<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-0002944</td>
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<td>Centre county:</td>
<td>Kildare</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>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Philomena Gray</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
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<tr>
<td>Support inspector(s):</td>
<td>Conor Dennehy</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>
<td>26</td>
</tr>
<tr>
<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: 02 December 2015 08:00
To: 02 December 2015 16:30
From: 03 December 2015 09:00
To: 03 December 2015 15:30

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

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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 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
HIQA became significantly concerned about the safety and the quality of life for residents in St Raphael's campus, a residential service operated by St John of God Kildare Services. St Raphael's residential campus contains seven designated centres providing residential services to 137 people with intellectual disabilities.

Following the initial inspections in 2015, inspectors undertook a series of ten planned inspections to assess the progress of the provider in addressing the issues of concern which were impacting on the lives of residents.
These unannounced inspections found evidence of institutional practices, poor outcomes for residents and areas of risk to residents relating to safeguarding and health and safety. Poor managerial oversight and governance arrangements were also a recurrent finding in these designated centres. Due to the seriousness of the concerns, HIQA issued a series of immediate actions, warning letters and held regulatory and escalation meetings with the provider and members of senior management.

Due to a failure of the provider to implement effective improvements for residents, HIQA issued notices of proposal to cancel the registration of three of the centres on this campus. The provider subsequently issued HIQA with plans for the closure of one designated centre, and transitional plans to provide alternative living arrangements for a number other residents which addressed the resident’s safety, welfare and quality of life.

The most recent inspections have confirmed that the provider has undertaken substantive changes in governance and management across this campus. There have been improvements in staffing, persons in charge and other management positions. While there continues to be non compliances, and further improvements are required in relation to the quality of life for residents, the provider has demonstrated that they are now taking effective action to achieve these improvements.

HIQA will continue to monitor these centres to ensure that the actions taken by the provider are sustained and result in continued improvements to the safety and quality of life of residents.

As part of this inspection, the inspectors met with members of management, newly appointed social care leaders, social care staff, and residents. There was a newly appointed person in charge at the time of inspection who was also interviewed as part of this inspection. The inspectors spoke with residents, observed practice and reviewed documentation such as personal care plans, healthcare plans, medical/clinical information, accident and incident records, risk assessments, medication records and protocols, meeting minutes, policies, procedures and protocols (organisational and local), governance and management documentation, staff training records and staff files.

This designated centre comprised of six separate buildings. There were five terraced style houses based partially on the provider's campus and another apartment on the providers campus. In total the inspectors found 26 accommodated across these locations and met and spoke with a number of residents as part of this inspection.

Inspectors observed both positive and negative levels of regulatory compliance in this designated centre on this inspection. However substantive improvements were identified in areas such as residents' safeguarding and safety, safety and suitability of premises, healthcare, social care needs and governance and management. Inspectors found clear evidence of a number of improved outcomes for residents' and several outcomes where the provider and staff team had completed considerable work to address previously identified significant regulatory failings. This was very positive.
Inspectors found that premises changes had taken place in the improvement of the facilities (renovations and refurbishments) available to residents'. In addition, inspectors found that governance and management, personnel changes, operational changes and practice changes in this centre had occurred since the previous inspection. Inspectors found that these changes had a positive outcome on service provision and resulted in improved outcomes for residents.

While progress was noted on this inspection, inspectors found that further improvement was also required. Improvements were necessary in the areas of contracts for services, premises, annual review and auditing, medication management and records and documentation.

All areas of compliance and non compliance are discussed in more detail in the main body of the report and in the accompanying action plan that outlines the failings identified that did not meet the requirements of the Regulations and Standards.
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:
Resident rights, dignity and consultation needs were met in this designated centre. Inspectors found systems in place to manage complaints and resident privacy were operational and satisfactory.

Inspectors found evidence of residents meetings and on-going individual consultation between residents, staff members and management was in place. For example, resident meeting minutes reviewed showed an updated template that captured residents choices and consultation around area's such as health, social activities, fire safety, complaints and safeguarding. Individual key-working meetings clearly recorded consultation and advocacy that was happening within this centre. This was positive.

