

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0005288
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Leone Ewings;
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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: 22 September 2015 10:00 To: 22 September 2015 17:30

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

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

Summary of findings from this inspection

The purpose of this inspection was to register a house in the community for residents moving from a congregated setting.

As part of the application for registration the provider nominee was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed this documentation, assessed the premises and reviewed records required to be kept in the designated centre in respect of residents and other records in relation to the current statement of purpose, residents' guide, food, complaints, directory of residents, staffing and fire safety.

The inspectors met with the person in charge and a staff nurse to outline the

inspection process and methodology and provided feedback to the management team including the provider nominee at the conclusion of the inspection.

The inspectors saw that systems and processes had been established in respect of assessing individual residents regarding their accommodation. All proposals presented prior to and during the inspection were examined, and will be verified and followed up following an action plan response, and by an inspection when registered and occupied by residents.

The designated centre consists of a detached bungalow situated in a small village. Originally the organisation was seeking registration to accommodate 5 residents with a diagnosis of intellectual disability, however, inspectors deemed that the premises could only comfortably accommodate 4 residents. This was communicated to the management team including the person in charge and provider nominee who subsequently amended the statement of purpose and this was received by the Authority on the 24 September 2015.

Residents were not being accommodated at the time of the inspection.

The provider nominee and person in charge demonstrated their knowledge of the legislation and standards during the course of the inspection process.

The inspectors found that residents and some relatives had visited the designated centre and were positive about their new home in the community setting.

The person in charge and staff team had carried out in accordance with the legislation and prior to admission a comprehensive assessment of the health , personal and social care needs of each resident to be accommodated in the designated centre. This was found to be satisfactory. The person in charge was aware that the personal care plan requires to be devised for each resident within 28 days of admission to the designated centre.

Systems and procedures had been set up in respect of the administration of medicines.

Inspectors saw that there were measures in place to protect residents from being harmed or suffering abuse.

The person in charge and staff nurse described the promotion of a person centred approach and highlighted opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities and involvement in the local community.

Consideration by the management team had been given to the health and safety of residents, visitors and staff and a risk policy/procedure and register was available and while the management team were observant in identifying, analysing and controlling risks, some risks in relation to the premises were not identified and assessed in the risk register.

From an examination of the proposed staff duty rota, the assessed needs of residents and the layout of the building, the inspectors found that the levels and skill mix of staff would be suitable to meet the needs of residents.

While there was evidence that staff had access to education and training, not all staff had participated in training appropriate to their roles and responsibilities, however, this was being scheduled and inspectors were provided with the dates of the scheduled training which would take place prior to residents moving into the designated centre.

The person in charge and staff nurse who currently works with the designated group of residents who will be transitioning to this centre were knowledgeable regarding residents' communication needs, preferences and lifestyles. They emphasised the importance of promoting a holistic care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences while maximising their independence.

Documentation was satisfactory with the exception of the provision of explicit contracts which deals with the support, care and welfare of the resident and includes details of the services to be provided for the residents and the fees to be charged.

Areas requiring improvement are identified in the action plan at the end of the report to be addressed by the provider and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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:

There was evidence that residents were consulted with and participated in decisions about relocating to a house in the community.

Each resident had a transitional plan which highlighted the various stages of the transitional period and dates of meetings and visits to the house.

Staff explained to the inspectors that residents' meetings will be held when the residents move into the house and a record will be maintained in pictorial form in order to assist residents to understand the process. It was suggested by staff that the meetings will assist residents to work out menus for the meals and social programmes.

The staff nurse who communicated with the inspectors stated that she had worked with in the service for many years and explained to the inspectors the residents' needs, capabilities, their life histories and family support circles.

Staff described the activation programmes that residents were currently involved in and anticipated community events which residents may become involved.

Inspectors were informed that residents had chosen their private bedroom accommodation in the house and that residents as far as was practicable had given permission for the inspectors to see the bedrooms. These were clean, spacious, comfortable, tastefully decorated with soft furnishings and provided ample storage space for personal possessions. Already some of the residents' personal photographs and mementos were displayed in the bedrooms.

The inspectors heard that residents had expressed excitement about moving into the environment and community and identified items which had been purchased in preparation for this relocation.

Although residents had not used the independent advocacy service staff explained to the inspectors that this was available to residents.

There was a complaints policy and procedure which was translated into an understandable format for those residents who had the capacity to understand it. A copy was made available to residents and relatives.

