<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>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005289</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Louth</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Clare Dempsey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Leone Ewings;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
</tr>
</tbody>
</table>
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:**
23 September 2015 10:00

**To:**
23 September 2015 17:30

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>
</tr>
</thead>
<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>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

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 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 designated centre consists of a detached bungalow situated in a small town. The organisation is seeking registration to accommodate 4 residents with a diagnosis of intellectual disability.

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

The centre had set up systems and procedures 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 team 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, assessed in the risk register in order to take measures to control the risks.

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.

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.

Inspectors noted that the person in charge had responsibility for a number of designated centres which may lead to ineffective governance and management arrangements being in place. Management informed the inspectors that this matter
was under review and due to be restructured.

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, for example food hygiene and administration of rescue medicine for residents with epilepsy. However, this was being scheduled and inspectors were provided with the dates of the planned 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 evening meals and social programmes.

The staff nurse who communicated with the inspectors stated that she had worked within 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 whereby 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, comfortable, tastefully decorated with soft furnishings and provided storage space for personal possessions. Inspectors noted that while there was a lock on each bedroom door and residents would be encouraged to lock their rooms there was no locked facility within the bedroom.

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.

**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.

Consideration will be given to the purchasing of computer equipment and personal iPads based on the assessed needs of residents.
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.

Staff informed the inspectors that residents would be able to purchase many products from the local shops, have walks in the local park, visit beauty spots in the area, use the local amenities to go swimming and to visit the cinema.

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.

Residents will be able to receive visitors in their own private bedroom space.

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. However, the exclusion criteria for admission to the centre was not detailed as the premises would not be suitable for a resident using a wheelchair.

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/family members.

The written contract provided to the inspectors for examination did not set out the fees (including all additional charges) to be charged. However the inspectors were informed that this would be addressed prior to the admission of each resident.

**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 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.

There was evidence that the discharge plan was discussed with residents and their families.

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 evidenced that residents would be empowered and supported in achieving their goals. Staff talked to the inspectors about the new life skills each resident is likely to acquire from living in the community.

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 were in line with the designated centre’s statement of purpose received by the Authority on the 14 August 2015.

The centre is located in a small town with all amenities within walking distance.
Each resident has their own private bedroom space. Residents share communal living, kitchen/dining, utility and bathroom areas.

The premises have been well maintained and the furnishings and fixtures are modern and bright.

The following matters were identified to be addressed prior to the admission of residents:
– The fuse was not working in the security alarm system.
– All bedside lights were not working.
– There was no toilet roll holder in one of the bathrooms.
– Externally the painting on a wall was flaking.

There was appropriate equipment for use by residents and staff, the equipment had been tested and inspectors were informed that all items were in working order.

Externally, the grounds were well maintained and while there was limited car parking in the driveway there were alternative spaces available.

**Judgment:**
Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
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 following risks had not been identified and recorded in the risk register to be controlled: –
• The hot water temperature at some outlets was 47.5 °C but at others the recorded temperature was 39.5°C when tested.
• The mirror door of a double sized slider robe became unhinged when tested.
• The bathrooms and in particular the bath had not been identified as requiring to be risk assessed when residents are admitted.
• In some instances the door saddles were raised and this may pose a problem for some residents.
• The water pressure was low.
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. 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.

Inspectors noted that double doors between the sitting room and the kitchen were open, however, there were no hold open devices linked to the fire alarm system which would close these doors in the event of an emergency.

An adequate means of escape in the event of an emergency was not provided due to the positioning of the dining furniture in the kitchen.

Infection-control measures were in place for example, there were facilities available for hand hygiene, closed bins for disposal of waste and appropriate cleaning utensils.

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 plan in order to assist the resident to bring about change in behaviours that are challenging. They were also aware of the need to monitor residents in their new environment and to support them to understand and overcome these behaviours.

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.

Staff explained that friends of the resident group lived locally in the town and that they were familiar with the local amenities, recreational courses and events on offer. Initially staff will provide opportunities for residents to sample different activities thus providing new experiences in a variety of areas.

The inspectors heard that staff had received training regarding the provision of holistic person centred care to residents and information regarding providing assistance to residents to help them achieve 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 key significant personnel in the lives of residents including behavioural therapy, 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. However, it was noted that for one resident an up-to-date assessment from the speech and language therapist had not been provided regarding the consistency of food necessary for the resident.

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:**
Substantially 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:**
A statement of purpose which described the services, facilities and care provided to meet the diverse needs of the 4 residents to be accommodated was received by the Authority on 14 August 2015.

This document contained information required as set out in schedule 1 of the legislation with the exception of the full details regarding the exclusion criteria used during the admission process.

Judgment: 
Substantially Compliant

**Outcome 14: Governance and Management**
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
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. The post is a full-time position (39 hours). The person in charge is a qualified intellectual disability nurse and has gained experience in different grades within the organisation. 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 will 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.

Effective governance and management cannot be achieved by the person in charge because in addition to this designated centre the person in charge has responsibility and accountability for a wide range of designated centres, a diverse resident group and staff. See outcome 16 for details and action plan.

Judgment:
Non Compliant - Moderate

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 person in charge has responsibility for 5 designated centres (in total 9 houses) with responsibility for a large staff group and many of the residents requiring individual support due to the behaviours that are challenging.

