Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0001462
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Philomena Gray
Lead inspector:	Louise Renwick
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 September 2015 09:30	01 September 2015 18:35
02 September 2015 09:20	02 September 2015 16:20

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

This was the first inspection of this centre operated by St. John Of God Community Services Limited which comprised of two bungalows located next door to each other, and a third two storey house located a short distance away. The centre was currently offering a service to 15 residents living between the three units.

As part of the inspection, inspectors spoke with residents, reviewed questionnaires submitted and met with the provider nominee, person in charge, persons participating in the management of the centre and members of the staff team. Inspectors reviewed documentation such as person centered plans, polices and

procedures and accident and incident records.

Inspectors found that residents appeared content with the service offered to them in this centre and that staffing was adequate and suitable to the needs of residents. The centre was community based, and inspectors found good access to the local community and its services, amenities and facilities.

Inspectors found that 8 outcomes were fully compliant with the Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013. Improvements were required across 10 outcomes inspected. Areas for improvement included:

- Monitoring systems and the governance and management structures
- care and support assessments and plans
- assessment and management of risk
- Review and update of policies and procedures
- Written support agreements

Inspectors also found that additional documentation needed to be submitted by the provider to ensure full compliance with the Registration Regulations. For example, evidence of building compliance had not been submitted as part of the application for registration.

The full findings of this inspection are detailed in the body of the report and within the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors determined that residents were consulted with and took part in the running of the centre as far as possible. There was evidence of regular meetings with residents to gather residents' opinions and to inform residents of things to do with the centre. For example, to discuss fire safety or courses residents may wish to do such as anti-bullying. Inspectors found that residents were encouraged to speak up and advocate for themselves. There was evidence of complaints raised by residents in the complaints log held in the centre.

There was a complaints policy in place in the centre and a procedure on display in the designated centre. As mentioned above, there was evidence that residents had raised complaints. Inspectors found that there was a log maintained of all complaints, along with responses to same. While records in two of the units were found to be well maintained, the other unit had a more limited recording system. Inspectors found this could be linked to the absence of a social care leader role in one unit of the designated centre. This will be further discussed under outcome 14 governance and management.

Inspectors found that residents were encouraged to make choices about their lives and daily routines. One unit of this centre was an un-staffed house, with set hours of drop in support by the staffing team in the other unit directly next door. Residents spoke with inspectors about how they plan their own lives and routines with some support required for certain aspects of their day. For example, inspectors observed staff members dropping into the unit to support with the preparation of meals. Residents in the other two units were supported by staff on a full time basis.

Inspectors reviewed the policy on residents' personal property, finance and possessions and found that it required improvement. For example, the policy only discussed residents finance. This will be looked at under outcome 18 records and documentation.

Inspectors found that this centre was promoting a restraint free environment.

Judgment:
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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that residents were supported and assisted to communicate in the designated centre. Residents in this centre were able to self advocate and voice their opinions. On review of residents' files, inspectors found that there were interpersonal communication protocols in place for some residents which offered some guidance on supporting residents with communication needs. For example, use of tablet device applications.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors spoke with residents and reviewed their daily records and determined that they were supported to spend time with their families, partners and friends. Some

residents spoke of going home every weekend, visiting girlfriends/boyfriends and how they keep in contact with the important people in their lives.

Inspectors determined that residents were encouraged and supported to maintain and build on links with the local community. For example, using the local amenities, services and facilities and traveling independently on public transport.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
Inspectors found that residents had tenancy agreements in place outlining the terms of their rent and costings associated with this. Residents were aware of the fees that they were paying for rent, bills or other items such as cleaning services through their tenancy agreements. However, written agreements were not in place dealing with their care and support as is required by the Regulations. This was in need of address.

Inspectors found that while there was an admissions policy in place, this was in need of review to ensure the process for dealing with transfers and discharge was fully included. This will be discussed under outcome 18 Records and documentation.

There were currently no vacancies in the designated centre, and the provider was applying to register for 15 residents.

Judgment:
Non Compliant - Major

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

maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Inspectors found that residents were encouraged to participate in social activities and take part in their lives and community. Inspectors determined that residents had opportunities to participate in meaningful activities, with supports in place from the staffing team if necessary. However, improvements were required in relation to the assessing and planning for the social, health and personal needs of all residents.