The inspectors saw that externally residents' privacy had not been fully protected as there was an entrance to a business located to the rear of the premises which had not been sufficiently screened.

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' comprehensive assessments contained information regarding the mode of communication used by the individual residents. The person in charge and staff nurse explained residents' verbal and non-verbal expressions. There was documentary evidence in respect of speech and language professionals providing a service to some of the residents.

The inspectors saw that information that was relevant to residents was in an appropriate format for the residents' communication abilities and capacity of understanding, for example, menu planning.

The inspectors were informed that some residents will bring their own televisions, CD players and radios when they move in.

Currently 1 resident has an iPad and consideration will be given to the purchasing of computer equipment and personal iPads for other residents based on an individual communication assessment of each resident's 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):

No actions were required from the previous inspection.

Findings:

There was evidence that residents are supported to develop and maintain personal relationships and staff were suggesting ideas whereby residents could make links with the wider community. For example purchasing the local newspaper and attending locally advertised events. The local priest had already visited the designated centre.

Staff informed the inspectors that residents would be able to purchase many products from the local shops.

Management and staff had been in contact with residents' relatives during the transitional period and some relatives had already visited the designated centre and were satisfied that it was appropriate and suitable for their relative.

A visitors' book was available.

Staff suggested that in addition to residents' private bedroom space which is comfortable for receiving visitors there is also an office and an additional room which may be used as a private space for residents to meet relatives.

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):

No actions were required from the previous inspection.

Findings:

There was a policy and procedure in respect of the admission transfer and discharge of residents.

Systems and processes have been established in respect of assessing individual residents regarding their accommodation and support needs in anticipation of moving from the congregated setting to live in the community.

A transitional plan had been drawn up for each individual resident which was comprehensive and inspectors saw that residents were provided with support to achieve their transitional goals. This included communication with the residents' next of kin.

Inspectors examined the written agreement which will be signed by each resident, or their representatives on admission to the centre. The services to be provided were identified, however, the fees (including all additional charges) charged were not detailed.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The designated centre can accommodate 4 residents all of whom are assessed as having an intellectual disability and are assessed as having high dependency needs. No residents were being accommodated at the time of the inspection.

In accordance with the legislation an assessment of each resident's health, personal and social care needs had been carried out and was contained in an individual file. In addition there was a transition folder which contained the support is provided for

residents to move from the congregated setting to the community. This included meetings and discussions reflecting residents' wishes in relation to where the resident wanted to live and with whom and visits to the new home.

The care planning documentation (an Individual Personal Plan (IPP)) which will be completed within 28 days of residents being admitted to the designated centre identified that residents' individual needs will be further assessed within the new environment and will include social, emotional, psychological and health care needs of the residents. The documentation referenced developing residents' aspirations and goals and evidence that residents would be empowered and supported in achieving their goals.

Documentation compiled so far showed consultation with residents and or their next of kin/families.

The person in charge and a staff nurse in their communications with the inspectors demonstrated that they were knowledgeable of residents' needs and current behaviour management plans which would require monitoring on a daily basis in the new setting.

The inspectors saw that pictorial aids will be used to assist the residents to understand the care planning process.

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the community house was in line with the designated centre's amended statement of purpose received by the Authority on the 25 September 2015.

The centre is located in a village with all amenities within walking distance.

Each resident has their own private bedroom space and one-bedroom has a bathroom in close proximity to the bedroom.

Residents share communal living, kitchen/dining, utility and bathroom areas. Inspectors found that the water pressure was low.

The premises have been well maintained and the furnishings and fixtures are modern and bright with the exception of the internal boiler room/store which did not have a good finish on the walls.

There was appropriate equipment for use by residents and staff, however, all of the equipment had not been fully tested.

The utility room did not provide sufficient space for laundry facilities, it was not possible to leave the door open while working in the confined space and there was a damp area at the skirting board.

Residents did not have access to their own transport. See outcome 10 for details.

Externally, the grounds were well maintained, however, staff anticipates that this area will be developed with residents. There was adequate car parking.

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):

No actions were required from the previous inspection.

Findings:

In the main, the inspectors found that the health and safety of residents, visitors and staff will be promoted and protected as there was a policy and procedure in respect of managing risk which included documentation in relation to recording and analysing risks, however, the policy/procedure had not been fully implemented as the following risks were identified: –

- The temperature of the radiators had not been controlled to 43°C, when tested they were excessively hot (52°C) and covers were not available.
- There were no restrictions on the opening out of windows and this had not been risk assessed in respect of security.

