such as familiar staff and key records of information were described to form part of the process when a resident transfer between services. For example, a key working arrangement will continue for the transitional period to promote continuity of care.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that the location, design and layout of the centre was suitable for its stated purpose and aims to meet residents' individual needs in a comfortable and homely way. The centre is located in an established community residential estate in a semi-rural location with nearby access to sports fields, shop, bakery and restaurant facility.

There were appropriate facilities and the layout aims to promote the resident’s safety, dignity, independence and wellbeing.
The centre comprises of a single storey house, which was suitably furnished and fitted for occupancy by one resident. The house was not fully accessible for a wheelchair user as there are some steps to the front of the premises and the house has not been fully adapted. The proposed resident has visited the premises and the person in charge is satisfied that it is suitable in respect of the mobility and independence requirements for this individual.

Resident accommodation includes one single occupancy bedroom and an adjacent shower room which has level access, toilet and hand washing sink. The kitchenette, and sitting room cum dining space, and store room were ready for use.

External patio/courtyard was provided with some garden furniture. Any additional modifications to the premises and required for resident were to be completed prior to occupancy.

The centre was clean, suitably decorated and well-maintained. Additional furnishings and decorations were to be facilitated at the discretion of residents being accommodated. The premise had suitable lighting and ventilation. However, some improvements were required relating to the current central heating system in place which was reliant on the use of a solid fuel fire to heat a back boiler. The temperature in the bedroom on the day of the inspection was found to be 15 degrees centigrade. The director of nursing and person in charge agreed to review the current arrangements and consider options for improving the heating system.

There was suitable space and a storage facility for the personal use of residents.

A maintenance system was in place and arrangements were in place for the safe disposal of general and clinical waste.

Adequate car parking was available, and nearby green space.

Judgment:
Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services

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

**Findings:**
The inspector found that arrangements were in place to ensure that the health and safety of residents, visitors and staff will be promoted.
There were policies and procedures in place for risk management and emergency planning.

The centre had policies and procedures relating to health and safety.

Suitable procedures and arrangements were in place for the prevention and control of infection.

A risk management policy was in place and to be implemented throughout the centre which included the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

Arrangements for investigating and learning from serious incidents/adverse events involving residents were in place and described by the person in charge.

There was adequate means of escape, including emergency lighting and fire exits were unobstructed. There were prominently displayed procedures for the safe evacuation in the house in the event of fire. Smoke alarms were in place and fire safety equipment was serviced and to be maintained on an annual basis. A carbon monoxide detector had been put in place in the sitting room. Evacuation plans and procedures for each resident were to be completed once occupied in line with the centre’s policy. Plans were communicated to inspectors for a centre specific fire lecture which would take place prior to use of the house.

The inspectors were informed that all staff would be trained in fire safety and safe evacuation procedures. Fire drills at regular intervals and fire records to include details of fire drills were to be maintained.

**Judgment:**
Compliant

### Outcome 08: Safeguarding and Safety

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
**Findings:**
The inspectors found that arrangements were in place to ensure that measures to protect residents being harmed or suffering abuse would be in place.

There was a policy on, and procedures in place for, safeguarding residents which staff are required to be trained on during induction and prior to working in the centre.

There was a policy in place for providing personal intimate care.

There were policies, procedures and training arrangements in place for safeguarding resident and protection from abuse.

Arrangements were in place and described to ensure the director of nursing and the person in charge monitor the systems put in place to protect residents and ensure that there are no barriers to staff or resident disclosing abuse.

Systems were described and outlined in policy documents to ensure any incidents, allegations or suspicions of abuse were recorded, appropriately investigated and responded to in line with the centre’s policy, national guidance and legislation.

There was a policy in place for the provision of positive behavioural support. The current behavioural support plan in place for the resident who is proposed to occupy this designated centre was reviewed and found satisfactory. The inspectors were told that all staff would be fully trained in managing behaviour that is challenging including de-escalation and intervention techniques as required.