Inspectors found that residents had a yearly information gathering assessment as part of their person centred plan, which resulted in goal setting for the year. These goals were reviewed quarterly and were based upon residents' wishes or desires. For example, goals such as wanting to go on a holiday or begin swimming. Residents profiles, referred to in the centre as "PEN" profiles were found to be detailed, and outlined the most important information on each resident and their daily routines, likes, dislikes and important information.

Other comprehensive assessments had been carried out using a validated tool to assess the personal and social support needs of residents. However, inspectors found that these assessments had not resulted in supports being applied, or plans developed. Staff in the centre had not been trained in the completion or analysis of these assessments tools, and as such had not been equipped to use the information within them to create clear plans for residents. For example, to ensure supports were in place for improving independent living skills.

Improvements were required in relation to the assessing and planning of care and support for residents across all aspects of social, health and personal needs of all residents. As will be discussed under outcome 11 health care needs were evident through ongoing appointments with allied health care professionals, however clear plans had not been put in place to outline the supports required for these. Intimate care plans were in place, however some did not include important information relevant to recent issues for residents. For example, how to support residents to prevent occurrences of UTIs. (Urinary tract infections).

Reviews undertaken of planning documentation was in need of improvement to ensure they captured how effectively plans worked and to identify what changes were needed in the future. For example, residents with plans in place to lose weight had put on weight in past number of months. However, the reviews outlined that goals had been met and achieved.

Likewise, as will be discussed under outcome 8 Safeguarding and safety, not all support

plans that were in place for residents with behaviours of concern extended to some risks that were most in need of address. For example, appropriate discussions or interactions with members of the community.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
Inspectors found that there were some improvements required to the premises to ensure the requirements of Schedule 6 were fully met.

The designated centre comprised of 3 units. Two bungalows situated next door to each other, and a two storey home a short distance away. Each unit catered for 5 residents, with no vacancies at the time of inspection. Inspectors found that in general the design, layout and location of the units were suitable for the needs of residents and the stated purpose. They were community based, with each resident having their own bedroom, suitable communal space and access to a safe garden. Each unit appeared to be accessible for residents' mobility needs. Residents expressed satisfaction with the premises and the private and communal space available to them.

One unit of the centre only had a bath available for two residents to use, with no shower facilities available. This was in need of address by the provider. One of the residents who used this bathroom had dementia, and had experienced a fall 18 months ago when getting into the bath. While no further incidents had occured due to the installation of hand grips and additional supervision during personal care, the provider was aware of the need for this bathroom to be renovated.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
Inspectors found that there was a risk management policy in place in the centre which was meeting the requirements of the Regulations. This policy was supplemented with a risk register to outline the control measures in place for risks that had been identified, and included the management of specific risks such as aggression and violence. However, the practices and systems in place to identify and respond to all risks in the centre were in need of improvement to ensure all risks were appropriately managed. For example, residents displaying inappropriate behaviour while out in the community, or the risk of self harm for a resident. While detailed risk assessments were completed for residents being alone at home for periods of time, they did not encompass any health issues or concerns which posed potential risks.

Inspectors reviewed the fire safety systems and documentation and found appropriate systems in place with only minor improvements noted. Inspectors found that the fire alarm and emergency lighting were routinely checked and serviced by a relevant professional with records maintained. Equipment was in place such as fire extinguishers and there was also evidence of routine checks on all fire equipment. Staff carried out regular fire drills in all units of the centre, and residents who lived semi-independently could clearly outline to inspectors what to do in the event of a fire, and how they would respond. Fire exits were found to be unobstructed and assembly points were known to staff and residents. Not all fire exits had break glass key units in place to ensure ease of egress in the event of an emergency. This was in need of address. While permanent staff had received mandatory training in fire safety, there were gaps in the provision of this training for agency/relief staff who worked in the centre.

A record of accidents and incidents was maintained in the designated centre and reviewed by the person in charge regularly. Inspectors found appropriate follow up to any adverse event, and escalation if necessary.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Inspectors found that while some measures had been taken to safeguard residents in the centre, further improvement were required.

Through the review of staff files, inspectors found that staff members had been Garda Vetted and permanent staff had received training in the prevention, detection and response to abuse. Gaps were identified in the provision of training to agency/relief staff who worked in the centre, this was in need of address. Staff could discuss with inspectors how to respond to and report any allegations or suspicions of abuse or harm, and could identify who was the designated liaison person for the organisation.