Fire equipment was easily accessible and prominently placed throughout the designated centre and servicing was up to date. A fire panel, smoke detector and fire extinguishers were in place. The inspectors observed that fire exit doors had not been obstructed during the inspection. Inspectors noted that the installation of a wall mounted wash hand basin in a corridor reduced the width of the evacuation pathway for a resident in a

wheelchair.

The person in charge and the staff nurse who was present during the inspection were familiar with fire safety equipment and the policy procedure. They explained that when residents are admitted to the centre a full emergency evacuation will be practiced and individual personal evacuation plans will be drawn up consistent with this new environment and residents' assessed needs.

Infection-control measures were in place for example, there were facilities available for hand hygiene, closed bins for disposal of hand towels, sufficient toilet rolls and holders in place.

The training records showed that staff had been trained in the prevention and control of infection.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspectors saw that there were measures in place to protect residents from being harmed or suffering abuse and the person in charge and staff nurse who communicated with the inspectors explained the action that would be taken in response to any allegation, disclosure, or suspected abuse.

There was a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse.

The inspectors saw that staff had participated in relevant training in the protection of residents from abuse, challenging behaviour and therapeutic behavioural support plans.

Staff informed the inspectors that they had access to specialist and therapeutic interventions in relation to residents' individual behavioural support plans. They were

aware of the importance of staff consistently implementing the behavioural support plans in order to assist the residents to bring about changes in behaviours that are challenging.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspectors saw that there was a record book to log any accidents/incidents occurring in the designated centre. The person in charge was knowledgeable regarding situations which had to be notified to the Chief Inspector.

Documentation in relation to an internal processing/auditing system was available.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspectors saw that staff were thinking about opportunities for new experiences, social participation and education for the resident group such as retiree activities, cookery, men's health issues, football matches, cinema and leisure activities.

While inspectors saw that village community amenities are within walking distance they also heard that currently no transport provision has been made available for the resident group apart from the use of private (community taxis) and public transport. See outcome 6 for action plan.

Inspectors were informed that staff had received training regarding the provision of holistic person centred care to residents including the assistance in achieving life skills, appropriate to living independently in the community and pursuing favourite activities.

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):

No actions were required from the previous inspection.

Findings:

From an examination of documentation and the views of the person in charge and staff nurse who were available during the inspection it was evident that residents are supported on an individual basis to achieve and enjoy good health.

There was a health care plan available in each resident's care planning documentation to be completed within 28 days after admission to the centre.

In the comprehensive assessment of each resident inspectors saw that referrals and meetings had taken place with with key significant personnel in the lives of residents occupational therapy, community medical, nursing, care staff, key workers and family members. A behavioural therapist and psychologist were available to assist/support residents and care staff.

Staff on behalf of residents have contacted the local health centre so that residents can choose a GP of their choice.

The inspectors were informed that residents with swallowing difficulties will be provided with soft consistency dishes and inspectors saw that equipment for this was available.

A record in relation to monitoring residents' weight was available in each of the care plans.

Some pictorial menu cards were available to inform residents about different menu

choices and staff informed inspectors that this would be developed further when residents are admitted to the centre.

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):

No actions were required from the previous inspection.

Findings:

There was a written operational policy/procedure informing ordering, prescribing, storing and administration of medicines to residents.

The person in charge and staff nurse explained the procedures to the inspectors.

The inspectors saw that medicines will be secured safely.

Judgment:

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:

An amended statement of purpose which described the services, facilities and care provided to meet the diverse needs of the 4 residents to be accommodated and which contained, the information required as set out in schedule 1 of the legislation was received by the Authority on 25 September 2015.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors saw that there was a clearly defined management structure that identifies the lines of authority and accountability.

A person in charge has been appointed to this designated centre and has responsibility for a further 2 designated centres (in total 5 houses)

The post is a full-time position (39 hours).

The person in charge is a qualified intellectual disability nurse and has a Masters in nursing studies. She gained experience in different grades within the organisation and is currently a clinical nurse manager 3. Registration with the professional body is up-to-date.

The person in charge facilitated the inspection process and made available documentation and information to the inspectors.

The person in charge described the systems and practices which will be in place which will support and promote the delivery of services to residents which meet their needs. These include having a part-time manager in the designated centre and weekly and monthly meetings held with middle and senior management.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

In the absence of the person in charge the inspectors noted that suitable arrangements have been put in place for the management of the designated centre and the person identified for this position has appropriate qualifications and experience in the area of intellectual disability with up-to-date registration with the professional body.

