<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-0002987</td>
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<tr>
<td>Centre county:</td>
<td>Louth</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Clare Dempsey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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**About monitoring of compliance**

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tr>
<td>19 October 2015 10:00</td>
<td>19 October 2015 17:30</td>
</tr>
<tr>
<td>20 October 2015 10:00</td>
<td>20 October 2015 18:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

As part of the application for registration the provider nominee was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed this documentation, obtained the views of residents, (as far as practicable), relatives and staff members, observed practices, assessed the premises and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff records.

A monitoring inspection of the service was carried out in June 2014, however, since that date the service has been reconfigured and therefore this was the first
inspection of the designated centre.

The designated centre consists of 3 residencies situated in a town. Registration is being sought to accommodate 8 residents. The centre provides facilities and services for residents with a diagnosis of intellectual disability and/or other conditions. There was a vacancy at the time of the inspection.

The inspectors met with the person in charge and manager to outline the inspection process and methodology and provided feedback to the management team at the conclusion of the inspection. The provider nominee was unable to attend.

The person in charge demonstrated a knowledge of the legislation and standards during the inspection process and during a fit person interview.

The inspectors met all of the residents currently being accommodated, some were aware of the inspection process and expressed their satisfaction in respect of living in the community and while others did not express an opinion, they appeared happy and content in their community environment.

There was evidence that residents were consulted with and participated in decisions about their care and about the organisation of the centre. Information was readily available about the advocacy service and each resident's privacy and dignity was respected. A complaints policy procedure was available and was assessed as being effective.

Residents had good access to nursing, medical and allied health care. There were measures in place to protect residents from being harmed or suffering abuse. The inspectors saw that person centred care was promoted and there was evidence of opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities.

The location, design and layout of the each of the premises met the needs of residents.

Primarily the health and safety of residents, visitors and staff was promoted and protected as staff were in the main observant in identifying, analysing and controlling risks, however, some risks were not identified and assessed and therefore measures were not put in place to control the risks.

From an examination of the staff duty roster, observation of residents and communication with staff, the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents, however, the workforce was not yet sufficiently stable to meet the needs of residents.

There was evidence that staff had access to education and training. Staff demonstrated that they had good knowledge of the residents and their needs. They emphasised the importance of promoting a holistic care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences while maximising their independence.
Scrutiny of policies/procedures highlighted that some were not available or not relevant to the designated centre. The application received for this designated centre was submitted to the Authority in 2014 and was currently out of date. The inspectors requested that management communicate with the Authority’s registration section to be issued with another application form for completion and return.

Areas requiring improvement are identified in the action plan at the end of the report to be addressed by the provider and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
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:
There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, house meetings had been convened in order to work out menus for the evening meals and social programmes. One resident chooses the clothes that he/she wishes to wear for the following day and another resident, stipulated that care is to be provided by his/her gender preference.

The inspectors observed staff engaging with residents in a manner that was respectful. The inspectors found that staff had worked with in the service for many years while others were recently employed, however, all staff were familiar with the residents’ needs, capabilities and their life histories and family support circles.

Some residents remained at home from their activation programme to welcome and showed the inspectors their home including their bedroom accommodation. In other instances, staff members had obtained residents’ permission for the inspectors to view their private bedroom space and review their care planning records/documentation in their absence due to attendance at day programmes and/or other activities. The inspectors were informed by staff that a recent increase in staffing levels has meant that there are sufficient staff available if residents chose to remain at home from their activation programme or return home at any time if they wish to do so.

Residents have individual bedrooms with sufficient storage space for personal possessions. These bedrooms were personalised with photographs of families and friends, were decorated in accordance with the residents’ preferences and choices, had
tasteful soft furnishings and the private spaces reflected residents' personalities and interests.

The inspectors observed residents freely accessing all aspects of the communal premises and observed a resident making an evening meal for the resident group. Residents are supported by staff to take risks in order to achieve further fulfilment and the person in charge highlighted areas which could be further developed with one resident so that this resident could aspire to independent supported living.

There was evidence of residents being involved in activities of their choice and suitable to their capacities. For example there was evidence of residents' life skills being developed regarding household tasks and involvement in social and recreational activities such as activity clubs, going swimming, participating in arts and crafts, yoga going on outings and holidays both local and abroad. The inspectors heard that some residents attended the local community centre for special occasions for example Halloween and Christmas parties.

The inspectors saw notice boards conveying information to residents in relation to the dates and times when staff would be working, menus and social activities.

