Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002919</td>
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<td>Centre county:</td>
<td>Kerry</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Sharon Balmaine</td>
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<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
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<td>Support inspector(s):</td>
<td>Liam Strahan</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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: 21 July 2015 10:00
To: 21 July 2015 18:30
From: 22 July 2015 08:00
To: 22 July 2015 15:00

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 second inspection of the centre by the Health Information and Quality Authority (the Authority). This was a registration inspection and was announced. As part of the inspection, inspectors visited the centre and met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

In total, 8 adult residents live in this designated centre which is operated from two large domestic houses in a residential area approximately 1.5 kilometres from a large town. All of the residents attended day services during the day. One of the houses
operated seven days a week and the second house operated from Monday to Friday. In the second house residents usually left the centre on Friday morning to go to a day centre from where they went to visit their families on Friday evening until Monday morning.

The houses were well maintained and furnished to a good standard. Residents confirmed that they were happy in the centre and some enjoyed visiting their families at weekends. A range of activities were available to residents and residents were supported to participate in activities within the community.

There was evidence of an adequate level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents. However, a number of improvements were required.

Required improvements included:
- staff training
- policies and procedures
- emergency plan
- oversight of complaints procedure

The action plan at the end of the report identifies improvements necessary 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 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.
**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Evidence was made available to inspectors indicating that residents were consulted with and participated in the organisation of the centre through monthly residents’ meetings. Actions resulting from these meetings were seen to inform practice. Residents also confirmed their participation in these meetings.

During the two days of inspection staff members were seen to respond to, and interact with, residents in a timely manner, respectful of residents’ needs, privacy and dignity. Residents’ independence was promoted by staff who encouraged residents to do as much for themselves as possible and by offering choice in areas such as activities, meals and outings. The activities planned with residents were seen to be meaningful for residents and in line with residents’ preferences and interests.

Adequate measures were taken to protect residents’ personal property, and each resident had the option of locking their bedroom doors. Throughout the inspection staff displayed respect for resident’s privacy and space and only entered bedrooms with resident’s permission.

Residents were supported to exercise civic and religious rights, in accordance with their preferences.

A written complaints policy was in place and the procedure was on prominent display within the centre. An easy read version was available to residents, and minutes of residents’ meetings recorded that this had been discussed with residents’ to ensure they were familiar with the complaints processes. A complaints officer had been appointed,
along with an appropriate appeals mechanism, and a written record of complaints was maintained as required. Advocacy services had also been made available to residents. However, on the days of inspection there was no person appointed to oversee complaints, as required by Regulation 34 (3).

**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:**
Throughout the inspection staff were found to be aware of the communication needs of residents, and to employ suitable communication methods, including picture-symbols and sign language, to meet those needs. Communication needs were also reflected in residents’ personal plans. Communication passports were in place, and one resident actively used his to communicate with inspectors.

There was a policy on communication available within the centre; however it contained no initiation date. Policies are further discussed under Outcome 18.

Residents had access to the local community and informed inspectors about facilities that they visit, events that they had attended and restaurants that they frequented. Residents also had access to media such as television and radio, and several had their own mobile phones. Assistive technology was available, where required, to promote a resident’s full communication capability.

**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:
Positive relationships between residents and family members were supported and, in accordance with residents’ wishes, families were kept involved in residents’ lives. This contact extended to include families in personal planning meetings.

Residents were supported to receive visitors in the centre and showed inspectors photos of their relatives/friends. Visiting was unrestricted and there was adequate private areas for residents to meet with visitors in private.

Residents were supported to maintain links with the wider community through participation in activities within the community such as attending concerts, bowling and eating out in restaurants.

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 place for admitting residents to the service, however, it was generic to the wider service rather than referencing the criteria for admission to this centre. Admissions to the centre complied with the criteria set out in the centre’s Statement of Purpose.

Contracts of care were in place which detailed the overall services and facilities that were to be provided to the residents for their support, care and welfare. However, while there were financial passports in place for residents that listed fees and additional charges, these were not included in the contract of care as required by Regulation 24.