Effective governance and management cannot be achieved given the range and associated workload from having responsibility and accountability for so many designated centres.

This matter was highlighted to the provider nominee and management team at the post inspection meeting. Inspectors were informed that management had already identified this issue and were in the process of restructuring the areas of responsibilities by persons in charge.

**Judgment:**
Non Compliant - Moderate

### 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 staff who had participated in the inspection process had a
comprehensive knowledge of the residents’ likes, dislikes and life histories. 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 including up-to-date registration for staff where applicable.

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 training that staff had participated in relevant 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. There was no evidence that staff were up to date in their training with regard to food hygiene and the administration of rescue medication for residents who have epilepsy, however, 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) Regulations 2013.*

**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.

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

The directory of residents did not contain the telephone number of the general practitioners.

**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:**

Siobhan Kennedy  
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>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005289</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>23 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 October 2015</td>
</tr>
</tbody>
</table>

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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no locked facility within each resident's bedroom for residents to securely maintain their personal property and possessions.

1. Action Required:
Under Regulation 12 (3) (d) you are required to: Ensure that each resident has
adequate space to store and maintain his or her clothes and personal property and possessions.

Please state the actions you have taken or are planning to take: A locked facility will be provided in all residents bedrooms for their private processions and finance

Proposed Timescale: 30/10/2015

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 will be updated to include the fees the residents have to pay.

Proposed Timescale: 30/10/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect: The designated centre was not laid out to meet the aims and objectives of the service and the number and needs of residents as the following matters were identified:
– The fuse was not working in the security alarm system.
– All bedside lights were not working.
– There was no toilet roll holder in one of the bathrooms.

3. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
The fuse will be replaced in the security alarm system.
The bedside lights will have the wiring repaired.
A toilet roll holder will be replaced in the bathroom

<table>
<thead>
<tr>
<th>Proposed Timescale: 19/10/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Externally the painting on a wall was flaking.

4. **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:**
The external contractors have been contacted regarding the external wall finish on the house and it will be completed by 11.12.15

<table>
<thead>
<tr>
<th>Proposed Timescale: 11/12/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>-------------------------------</td>
</tr>
</tbody>
</table>

**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:**
The following risks had not been identified and recorded in the risk register so that measures and actions could be taken to control the risks: –
- The hot water temperature at some outlets was 47.5 °C but at others the recorded temperature was 39.5°C when tested.
- The mirror door of a double sized slider robe became unhinged when tested.
- The bathrooms and in particular the bath had not been identified as requiring to be risk assessed when residents are admitted.
- In some instances the door saddles were raised and this may pose a problem for some residents.
- The water pressure was low.

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:**
1. The hot water temperature valve in the bathroom has been recalibrated
2. The mirror door of a double sized slider robe has been repaired
3. The bath has been added to the risk register to be risk assessed by the Occupational
Therapist when the residents move into the property.
4. The door saddles have been placed on the risk register to review by the Occupational Therapist when the residents move into the property.
5. The water pressure in the kitchen sink has been addressed.

Proposed Timescale:
1. 07.10.15
2. 07.10.15
3. 25.09.15
4. 25.09.15
5. 07.10.15

**Proposed Timescale: 07/10/2015**

**Theme: Effective Services**

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate precautions had not been taken against the risk of fire as double doors between the sitting room and the kitchen were open but hold open devices attached to the fire alarm system had not been installed so that the doors were closed in the event of an emergency.

6. **Action Required:**
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
Hold open devices attached to the fire alarm system have been installed so that the doors will be closed in the event of an emergency.

Proposed Timescale: 26/10/2015

**Theme: Effective Services**

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An adequate means of escape in the event of an emergency was not provided due to the positioning of the dining furniture in the kitchen.

7. **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:
The positioning of the table in the kitchen will be reviewed and an evacuation drill will
be conducted and will be supervised by the fire consultant. Any recommendation will be immediately put in place.

**Proposed Timescale:** 30/10/2015

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
An up-to-date assessment from the speech and language therapist had not been provided regarding the consistency of food necessary for a resident.

**8. Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
Both residents who require a modified diet have an up to date assessment carried out by the Speech & Language Therapist. Resident one on 17.04.15 Resident two on 13.04.15. They will be reviewed again within 28 days of admission to the new designated centre.

**Proposed Timescale:** 17/04/2015

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not contain the full details regarding the exclusion criteria used during the admission process.

**9. Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 Statement of Purpose and function was updated to include the exclusion criteria

**Proposed Timescale:** 22/10/2015
### Outcome 16: Use of Resources

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The designated centre was not resourced to ensure the effective delivery of care and support in accordance with the statement of purpose as the person in charge had responsibility and accountability for a diverse range of designated centres, resident groups and staff.

10. **Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
The number of Designated Centres under the Person in Charge will be reduced and an advertisement has been placed in the newspapers for the new Person in Charge post.

**Proposed Timescale:** 13/10/2015

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The directory of residents did not contain the telephone number of the general practitioners.

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

**Please state the actions you have taken or are planning to take:**
The directory of residents was amended to contain the telephone number of the general practitioners.

**Proposed Timescale:** 25/09/2015