Resident had access to an independent advocacy service, however, none of the residents had availed of this service.

There was a complaints policy and procedure which was translated into an understandable format for those residents who had the capacity to understand it. An examination of the complaints log showed that the complaints policy/procedure was effective. For example residents complained of the noise of refurbishment work being carried out in one of the premises of the designated centre and this work ceased until the resident group chose to vacate the house.

Some relatives who responded via a questionnaire confirmed that they were aware of the complaints policy and procedure and identified the staff members whom they would make a complaint to if necessary.

**Judgment:**
Compliant

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**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:**
In residents’ personal care plans the inspectors saw that the mode of communication used by the individual residents were described and staff working with residents were able to interpret residents’ verbal and non-verbal expressions. There was also documentary evidence in respect of speech and language professionals providing a service to some of the residents.

Some of the residents communicated freely with the inspectors and the inspectors observed other residents using gestures in order to express their wishes, for example a resident communicated to a staff member the time to leave the designated centre to go into town and.

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

Local newspapers and magazines were available in the communal areas for residents and there were televisions and CDs/radios in all of the residents’ bedrooms. One resident had an iPad which he/she uses frequently.

**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:**
There was substantial evidence that residents are supported to develop and maintain personal relationships and links with the wider community. For example residents shopped for foodstuffs from the preplanned menu choices and some residents participated in community events and went to the local pub, restaurants, hairdressers, post office and cinema. One resident attends the local church on a weekly basis and selects the items from the newsletter which he/she wishes to participate in.

Staff and management informed the inspectors that relatives and family members are provided with up-to-date information regarding residents’ care and condition and are invited to attend care planning reviews. A resident sees family members on a regular basis and has in consultation with family members purchased new wardrobes for the
bedroom.

Staff advocating on behalf of a resident have been able to contact a resident’s extended family and the resident is now able to visit these family members and develop relationships.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**
Effective Services

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

**Findings:**
There was a policy and procedure in respect of the admission transfer and discharge of residents. The resident group were compatible and assisted one and other to have a comfortable lifestyle.

The admission process is initiated when an application supported by clinical and other relevant reports are received by the organisation. The designated centre does not facilitate emergency admissions. If the admission is deemed appropriate written agreement is forwarded to the resident/or their representatives, if the resident is not capable of giving consent. This includes the terms of occupancy.

Since May 2015, a resident commenced transitioning into the designated centre and is making decisions regarding the refurbishment of his/her bedroom space. This resident had a party in his/her previous accommodation to say farewell prior to embarking on this new phase of life.

Each resident had a written contract agreed within a month of admission to the service, which sets out the services to be provided and the fees (including items which incur additional charges) charged.

**Judgment:**
Compliant
### Outcome 05: Social Care Needs

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

#### Theme:
Effective Services

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

#### Findings:
The designated centre accommodates 8 residents and there were one vacancy. All of the resident have an intellectual disability and or with other conditions for example mental health or autism.

Each resident had an Individual Personal Plan (IPP) which referenced assessments completed and identified the arrangements in place to meet their needs. The personal care plans were developed in respect of each resident’s care and addressed key aspects of the social, emotional, psychological and health care needs of the residents.

Residents’ aspirations and goals were stated, and there was evidence that residents were empowered and supported in achieving their goals, which resulted in successful outcomes. For example a resident going on holiday and another resident visiting members of his extended family which he had not previously met.

Documentation showed that there are daily notes and regular reviews of residents’ care plans in consultation with residents and or their next of kin/families. The inspectors were informed that the daily recordings are made by staff while sitting with the resident in his/her private bedroom space and the entries are read out to the resident.

Each resident has a key worker and regular meetings take place in order to address the particular issues relevant to each resident. For example there was a meeting for a resident in September 2015 and the main theme was "coping with change".

Staff in their communications with the inspectors demonstrated that they were knowledgeable of residents' needs and behaviour management plans were in place where necessary.

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

#### Judgment:
Compliant
**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The location, design and layout of the designated centre comprising 3 residencies was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The designated centre consists of a two-storey house and 2 bungalows situated in a town close to all amenities.

Residents have their own individual private bedroom space.

Communal facilities include, sitting, dining kitchen, utility room and toilets/shower rooms. There are no bath in any of the individual houses of the designated centre.

Residents who communicated with the inspectors were positive about their homes and one resident stated "I am proud of my house".