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

Theme:
Effective Services

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

Findings:
Residents received a comprehensive assessment on admission and at regular intervals thereafter.

Each resident had a personal plan that addressed issues such as individualised support and care; communication; relationships; social networking; meaningful day; health, safety and protection; rights, privacy and dignity; and security. Based on a sample of plans reviewed by inspectors, personal plans were developed in consultation with residents and their families, where relevant. Personal plans were reviewed at least annually and more frequently when required. Personal plans were made available to residents in easy read format.

The plans were person-centred and reflected the needs and aspirations of each resident. Each resident was assigned a key worker to support residents meet the goals identified in their personal plans. There was evidence of that plans were implemented in practice.

One of the houses operated from Monday to Friday only and residents were obliged to go home at the weekend or go to respite services. The person in charge stated that efforts were being made to secure funding to provide a seven-day service but this had not yet been achieved.

Residents confirmed to inspectors their participation in a range of activities, both within the centre and in the wider community. Residents attended various day centres where a range of activities were available including computer skills, art, literacy, travel training and mobile phone training. Attendance at a particular day centre was based on residents’ interests and ability and the capacity of a particular day centre to meet the needs of each resident.

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):
No actions were required from the previous inspection.

Findings:
The design, layout and location of the houses was in line with the centre’s statement of purpose. It consisted of two 5-bedroom houses, in a community setting on the outskirts of a county town. Each house had one ground floor bedroom and three upstairs bedrooms for residents with an additional upstairs bedroom for sleepover staff. The ground floor bedroom in both houses was ensuite with shower, toilet and wash hand basin. In one house three of the upstairs bedrooms were ensuite while two of the upstairs bedrooms in the other house were ensuite. Additional sanitary facilities in each house included a bathroom with a standard bath, a toilet and wash-hand basin and there was also a guest toilet. Each house had a suitably fitted-out kitchen/dining room, sitting room, and sunroom; all of which were suitably sized to meet residents’ needs. There was a garden to the rear of both houses and paved area to the front. Additional storage was also available as each house had a block built shed.

The houses were clean and well maintained. They were suitably decorated and several residents choose to demonstrate to inspectors how they had personalised their bedrooms. These bedrooms had been suitably furnished and each resident had the option to lock their own doors.

The houses were homely, personalised and comfortable and had a ramped entrance. In general the houses met the needs of all residents; however, it was unclear if the bath, being a standard height domestic bath, was suitably accessible for some residents. The person in charge was requested to arrange for an assessment of the residents using the bath by a suitably qualified person to determine if it was suitable for their needs.

The houses were suitably lit, heated, furnished, equipped and ventilated, and were free from major dangers that could cause injury. There were suitable waste disposal facilities within the centre.

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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Following a previous inspection in January 2015 the provider was requested to review fire safety precautions including the number and location of heat/smoke detectors and the notice outlining fire evacuation procedures. Since then, a significant amount work had been done in relation to fire safety such as the installation of a fire alarm, purchase of fire safety equipment, installation of emergency lighting and the installation of fire resistant doors. Records demonstrated that fire safety equipment were appropriately serviced and checked on a regular basis.

Fire drill records indicated that drills were carried out regularly and adequate records of any learning were maintained. These included day and night drills. A suitable personal emergency evacuation plan was in place for each resident. Staff had also undergone suitable training in fire safety, however, records of training available on the day of inspection indicated that at least one staff member required training in fire safety. Inspectors were informed that the training log was inaccurate and an updated training log submitted to the Authority identified that all staff had received up-to-date training in fire safety. Records indicated that all staff had received up-to-date training in manual handling.

Staff members spoken with by inspectors were knowledgeable of what to do in the event of an emergency. However, the emergency plan available in the centre was not centre specific. It was designed for a centre with a larger workforce to manage an emergency situation. It therefore required review to correspond to the needs of this centre.

Records of maintenance of vehicles used to transport residents indicated that some were overdue service.

Guidelines and procedures were in place for infection prevention and control that included the care and cleaning of equipment.