There was a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint to reflect the aims and objectives of the statement of purpose.

**Judgment:**
Compliant

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**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
Arrangements were in place to ensure a record of all incidents occurring in the
designated centre is maintained and, where required, notified to the Chief Inspector.

The management team and the person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
The inspectors found that arrangements were in place to ensure that if the plans discussed are implemented, the general welfare and development needs of resident will be person centred and promoted. The resident will be afforded new experiences, social participation, education, training and employment as individually assessed.

There was a policy on access to education, training and development.

Educational achievement of residents is to be proactively supported by practices in the centre. An assessment process to establish each resident’s educational/employment/training goals are to be maintained for each resident.

Social activities, internal and external to the centre are to be made available to residents to promote general welfare and development. Transport and staff supports for the resident have been identified and allocated in preparation for moving into the centre, and will adapt with changing goals and needs.

**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 inspectors found that arrangements were in place to ensure that residents' health care needs will be regularly reviewed with appropriate input from multidisciplinary professionals where required. The person in charge told the inspectors that arrangements in relation to residents having access to the local GP, doctor on call and a range of allied health care services were available.

Allied health care professionals, medical and other multi-disciplinary professionals will be facilitated on a referral basis. Mental health supports are established and in place. Inspectors were informed that a review took place two days prior to the inspection, and this review informed the behavioural support plan in place. Ongoing mental health supports are currently in place to support transition to this community house.

Health monitoring documents were available and to be completed which include regular checks of clinical observations and treatment provided.

The inspectors found that arrangements were in place to ensure that if the proposed practices are implemented, residents' nutritional needs will be met to an acceptable standard. Weights will be recorded and monitored on a monthly basis when required. The transfer plan was reviewed and had details of resident likes and dislikes and examples of menus enjoyed by the resident. A policy on the monitoring and documentation of nutritional intake was available to support resident needs.

Menu planning and healthy choices are to form part of the discussion between the resident and staff in weekly meetings. Menu choices are to be displayed. Photographs of shopping/food and meals choices are to be 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspectors found that the medication management policies were satisfactory and that the proposed practices described by the person in charge were suitable and safe.

A locked drug safe secured in the lockable store was in place and medication prescription sheets were available that included sufficient detail that, if completed, would ensure safe prescription, administration and recording standards. The centre’s staffing skill mix is to include staff trained in medication management. There are established links with a community based retail pharmacist.

The person in charge explained that if required for use, staff will maintain a register of controlled drugs and the administration and storage arrangements will be maintained in accordance with the legislative requirements.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspectors found that the statement of purpose largely met the requirements of the Regulations. There were some areas relating to specifics of service provision which required review. A revised statement of purpose was submitted following the inspection and found to be satisfactory and fully in line with Schedule 1. The registration details will require inclusion and updating when completed.
It described the service that is to be provided in the centre and it will be available to resident and staff.

**Judgment:**
Compliant

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**Outcome 14: Governance and Management**

*I* 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 inspectors found that arrangements were in place to ensure that the quality of care and experience of the resident will be monitored and developed on an ongoing basis.

Management systems were described as in place to ensure effective support to the resident and to promote the delivery of safe, quality services.

The person in charge and clinical nurse manager have responsibility for the day to day management of the centre, and other designated centres in the community. They both report to the director of nursing who in turn reports to the director of service, and then to the provider nominee who has overall governance and management responsibility. Governance, organisational and reporting structures were in place. Day to day supervision of staff will take place and adequate supports were in place with the clinical nurse manager and person in charge.

A range of audits and quality review meetings were to be implemented on a weekly and monthly basis to indentify risks, trends, determine outcomes and inform governance and management arrangements.

An annual review is to be completed as part of the quality assurance systems.

Staff and management meetings, on call arrangements and core staff roster plans had been established and were to be maintained and adjusted according to the assessed needs of the resident.

Documents were outstanding as of 8 October 2015, for application in respect of Health.
Act 2007 (Registration of designated centres for Persons (Children and Adults) with Disabilities ) Regulations 2013.