The furnishings and fixtures are modern and bright and the premises have been well maintained with the exception of the following: –

- A toilet in a shower room located on the first floor of the two-storey building was stained.
- Storage space was required for the vacuum cleaner.
- The wooden frame of a cupboard located in a shower room was loose.
- Windows in a shower room and sitting room were not opening.
- The office telephone was located in what is to become a resident’s bedroom.
- The flooring in a vacant bedroom was worn.
- The residents' sitting room was used for office equipment/material.
- There was no grouting on wall tiles in a shower room.

There was appropriate equipment for use by residents and staff which was maintained in good working order. For example a hoist was serviced on 23 December 2014 and a resident’s wheelchair was further adapted in order to provide all-day comfort. The inspectors saw that residents had purchased colour-coordinated kitchen utensils for their home.

Externally, the grounds were well maintained and there was adequate car parking.
Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
In the main, the inspectors found that the health and safety of residents, visitors and staff was promoted and protected as there was a policy and procedure in respect of managing risk. Inspectors saw that an emergency alarm system was placed in a resident’s bedroom should it be necessary to alert staff in an emergency and an alert for carbon monoxide was installed in one of the Bungalows.

However, all of the hazards were not identified and assessed and therefore measures and actions to control the risks were not put in place as follows: –

• The hot water temperature was excessive in a shower room.
• The risks associated with residents independently using a shower room and being able to summon assistance in the event of an emergency had not been fully identified and assessed other than leaving a hand bell in this room.

Fire equipment was easily accessible and prominently placed throughout the designated centre and servicing was up to date. The inspectors observed during the inspection that internal fire exit doors had not been obstructed. Staff and residents are involved in fire safety and evacuation procedures. There were smoke detectors and a fire panel in the designated centre which identified specific zones/areas in the house which would assist in detecting the risk of fire in the event of an emergency. There was evidence that staff and residents had participated in fire drills. A fire grab bag was available in the event of an emergency which included copies of medical prescriptions and floor plans.

The following issues were identified: –
• The evacuation pathway was obstructed by a parked car in front of the two-storey house.
• The evacuation pathway was uneven.
• Fire doors did not close fully.

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

Staff had participated in training in food safety and hand hygiene.

**Judgment:**
Non Compliant - Major

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**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

**Findings:**
The inspectors saw that there were measures in place to protect residents from being harmed or suffering abuse and appropriate action is taken in response to allegations, disclosures, or suspected abuse.

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

The inspectors communicated with staff, who confirmed that they had participated in relevant training and were knowledgeable with regard to what constitutes abuse and their duty to report any allegation, suspicion of abuse, and were aware that this should be fully investigated and protective procedures put in place for residents.

The inspectors saw that where residents’ challenging behaviour (primarily in respect of self injurious behaviour) necessitated intervention that every effort was made to identify and alleviate the cause of it.

Staff demonstrated that they had knowledge of the behaviours that are challenging for certain residents.

The inspectors noted that a restraint free environment was promoted with the reduction in chemical restraint.

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

**Findings:**
The inspectors saw that a record of incidents occurring in the designated centre is maintained and, where necessary, notified to the Chief Inspector. The inspectors noted that, notifications in respect of serious injury to residents, and quarterly reports had been forwarded to the Authority. An internal processing/auditing system is available within the organisation.

**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:**
The inspectors saw that residents had opportunities for new experiences, social participation and education. A bus is available which transports residents from the community home to day care facilities. Residents were positive regarding participating in social and recreational activities and of staff who provide assistance in achieving life skills, appropriate to living independently in the community and pursuing favourite activities such as shopping for household items and fashion and style, bowling, swimming and going to mass. A resident who likes walking was risk assessed by staff to ensure safety and is now able to independently...
meet friends at a location of his/her choice.

The inspectors heard that there is good communication between the residential service and the day care facilities to ensure continuity of care.

**Judgment:**
Compliant

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**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:**
From an examination of documentation and the views of residents and staff it was evident that residents are supported on an individual basis to achieve and enjoy good health.

There was a health care plan available in each resident’s care planning documentation. Residents’ healthcare needs were well monitored and treatments were implemented as recommended or prescribed. Some residents had health conditions such as epilepsy and mental ill-health. Referrals and meetings with key significant personnel in the lives of residents including behavioural therapy, occupational therapy, community medical, nursing, care staff, key workers and family members was evident.

A behavioural therapist and psychologist are available to assist/support residents and care staff. There was evidence of appropriate referrals and appointments to residents’ GPs and allied health professionals such as, opticians and speech and language therapists as required.