Inspectors found that further input was required to ensure that all residents were supported to develop skills for self care and protection. While some residents had completed a training programme on friendship, residents who demonstrated inappropriate sexualised behaviour in the community did not have the appropriate supports in place for this. Likewise as mentioned in the previous outcome, this had not been risk assessed.

Inspectors reviewed support plans to assist residents who presented with behaviours that challenged and found that multi-element behaviour support plans were in place for residents' target behaviours. These plans were implemented in practice, and reviewed regularly. Inspectors also found some residents had proactive and reactive strategies in their files to outline how to prevent, or respond to some behaviours that may be challenging. While evidence of good practice was found, inspectors identified gaps in the planning for all behaviours of potential risk. For example, residents at risk of inappropriate behaviour in the community which had resulted in complaints, had no plans in place to support with this. Likewise, some previous support plans had been discontinued once certain behaviours had subsided. However, inspectors found that some residents had begun to display these behaviours again in recent weeks, and plans had not been reintroduced to support this. For example, residents at risk of self harm.

Inspectors found that a restraint free environment was promoted in the designated centre, with no restrictive practices in place on the days of inspection.

Inspectors spoke with residents and reviewed documentation and found that residents had been assessed using a tool to determine their abilities to manage their own finances. Residents were provided with safety boxes for their money. For residents who required additional supports these were available. Inspectors reviewed documentation in relation to issues of theft between residents and found that one resident had a multi element behaviour support plan in relation to stealing. However, inspectors found that limited supports had been put in place to the resident who required the protection from

this. For example, he had been provided with a new safe deposit box, however this had proved ineffective in preventing a re-occurrence. As mentioned above, further input was required to ensure that all residents were supported to develop skills for self care and protection.

Inspectors reviewed the polices in relation to this outcome and found this was an area in need of some improvement. For example, the policy for managing behaviour was not up to date nor reflected current practice. The restraint policy while offering guidance in line with best practice was in need of review. The suite of safeguarding policies and procedures had not been updated in line with changes to national policies, and did not offer clear guidance to staff. This will be further discussed and actioned under outcome 18 Records and Documentation.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

Findings:
Inspectors found that a record of accidents, incidents and near misses was maintained in the designated centre. On review of these documents, inspectors determined that any event as outlined in the Regulations had been notified as required within the time frame.

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):

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

Findings:
Inspectors found that residents were supported to participate socially in activities, suitable to their age, interests and needs. Inspectors spoke with residents and staff and reviewed documentation and found that residents were provided with suitable activation in line with their own goals and preferences. Residents spoke about the various day programmes that they attended which were run by St. John Of God Kildare Services and the things they enjoyed doing there. For example, taking part in training, sporting activities and availing of community amenities.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Inspectors reviewed residents' files and spoke with residents and staff, and determined that residents were supported to strive for best possible health. There was evidence of timely access to allied health care professionals such as General Practitioners (GP), dentists and cardiologists. Residents had yearly check up with their general practitioners and evidence was maintained of all appointments with health professionals. Inspectors found that health care issues that arose for residents were responded to well and managed. For example, inspectors followed the path of care taken to support a resident with ongoing headaches, and found good access to health investigations, follow up appointments, further referrals should investigations be inconclusive and ongoing monitoring of symptoms.

Each year, residents were assisted to complete an annual health assessment with their key worker, which aimed to gather the most up to date information on their health history or any ongoing issues. However, Inspectors found that there were some gaps in documentation to ensure all health needs as identified were adequately planned for. This has been actioned under outcome 5 Social Care Needs. For example, health issues that resulted in a number of visits to the GP were not noted in the health assessments, or did not have corresponding plans in place to support residents with these. For example, urinary tract infections, or yeast infections. Likewise, preventative information was not included in residents' intimate care plans for such issues.

As mentioned under outcome 7, health care issues were not fully included in the risk assessment process. For example, the risk of resident becoming cyanosed, or suffering cardiac arrest was not included in the risk assessment for spending time home alone.

Inspectors spoke with residents and reviewed the weekly menu plans for the centre. Residents' preferences and choices were incorporated into these menus and healthy options encouraged. Residents' daily records kept details of food eaten.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Inspectors determined that adequate medication management practices were in place in the designated centre with only minor improvements required to the documentation and the review of medication errors.