**Judgment:**
Non Compliant - Moderate

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### Outcome 15: Absence of the person in charge

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
All of the management team including the director of nursing and the person in charge were aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

**Judgment:**
Compliant

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### Outcome 16: Use of Resources

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

**Findings:**
The inspectors were informed that sufficient resources would be made available to meet the resident assessed needs as required. There was no evidence to indicate that adequate resources would not be provided to ensure effective delivery of care and in accordance with the statement of purpose.

Core staffing levels had been rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources maybe adjusted.
and increased based on resident support needs, activity, and dependency and occupancy levels.

The person in charge and clinical nurse manager confirmed that the centre has the resource of a vehicle on a full-time basis to support the residents transportation needs/wishes.

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:**
On the basis of the information available on inspection and from discussion with the person in charge and clinical nurse manager, the inspectors found that arrangements were in place to ensure that an adequate number of core staff and skill mix will be available to the resident. Draft staffing rosters for two weeks had been prepared and demonstrated a plan to provide continuity of care and supports using core staff who are providing this support to the resident already and a key worker has been identified and will continue to work with the resident in the new setting.

The person in charge informed the inspectors that all staff will have completed mandatory and relevant training prior to the opening of the centre.

The centre’s recruitment policy included that all staff will supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and the regulations. The inspectors reviewed four staff files who were identified to work in the centre and found records were well maintained and available in accordance with the regulations. However, as outlined in Outcome 18 of this report, one staff member did not have photo identification or a reference from their last employer on file in line with Schedule 2 requirements.

Judgment: Compliant
Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The inspectors found that systems were in place to maintain and complete accurate records.

A copy of insurance cover for the centre was available.

The centre had written operational policies required and specified in schedule 5. However, a centre specific procedure relating to the management of resident finances was identified as a requirement on this inspection to inform and guide staff.

A resident's guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and complaints process.

The inspectors found that records to be completed that related to the resident and staff, were to be accurately maintained and stored securely in the centre. However, one staff member did not have photo identification or a reference from their last employer on file in line with Schedule 2 requirements.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements. Inspectors plan to review in full the completeness of records on the next scheduled inspection following completion of the registration process.

A template for the directory of residents was available and if completed will meet 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:

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

Centre name: A designated centre for people with disabilities operated by St John of God Community Services Limited

Centre ID: OSV-0005318

Date of Inspection: 25 September 2015

Date of response: 16 October 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 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:
Contract of care did not include the relevant fees or breakdown of charges in line with legislative requirements.

1. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:
The Contract of Care was revised to reflect the introduction of charges in the document.

Proposed Timescale: 09/10/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Heating system in place was not suitable or sufficient.

2. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
Oil Fired central heating is being installed into the house and will be completed on 23rd October 2015

Proposed Timescale: 23/10/2015

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:
Application documents were incomplete and the fee was outstanding documents for application to register relating to the Health Act 2007 (Registration of designated centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

3. Action Required:
Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The floor plans and Planning compliance forms will be furnished to the registration department of HIQA by Thursday 22nd October 2015

Proposed Timescale: 22/10/2015
<table>
<thead>
<tr>
<th>Outcome 18: Records and documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>A centre specific procedure relating to the management of resident finances was identified as a requirement on this inspection to inform and guide staff regarding recent changes in policy.</td>
</tr>
</tbody>
</table>

4. **Action Required:**
Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

**Please state the actions you have taken or are planning to take:**
A Standard Operation procedure for the management of residents finance was developed on 12th Oct 2015

**Proposed Timescale:** 12/10/2015

<table>
<thead>
<tr>
<th>Proposed Timescale: 12/10/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>One staff member did not have photo identification or a reference from their last employer on file in line with Schedule 2 requirements.</td>
</tr>
</tbody>
</table>

5. **Action Required:**
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 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:**
The staff member has now a photo identification and reference from last employer on his Human Resource File.

**Proposed Timescale:** 08/10/2015