In the kitchens of the houses the inspectors saw a variety of foodstuffs and snacks in the cupboards, refrigerators and freezers and an ample availability of fruit.

Residents menus were selected on an individual basis as some residents required special diets for example low fat foods.

Residents' records showed that their weights were monitored. There was evidence that residents were able to choose their own foods.

Pictorial menu cards were available to inform residents (where necessary) about different menu choices.
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:
There was a written operational policy/procedure informing ordering, prescribing, storing and administration of medicines to residents.

An examination of staffing records identified that staff had received training in the management of medicines.

The inspectors saw that medicines were secured safely in a locked trolley, however, a staff member informed the inspectors that they hope to move towards a more person centred approach to the administration of medicines which in due course will take place in the resident’s own private place.

A staff member on duty explained a resident’s prescribed medicines and the documents in use to administer prescribed medicines to residents.

The inspectors were informed and saw evidence in the care planning documentation that residents’ medication was reviewed.

Judgment: Compliant

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

Theme: Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was a statement of purpose available which described the services, facilities and care provided to meet the diverse needs of residents and contained the information required as set out in schedule 1 of the legislation.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
A person in charge has been appointed to the designated centre and the post is a full-time position. The person in charge is a qualified intellectual disability nurse with many years of experience in the area of intellectual disability.

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

The inspectors heard that a new management structure has been identified for the designated centre. This includes having a manager who is a qualified social care leader, responsible for the day-to-day operation of the centre and supervising/mentoring staff.

The inspectors found that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the designated centre’s statement of purpose for example there was adequate support systems to meet the needs of residents, however, it was noted that the agency staff, who sometimes are not familiar with the resident group work in the designated centre.

The person in charge informed the inspectors that the resident group require continuity of care from a stable workforce. Senior management are aware of the necessity to have a pool of staff who are familiar to the residents to work in the designated centre as
required and are currently recruiting staff.

The person in charge identified that in due course it will be necessary to employ an intellectual disability nurse and have additional night time staff as residents' healthcare conditions deteriorate. See outcome 17 for action plan.

Management have carried out audits to ensure that the service meets residents’ needs for example there were records and audits of residents’ monies and personal possessions.

An annual review of the quality and safety of care and support in the designated centre was available to the inspectors.

**Judgment:**
Non Compliant - Major

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

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

**Theme:**
Leadership, Governance and Management

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

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

**Findings:**

In the absence of the person in charge the inspectors noted that suitable arrangements have been put in place for the management of the designated centre.

The person identified for this position is a qualified social care leader. She has experience in this area and is working full-time in the designated centre as a manager.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**

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

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

Findings:
The inspectors found that the centre was resourced to ensure the effective delivery of care and support in accordance with the designated centre’s statement of purpose.

The inspectors noted that there were sufficient resources, including increased staffing to support residents when they did not wish to leave the designated centre. However, see outcome 17 for further details in relation to staffing and action plan.

Judgment:
Compliant

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

Theme:
Responsive Workforce

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

Findings:
A questionnaire completed and returned to the Authority by a relative identified that "the needs of residents can only be met when there is a full complement of trained staff who are familiar to the residents". The respondent further stated “frequent use of agency staff who are unaware of the residents’ plans/needs are unsuitable. An additional member of staff would enable residents to avail of more social activities”.

Inspectors learned that recently there were two vacant posts as a result of a qualified intellectual disability nurse and a qualified social care worker being absent from the centre two weeks prior to the inspection.

An examination of the staff rosters and communication with the person in charge identified that these two positions are currently being covered by recently recruited permanent staff.

Inspectors also saw that there has been an increase in staffing levels to support residents when they wish to remain in the designated centre during the day or be involved in alternative activities.
However, inspectors found that the workforce is not fully stable at all times as there was evidence of agency staff who were not familiar with the residents working in the designated centre and at the time of the inspection management had not yet secured agency staff to complete the night duty roster for the remainder of the week.

The person in charge informed the inspector of the necessity to have a pool of on-call/relief staff who are familiar to the residents to cover the periods when permanent staff are unavailable.

Currently there is no intellectual disability nurse working in the designated centre. However, the person in charge and senior management are aware that this may become a necessity as residents’ health deteriorates.

Presently senior management are recruiting staff for the service.

There was evidence of staff participating in staff meetings.

The inspectors found staff had a comprehensive knowledge of the residents’ likes, dislikes and life histories. Staff throughout the inspection were helpful.

The inspectors requested documentation in relation to staff members working at the centre and this was provided by staff from headquarters. The inspectors saw that the matters required by schedule 2 were available.