However further re-structuring of the organisation is due to take place and the provider and person in charge agreed to keep the Authority informed.

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:

The inspectors found no evidence to suggest that the centre was not resourced to ensure the effective delivery of care and support in accordance with the designated centre's statement of purpose except for the provision/availability of transport for the resident group. See outcome 10 for details and outcome 6 for action plan.

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):

No actions were required from the previous inspection.

Findings:

The inspectors examined copies of planned rosters for the centre and found that staffing levels were adequate to meet the needs of residents.

The inspectors found that staff who had participated in the inspection process had a comprehensive knowledge of the residents' likes, dislikes and life histories. The person in charge and staff nurse were helpful throughout the inspection and responded to some of the non compliances with the legislation as they arose.

The inspectors examined documentation in relation to staff members working at the centre and found that information had been compiled in accordance with the legislation.

Documentation in relation to training showed that there was a planned schedule identifying dates and times of various different training modules. There was evidence of scheduled training that staff had participated in relevant training to their role and responsibility for example all of the staff working in the designated centre had participated in training in safeguarding and fire safety.

Other training related to information sessions in respect of the legislation, standards governing residential care settings. However some staff had not received food hygiene and the administration of rescue medication for residents who have epilepsy, but this was scheduled for week commencing 28 September 2015. The person in charge agreed to forward to the Authority confirmation that all staff working in the designated centre had participated in this training.

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)

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Documentation received prior to the on-site inspection in relation to the registration of the centre was satisfactory for example, there was adequate insurance against accidents or injury to residents, staff and visitors and there was confirmation of compliance with planning and development following an inspection carried out by a suitably qualified person with experience on the 7 September 2015.

The designated centre had policies/procedures on matters identified in schedule 5 of the Health Act 2007.

The directory of residents was available and will be completed when residents are admitted to the centre.

The statement of purpose was up to date, floor plans were received and there was a residents' guide.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0005288
Date of Inspection:	22 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 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:

Externally residents' privacy had not been fully protected as there was an entrance to a business located to the rear of the premises which had not been sufficiently screened.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Screening will be fixed to the fence and gate to the rear of the property to ensure that the resident's privacy will be protected from any persons using the entrance to the business located to the rear of the property.

Proposed Timescale: 26/10/2015

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:

The written agreement of the terms by which residents would be accommodated in the designated centre did not detail/clarify the fees to be charged.

2. 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:

The Supports agreement for all residents was revised to include all charges which may be incurred by the resident

Proposed Timescale: 13/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was an area of dampness in the utility room.
The boiler room/store did not have a good finish on the walls.

3. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The dampness in the utility room is been repaired.

The walls in the internal boiler room will be plastered and painted.

Proposed Timescale: 26/10/2015

Theme: Effective Services

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

Residents did not have access to their own transport.

All of the equipment had not been fully tested.

The water pressure was low.

The utility room did not provide sufficient space for laundry facilities and it was not possible to leave the door open while working in the confined space.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

•All electrical appliances were tested prior to the residents transfer to the property.
12.10.15

•The Plumbing will be checked to ensure that the water pressure to all taps is adequate.

•Sonic device will be fitted to the door of the utility room to ensure that it can be left open to facilitate residents to use the machines

•Transport will be provided to support the resident in the house when they transition.

•A hold open fire device will be attached to the Laundry room and the machine move to the left side of wall.

Proposed Timescale: 12.10.15

26.10.15

26.10.15

26.10.15

Proposed Timescale: 26/10/2015

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:

Measures and actions were not in place to control the following risks

- Radiators were excessively hot (52°C).
- Window had not been risk assessed in respect of security.

5. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Control valves will be fitted to all radiators to ensure that the temperature does not exceed 43 °C

Restrictors will be fitted to all windows in the house

Proposed Timescale: 26/10/2015

Theme: Effective Services

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

The width of a corridor which is an emergency evacuation escape route had been reduced by a wall mounted wash hand basin which had been installed as an infection prevention and control measure.

6. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

A Fire drill will be conducted and the resident will be evacuated from the room at the end of his corridor. If the outcome of the evacuation identifies that the width of the escape route has been compromised the wall mounted hand basin will be replaced with a smaller unit.

Proposed Timescale: 21/10/2015