There was an up-to-date safety statement that was signed and dated. There was a centre specific risk management policy, revised in June 2015, which addressed each of the risks required by Regulation 26. There was a process in place for learning from adverse incidents that included feedback to staff at monthly team meetings.

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

Findings:
The person in charge was involved in day to day operation of the centre, and monitored safeguarding practices by regularly speaking with residents, their families and staff.

Residents spoken with by inspectors stated that they felt safe in the centre. Staff were seen to interact with residents in a respectful manner. Staff training in safeguarding was up-to-date and they were able to share appropriate knowledge with inspectors about recognising and responding to abuse. Minutes of residents’ meetings demonstrated that residents are made aware of appropriate safeguarding responses should they be required to report any incident or seek help. There had been no allegations of abuse.

Records indicated that none of the residents living in the centre presented with behaviours that challenge. Training records indicated that all staff had up-to-date training in behaviours that challenge. There were mechanisms in place to review any restrictive procedure that may be used, so as to protect residents’ rights. These mechanisms included a Rights Review Committee, a Safeguarding Committee and access to an external advocate.

There were policies in place in areas such as, prevention, detection and response to abuse; provision of intimate care; use of restrictive procedures; and responding to behaviours that challenge, however, some of these policy were due for review. These are discussed further under Outcome 18.

As part of the process inspectors reviewed a sample of financial records where finances were being managed by the staff on behalf of residents. While the financial reviews were satisfactory it was suggested that the provider do a regular audit of finances, in accordance with good practice. This is actioned under Outcome 14.

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:
A written record of incidents/accidents occurring in the centre was maintained and notifications as required had been forwarded to the Authority.

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 policy on access to education, training and development was in draft format and unavailable at the time of inspection. This is discussed under outcome 18.

Reviews of residents’ personal plans showed that there was a robust assessment involved in choosing suitable day services. The services chosen were diverse, and matched to individual residents education/training/employment needs. Activities focused upon in the day services included literacy, computer technology, horse-riding and more. In some services residents had availed of their training to receive a certificate from the Further Education and Training Awards Council (FETAC). Residents had the opportunity to display their awards and showed them to the inspectors.

Residents were able to host visitors, move between the houses within the centre, and attend events and activities in the community. Within the centre there was also a rota that allowed residents partake in the preparation of meals and household chores, appropriate to the skills and development of each resident.
### 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:**
Inspectors found that there were adequate arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals within the community. Records showed that they had a choice of GP, and access to dietetics, speech and language, dental, psychological, neurological and ophthalmology services. Each resident had a comprehensive assessment and evidence-based tools were used for assessments such as falls risk and nutritional status. Care plans were in place for issues identified on assessment such as diabetes and epilepsy. Some improvements were required in relation to staff training, for example, in relation to the administration of medication used in the event of a prolonged seizure. This action is addressed under Outcome 17

Residents’ nutritional status was monitored through regular weights. Residents had access to a range of nutritional foods and choice was facilitated through weekly meetings of residents, when the menu for the following week was decided. Specific dietary preferences and needs were facilitated. Cooking facilities were adequate and residents were involved in preparing and cooking food. Residents also choose to eat out at least once a week.

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

**Findings:**
There was an up-to-date policy on the management of medication, however, it was generic and did not adequately describe medication management practices in the centre. This action is addressed under Outcome 18. Medication administration practices as described to inspectors were in compliance with professional guidance.

Medication was stored appropriately including medication that required refrigeration. A sample of prescription and administration records were reviewed by inspectors and found to contain all required information for resident identification and medication recording. There was a process in place for regular review of medications.

Since the last inspection a medication audit had been conducted. Actions resulted from this audit were recorded and individual responsibly for these actions had been assigned.

There was also a procedure in place to assess residents’ ability to manage their medication, and in some instances this found that residents could self-administer their medication. Residents were supported in this and procedures were seen to be monitored and safe.

**Judgment:**
Compliant

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
A written Statement of Purpose was available in the centre. It accurately described the service that is provided, however, it did not contain all of the information that is required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. For example, it did not include a description of the rooms, including room sizes or the staffing complement in whole time equivalents.