Practice in the centre was guided by the organisational policy on medication management. Inspectors also reviewed the systems in place for prescribing, ordering, storing and disposing of medication in the centre, and found them to be adequate. Medication was stored securely, and was administered by social care staff. Residents who had been assessed as suitable to self administer medication had this evidence on their records, and were reviewed regularly to determine any additional guidance or supports required.

Medication management plans were found to be in place for residents, which included easy read information on medication, PRN (as required) medication protocols and detailed information on medication such as potential side effects. Inspectors identified some gaps in the documentation relating to medication. For example, not all medication had been individually prescribed by the General Practitioner (GP.), not all records contained photographs of residents.

Inspectors reviewed medication errors and found a number of medication errors in the previous months. This could be linked to gaps in staff training, as it was noted that a number of errors had happened by staff still awaiting training in this area. This will be actioned under outcome 17 Workforce.

Judgment:
Substantially Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors determined that there was a written statement of purpose in place for this centre. However, it was in need of further amendments and additions to ensure full compliance with Schedule 1 of the Regulations. For example, the photograph on the statement of purpose was of a different house and more information was required in relation to the complaints 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):
This was the centre's first inspection by the Authority.

Findings:
Inspectors determined that there was a lack of an effective and comprehensive systems in place to ensure that the service given to residents in this centre was safe and of good quality.

No annual review had been completed by the provider on this designated centre. Inspectors found that the provider had arranged for unannounced visits to be carried out in this centre. However, some unannounced visits only focused on 1-2 outcomes and didn't comprehensively monitor quality and safety in the centre. Likewise, an unannounced visit had not been undertaken in the previous six months as required.

Inspectors reviewed the audit folder, and found that while audits had been carried out in 2012, there were very few local audits being completed to identify areas for improvement or to monitor progress. Medication Management audits were noted as the only regularly undertaken review and this was by an external party. Inspectors did note that the programme manager and programme coordinator had completed a "Quality Enhancement Plan". However, this was not specific to this designated centre, but rather looked at a number of designated centres that the programme manager and coordinator are responsible for.

Inspectors found that the person in charge met the requirements of the Regulations with regards to being suitably skilled, experienced and qualified for the role. The person in charge was also responsible for three other designated centres. As will be mentioned under outcome 17, inspectors were concerned that the inappropriate skill mix in one of the units in this centre may affect the the person in charge's ability to ensure effective oversight across all units of the designated centre. This was discussed with the provider, who outlined that recruitment was underway for the vacant post in question.

Inspectors found that the provider had not submitted full documentation as part of the application to Register this centre, and therefore was not fully compliant with the Registration of designated centres for persons (Adults and Children) with disabilities Regulations 2013.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
There had been no occasion when the person in charge had been missing for a period of 28 days or more. Inspectors found that the provider was aware of the requirement to notify the Authority should this occur. Inspector reviewed the arrangements in place for

the management of the centre in the short term absence of the person in charge such as annual leave or sick leave. As outlined in the Statement of Purpose this responsibility fell on the social care leaders in each unit. At the time of the inspection, one unit did not have a social care leader in post. This was currently being advertised, as discussed under outcome 14 governance and management.

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

Findings:
Inspectors found the centre to be adequately resourced with staff and transport to meet the needs of residents. In general the requirements of Schedule 6 were met with adequate heating and lighting and the provision of safe premises for residents.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Inspectors reviewed the staffing roster for the centre and found that staffing levels were suitable for the needs of the current residents.

Two units had staffing full time including a sleep over shift each evening. The third unit was semi-independent and was offered drop in support each evening from staff in the unit next door. Residents who spoke with inspectors felt they had adequate staff input and enough supports in order for them to live as independently as possible. Inspectors found that in one of the units, there was a vacant post resulting in an inadequate skill mix. This could be linked to gaps identified in the oversight of certain aspects such as complaints. The provider informed inspectors that a recruitment process was underway for this.

Inspectors noted that training and education was available to staff working in the centre, with evidence of training offered and completed in a variety of mandatory areas. However, some gaps were identified in relation to training for staff to ensure they were equipped with the skills to meet residents' needs. For example, not all staff had received training in the administration of emergency medication for epileptic seizures or safe administration of medication. As outlined in outcome 5, staff had not been trained in all aspects of the assessment process.