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

There was evidence that staff participated in annual performance development reviews, however, there was no evidence of a formal supervisory process contributing to the review.

**Judgment:**
Non Compliant - Major

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**Outcome 18: Records and documentation**

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

Theme:
Use of Information

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

Findings:
The application received for this designated centre was submitted to the Authority in 2014 and was currently out of date. The inspectors requested that management communicate with the Authority’s registration section to be issued with another application form for completion and return.

There was adequate insurance against accidents or injury to residents, staff and visitors and there was written confirmation of compliance regarding fire safety dated May 2014.

The Authority received written confirmation, signed 12 August 2014 that all statutory requirements relating to the planning and development 2000 – 2006 have been substantially complied with.

The directory of residents was maintained being maintained.

The designated centre has procedures/guidelines on matters identified in schedule 5 of the Health Act 2007, with the exception of those identified below. In some instances the policies were not specific to the designated centre, as follows:
- There was no policy regarding closed-circuit television in respect of one of the residency.
- There was no smoking policy/procedure.
- The infection-control policy was neither up-to-date nor specific to the designated centre.
- The risk management policy did not contain all of the matters identified in the regulation.
- There was no guidance for using the dependency assessment tool.

The records listed in the Health Act 2007 were being maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment:
Substantially Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002987</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>19 October 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04 December 2015</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises were not kept in a good state of repair as the following matters were identified:
• A toilet in a shower room located on the first floor of the two-storey building was stained.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
• Storage space was required for the vacuum cleaner.
• The wooden frame of a bathroom unit was loose.
• Windows in the bathroom and sitting room were not opening.
• The office telephone was located in what is to become a resident’s bedroom.
• The flooring in a vacant bedroom was worn.
• The residents’ sitting room was used for office equipment/material.
• There was no grouting on wall tiles in a shower room.

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

**Please state the actions you have taken or are planning to take:**
1. The Toilet in bathroom up stairs will be replaced
2. A storage area has now been secured for the Vacuum cleaner
3. The Wooden frame on bathroom unit has been secured
4. The Windows in bathroom and sitting room have been fixed to allow opening.
5. The Telephone will be relocated
6. The Flooring in the vacant bedroom will be redone when we have a resident identified for this spare room and the resident will pick their own flooring.
7. A secure Press has been sourced for the office material
8. Grouting on walls in shower room will be re-grouted.

**Proposed Timescale:**
1. 31.12.15
2. 19.10.15
3. 19.10.15
4. 27.11.15
5. 31.12.15
6. TBC
7. 31.12.15
8. 31.12.15

**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:**
The policy and procedure in respect of managing risk did not identify and assess the level of risk of all of the hazards and therefore measures and actions to control the risks were not put in place as follows: –

• The hot water temperature was excessive in a shower room.
• The risks associated with residents independently using a shower room and being
able to summon assistance in the event of an emergency had not been fully identified and assessed other than leaving a hand bell in this room.

2. **Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
1. The sink tap temperature has been regulated
2. A comprehensive risk assessment has been carried out on residents who use a bathroom independently and recommendations implemented.

Proposed Timescale:
1. 19.10.15
2. 23.11.15

**Proposed Timescale:** 23/11/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

3. **Action Required:**
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**
1. A recruitment process is in place to secure staff who are permanent and consistent.

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

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The number, qualifications and skill mix of staff was not appropriate to the number and assessed needs of the residents, statement of purpose and the size and layout of the designated centre.
4. **Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
1. A recruitment process is in place to secure a qualified staff the people have been interviewed and are going through the recruitment process.

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

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A formal supervisory process was not in place

5. **Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
1. A Supervisory schedule has now been put in place for all staff

**Proposed Timescale:** 23/11/2015

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
- There was no policy regarding closed-circuit television in respect of one of the residency.
- There was no smoking policy/procedure.
- The infection-control policy was neither up-to-date nor specific to the designated centre.
- The risk management policy did not contain all of the matters identified in the regulation.
- There was no guidance for using the dependency assessment tool.

6. **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:**
1. A review has taken place on the closed – circuit TV policy
2. A Smoking Policy will be created
3. The Infection control policy will be amended to reflect the designated centre.
4. The Risk management policy will contain all the matters identified in the regulations
5. The guidance document for use of dependency tool is now in the designated centre.

Proposed Timescale:
1. 30.10.15
2. 31.12.15
3. 6.12.15
4. 6.12.15
5. 21.10.15

**Proposed Timescale:** 31/12/2015