**Judgment:**
**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:**
There was a clearly defined management structure to support the safe delivery of care. The person in charge was also person in charge of another designated centre, and visited the centre regularly. A new deputy person in charge had been appointed since the last inspection. The person in charge reported to the programme manager, who in turn reported to the general manager. Management meetings were held on a fortnightly basis.

There was a system of audits in place which included reviews of complaints, incidents, staffing levels, training and medication management. Where warranted actions plans resulted from these audits and a timescale for improvements recorded. However, as discussed under Outcome 8, this suite of audits could be enhanced through an audit of finances.

The person in charge had adequate knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She was familiar with the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents. Staff members stated that the person in charge was readily available to them. The person in charge was clear about her role and responsibilities and about the management and the reporting structure in place within the organisation. Residents were familiar with the Person in Charge.

The Provider had undertaken an unannounced visit to the centre in May 2015, as required by Regulation 23(2). A copy of the findings was available, however, it had not yet been made available to residents. An annual review of the safety and quality of care and support, required by Regulation 23(1)(d), had not yet been completed.

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

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors were informed that the Person in Charge had not been absent for a period of time that required notification to the Chef Inspector.

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:
On the day of inspection there were sufficient numbers and skill mix of staff to meet the needs of each resident. Residents were supported in a range of activities, including travel to day services, outings and visits. The facilities and services available in the centre reflected the statement of purpose.

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

**Findings:**
During the two days of inspection the inspectors observed that the number and skill mix of staff was appropriate to meet the needs of residents. Staff members spoken with by inspectors demonstrated adequate knowledge of residents, their needs, the centre’s policies and the regulations.

At the last inspection, one staff member was found to require manual handling training and this had since been addressed. Generally staff had been provided with opportunities to attend relevant on-going training, such as safe administration of medication, safeguarding from abuse, crisis intervention, manual handling, and first-aid. However, staff members would benefit from up-to-date training in food hygiene practices.

A review of staff files found that all documentation required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013 was in place; and that staff undergo appropriate supervision and appraisal.

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

**Findings:**
A review of documentation within the centre found that records were kept in the designated centre in respect of each resident, as required by Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. Similarly records were kept in compliance with Schedule 4 of these Regulations.

Inspectors reviewed policies and procedures and found that not all were centre-specific and not all were up-to-date. Inspectors found that some were generic to the provider’s wider service and many required review and up-dating. Examples of these included the policy on the provision of intimate care and the policy on the provision of behavioural support. Similarly the Medication Management Policy, while dated Oct 2013, was generic and did not accurately reflect medication management practices in this centre. Additionally the policy on Access to Education, Training and Development was under development at the time of the inspection.

**Judgment:**
Non Compliant - Moderate

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**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:**

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

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<td>Date of Inspection:</td>
<td>21 July 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16 October 2015</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider had not nominated a person, other than the complaints officer, to be available to residents to ensure that all complaints were appropriately responded to and to oversee that the complaints officer maintained a record of complaints in accordance with Regulation 34 (2) f.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

*Please state the actions you have taken or are planning to take:*
1. The Registered Provider will clearly outline the internal appeals system in the event.

   1. The Service will clearly identify the nominated person outside of the Complaints Officer available to residents.
   2. This information will be outlined in accessible format and displayed in each house in the Designated Centre.
   3. Complaints data will be forwarded to the Quality and Safety Committee for data analysis.
   4. An annual audit of Complaints will take place across the Kerry Services incorporating the Forge Park DC by the local service to oversee that the Complaints Officer maintains a record of complaints in accordance with Regulation 34 (2) F and responds appropriately to complaints.

**Proposed Timescale:** 31/10/2015

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**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 there were financial passports in place for residents that listed fees and additional charges, these were not included in the contract of care as required by Regulation 24 (4) a.

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:*
1. The Registered Provider will outline in an Appendix to the current Support Agreement a summary of the Services provided and the fees charged and reference the Financial Passport.
2. The Financial Passport for each resident will be reviewed in consultation with each resident and amended where required to reflect where appropriate fees will be charged.
Proposed Timescale: 31/10/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no Occupational Therapist assessment of residents that ensured the bath was suitably and safely accessible to them.