Inspectors also spoke with staff and reviewed records that outlined a resident required oxygen therapy. However staff had not been given training in this. By the end of the inspection the social care leader and person in charge had arranged for an information session for staff members in the use of oxygen and relevant equipment in the coming week. Gaps were identified in the provision of fire safety training and the protection of vulnerable adults as discussed and actioned under the relevant outcomes.

Inspectors reviewed staff files and found that they contained the required information as outlined in Schedule 2 of the Regulations. Inspectors found good practice regarding the maintenance of staff records, and determined that staff were recruited, selected and vetted in accordance with best recruitment practices. Likewise, any volunteers had written agreements in place outlining their roles and had been appropriately garda vetted.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
Inspectors found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. Inspectors found that directory of residents was maintained and kept up-to-date.

Written operational policies and procedures were in place as required by Schedule 5 of the Regulations. However improvements were required in relation to their full implementation and review. For example, a number of polices had been last reviewed in 2009 such as the intimate care policy. Other polices had been reviewed within the previous three years, but were in need of address as they had not been updated following changes to national policy. As mentioned under outcome 8, the policy in relation to behaviours that challenge was in need of address as it no longer guided the practice that was in place. The regional director was aware of these policy issues, and informed inspectors of work being carried out at present to address this.

Inspectors reviewed a sample of staffing records and found that they were adequately maintained as outlined under outcome 17 Workforce.

Judgment:
Non Compliant - Moderate

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0001462
Date of Inspection:	01 September 2015
Date of response:	04 November 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While tenancy agreements were in place, there were no written agreements outlining the care and support on offer in the designated centre for residents.

1. Action Required:

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

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:
a.The Registered Provider shall ensure that each resident or his/her representative will be provided with a contract of care which will set out the terms on which that resident shall reside in the designated centre.

Proposed Timescale: 30/11/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The information from assessments was not informing or resulting in care plans.

2. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
The Person in Charge shall ensure that:
a.The Supports Intensity Scale (SIS) assessments completed will be analysed and recommendations produced.
b.Recommendations from SIS assessments will inform residents' personal plans moving forward into 2016

Proposed Timescale: 31/12/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Reviews of personal plans did not assess how effectively the plan worked to bring about improvement.

3. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

a.Staff receive appropriate instruction in assessing the effectiveness of plans while reviewing them
b.The effectiveness of all person centred plans will be reviewed on a quarterly basis.

Proposed Timescale:
a.15th December 2015
b.31st January 2016

Proposed Timescale: 31/01/2016

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 insufficient number of showers available in one unit of the centre to meet the changing needs of residents.

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

Please state the actions you have taken or are planning to take:
The bathroom in the house referred to is to be renovated to include a bath and shower. This will meet the changing needs of the residents.

Proposed Timescale: 30/09/2015

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:
Systems in place were not effectively identifying and dealing with all risks.

5. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
a.Information gathering and sharing to improve, to identify risks from a number of sources including staff observation, incidents and complaints.
b.This to be done through fortnightly staff team meetings and monthly house review meetings.

c.Any identified risks will be analysed in accordance with the Risk Management Policy and Procedures for the designated centre.
d.Control measures will be put in place where practicable to reduce the likelihood and impact of the risk in the designated centre.

Proposed Timescale: 31/10/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff who work in the centre had been provided with fire safety training.

6. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
a.Staff members who have not received training in fire safety are identified.
b.Training is organised for staff requiring this training.
c.Staff will attend training in fire safety.
Proposed Timescale:

a.Completed, 2nd September 2015
b.Completed, 2nd September 2015
c.Completed, 18th September 2015

Proposed Timescale: 18/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire exits did not have break glass key units.

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:
a.A review will take place of the appropriateness of break glass units and/or other alternatives in this domestic setting.
b.Action to improve emergency egress of house to be carried out following review (a) and alternatives identified
Proposed Timescale:

a.13th November 2015
b.30th November 2015

Proposed Timescale: 30/11/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All residents were not supported to develop skills for self care and protection.