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:
• An application to generic services is in place requesting an Occupational Assessment of bathroom facilities to ensure they are appropriate to residents’ needs.
• Recommendations from pending OT assessment will be reviewed and costed for implementation.
• A plan schedule of implementation will be developed based on OT assessment.
• Individual Risk Assessments will be completed on each resident to identify imminent risks.

Proposed Timescale: 31/12/2015

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:
Vehicles used to transport residents, provided by the registered provider, required servicing to ensure they met the requirements of Regulation 26 (3).

4. Action Required:
Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Please state the actions you have taken or are planning to take:
• All vehicles used by the DC will have appropriate records and servicing history completed and available for inspection.

Proposed Timescale: 31/10/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency plan made available to inspectors was not site specific and so did not guide staff in what to do in the event that the service required evacuation.

5. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
• The current Site Specific Emergency Plan will be reviewed by the PIC to ensure:
  * It is site specific to the DC
  * The Evacuation Plan is specific to the locations in the DC
  * The Plan outlines safe locations which residents will be brought to following evacuation.

Proposed Timescale: 31/10/2015

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 required revision to ensure that it contained all the information set out in Schedule 1, as required by Regulation 3 (1). This included, but was not limited to, inclusion of a description of the rooms within the designated centre and the staffing complement.

6. 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 Registered Provider will update the current Statement of Purpose and Function to include:
  *A breakdown of room dimensions and purpose
  *The current WTE assigned to the DC

Proposed Timescale: 31/10/2015

Outcome 14: Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider had not performed financial audits to ensure that the service provided in supporting residents with finances is safe, appropriate to residents' needs and consistent.

7. 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:
1. The Registered Provider will complete a Financial Audit of all residents’ accounts in the DC.
2. The PIC will implement recommendations arising from the completed Audit.
3. A Schedule of Audits will be developed for the DC which will include an Audit of residents’ finances (minimum annually) to be completed by staff outside of PIC and frontline staff involved in residents’ finances.

Proposed Timescale: 31/12/2015

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The registered provider had not completed an annual review of the quality and safety of care and support in the designated centre to ensure that the care and support provided was in accordance with standards.

8. 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:
• An annual review of safety and quality support provided by the DC will be completed.
• A Policy and Procedure will be developed to reflect the annual review process.
• An agreed format of the Annual Review will be identified and populated.
• The information from the annual review will be circulated to residents and family.
the following respect:
At the time of inspection the report generated by the provider's unannounced visits to the centre was not available to residents.

9. Action Required:
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

Please state the actions you have taken or are planning to take:
• A copy of all Internal Audits will be available in the DC for residents and Chief Inspector.
• The content of Internal Audits will form part of the agenda for residents meetings and will be discussed with residents.
• Data from Internal Audits will be incorporated in the DC Quality Enhancement Plan and available to residents.

Proposed Timescale: 31/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The programme of training could be enhanced through the addition of food safety/preparation training.

10. 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 Registered Provider will develop DC specific Policy and Procedures to meet the requirements of Schedule 5 of the regulations.
• The PIC will implement centre specific Policies and Procedures within the Designated Centre and ensure all staff are provided with information in relation to these Policies and Procedures.

Proposed Timescale: 31/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in
Several of the policies prepared in writing to meet the requirements of Schedule 5 of the Regulations failed to be up to date and centre specific. These policies included, but were not limited to,
- Provision of intimate care,
- Provision of behavioural support,
- Residents’ personal property, personal finances and possessions,
- Risk management and emergency planning,
- Access to education, training and development
- Medication management

11. **Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
- The Registered Provider will develop DC specific Policy and Procedures to meet the requirements of Schedule 5 of the regulations.
- The PIC will implement centre specific Policies and Procedures within the Designated Centre and ensure all staff are provided with information in relation to these Policies and Procedures.

**Proposed Timescale:** 31/01/2016