8. Action Required:
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Please state the actions you have taken or are planning to take:
a.Residents to be educated in how to keep their belongings safe in particular money and closing bedroom doors
b.Staff to assist residents to develop skills for self care and protection by completing verbal prompts morning and evening.
c.Profile of resident will be amended to reflect support needs in relation to self care and protection.
d.Staff assist residents to raise concerns and have them resolved locally at monthly residents meetings.
e.Self Care and protection to be discussed at the monthly resident's meetings.

a.30th November 2015
b.Daily from 4th November 2015
c.6th November 2015
d.Monthly from November 2015
e.Monthly from November 2015

Proposed Timescale: 30/11/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Gaps were identified in the provision of training to agency/relief staff who worked in the centre.

9. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate

training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that all agency/relief staff working in the centre have received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Proposed Timescale: 31/10/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Gaps were identified in the documentation relating to medication.

- Not all records had individual signatures
- Not all records had photographs

10. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
a.Gaps to be identified in the documentation relating to medication
b.All medication on kardexes will have individual signatures from the GP
c.All medication administration records will have photographs
a.31st October 2015
b.6th November 2015
c.6th November 2015

Proposed Timescale: 06/11/2015

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 include sufficient detail as outlined in Schedule 1 of the Regulations.

11. 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:
Statement of Purpose was reviewed and updated following recommendations in the above report.

Proposed Timescale: 08/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to submit all required documentation for the application to Register this centre.

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

Please state the actions you have taken or are planning to take:
a.Planning compliance for one of the three units was submitted
b.Planning compliance for other two units to be submitted

a. Completed, 1st October 2015
b. 30th November 2015

Proposed Timescale: 30/11/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no annual review undertaken by the provider.

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

Please state the actions you have taken or are planning to take:
A review of quality and safety of care and supports for 2015 will be completed and a report compiled.

Proposed Timescale: 31/01/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An unannounced visit had not taken place in the previous 6 months.

14. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
a.An unannounced visit to the designated centre took place on Monday 12th October.
b.The registered provider will ensure that there will be an unannounced visit to the designated centre at least once every six months

Proposed Timescale: 12/10/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems in place were not effectively monitoring and improving quality and safety in the centre.

15. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
a.A schedule of audits will be identified in order to effectively monitor and improve quality and safety in the centre.
b.Review of quality and safety of care and supports for 2015 will be completed and report compiled.
c.Recommendations from review will be on the quality enhancement plan for the designated centre in 2016.
Proposed Timescale:
c.31st December 2015

d.31st January 2015
e.31st January 2016

Proposed Timescale: 31/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Gaps were identified in the provision of training to all staff working in the centre with regard to the following areas:

- Safe administration of medication
- Responding to epilepsy seizures
-Assessments for the purpose of person centred planning

16. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
The Person in Charge shall ensure that:

a.Staff members who have not received training in the Safe Administration of Medication have been identified.
b.Training was organised for staff requiring Safe administration of medication training.
c.Relevant staff will attend training in the Safe administration of medication.
d.Staff members who have not received training in the administration of emergency medication for epilepsy have been identified.
e.Relevant staff will attend training in the administration of emergency medication for epilepsy.
f.All staff have the education required to complete person centred planning and assessments through their social care qualifications.
g.Some validated tools such as Supports Intensity Scale require specialised knowledge to be carried out and analysed. This is done by specially trained individuals outside of the staff teams. Analysis to be obtained of Supports Intensity Scale assessments. Recommendations can be utilised by Staff teams.
h.Recommendations to be utilised by staff in the person centred planning process for residents.
Proposed Timescale:
a.Completed, 30th September 2015
b.Completed, 1st October 2015
c.Completed, 12th October 2015
d.Completed, 30th September 2015
e.25th November 2015

f.Completed
g.Supports Intensity Scale completed for all residents. Raw data to be analysed by a trained individual outside of the staff team by 31st December 2015
h.From 31st December 2015

Proposed Timescale: 31/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of polices were in need of review, and some required updating to reflect changes in national policy.

17. Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
a.The registered provider shall ensure that any policies and procedures on the matters set out in schedule 5 that are in need of review will be reviewed and updated in accordance with best practice.
b.The board of sponsors approved the safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures for implementation within Saint John of God Hospitaller Ministries on 27/7/2015. It has been rolled out to all staff in the designated centre.
c.The Positive Behavioural Support Policy was approved on 25/6/2015. It has been rolled out to all staff in the designated centre.

Proposed Timescale:
a.31st March, 2016
b.Completed, 30th September 2015
c.Completed, 30th September 2015

Proposed Timescale: 31/03/2016