Residents were offered choice on an individual basis around social activities, holidays and mealtimes/menu and food. Residents' were observed cooking and being part of the domestic chores in their homes which was very positive. Residents individual plans had been substantially updated since the previous inspection which ensured information guiding staff was reviewed and up to date.

Inspectors found clear evidence of a complaints system that was known by residents', families and staff. Complaints procedures were displayed and the inspector reviewed and discussed complaints and compliments which were all managed appropriately.

Residents privacy was an area that had also improved. For example, the free movement of people between the neighbouring houses had greatly reduced. The use of the front doors was being encouraged and renovation works were promoting privacy. For
example, the removal of staff office viewing window and the introduction of new and additional shower/bathroom facilities.

Overall inspectors found that this centre had made considerable improvement in these areas since the last inspection.

**Judgment:**
Compliant

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents within the designated centre were facilitated to communicate at all times.

A policy on communication was in operation in the designated centre. Throughout inspection residents and staff members were observed communicating amongst each other and with residents in an appropriate manner. Staff members spoken to were aware of residents’ communication needs and those requiring communication passports had these in place.

Where required, residents were provided with assistive technology to facilitate their communication such as tablet devices. Residents had good access to a Speech and Language Therapist (SALT) and recommendations provided were followed and used to inform plans. Internet and television facilities were available to residents throughout the designated centres. A phone was available to residents to contact family and loved ones.

**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:
Since the previous inspection a greater emphasis had been placed on getting residents involved in the community. As a result residents’ personal relationships and links with the community were fostered within the designated centre.

Links to family were actively encouraged and maintained for residents. One resident showed great excitement at telephoning his brother in addition to receiving visits from him. Visitors to the designated centre were welcomed while residents were facilitated to visit their families at the weekends. Residents were also encouraged to visit relatives who lived nearby. Issues relating to a lack of space to receive visitors in private will be discussed under Outcome 6.

Family members were also kept informed of their relatives’ wellbeing. One relative indicated in a pre inspection questionnaire that since a new social care leader had been appointed to the centre “constant contact” was maintained. It was also apparent that residents were becoming more actively involved in their community.

For example one resident expressed his interest in snooker and showed inspectors his snooker cue which he carried with him when playing locally. Residents also talked about other activities they engaged with through the designated centre such as meals out and trips to the cinema. As will be discussed in greater detail under Outcome 11 residents also assisted with household shopping and arrangements were being put in place to provide residents with GP access in the community. Residents were supported to attend religious services if they wished. Plans were also discussed for residents to attend a New Year’s Eve party away from the designated centre.

Inspectors noted clear and considerable improvement in this area.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Inspectors found that there was an admission policy in place. The centre had 26 residents across all locations and was not accepting any further admissions. Further improvement was required regarding admissions and contracts for the provision of services.

There was not yet a signed contract system in place regarding all residents'. In addition, all residents fees were not accurately outlined as inspectors found one contract highlighted a resident was paying a fee for monthly chiropody that he was not actually receiving monthly. In reviewing contracts for a number of residents' the inspectors also found that there was no family/representative signatory.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
There was good evidence observed regarding residents' individual assessment and social care needs. Inspectors found substantive improvement regarding the newly implemented and on-going development of residents' social care plans and social goal/objective setting. Inspectors found a lot of work had occurred in this area since the previous inspection.

Inspectors observed residents being facilitated with internal and external activities on the inspection days. For example, residents going on outings into the community, residents provided with choices and residents partaking in activities of their own choosing. Residents informed the inspectors of activities they enjoyed such as outings, going for coffee, shopping and the cinema. residents informed inspectors they were happy and content with their social lives. Photographs of residents on outings and at parties were on display in their homes.
Inspectors reviewed a number of resident's personal plans and found that plans and assessments were of good standard. For example, plans gave full overviews of residents' abilities, wishes and preferences and highlighted how residents' participated with the services and enjoyed meaningful days. Inspector's found plans had been considerably reviewed and outdated since the previous inspection.

Some residents attended set day services while other residents were activated from the centre. The inspectors found appropriate activity and social activation offered to residents on a continual basis to ensure opportunities were available to all residents. Staff spoken to highlighted a much increased emphasis on residents' social care needs and this was evident in residents plans whereby social goal setting was seen in areas such as evening/day classes in baking, trips and holidays. The person in charge highlighted plans to further increase social activities and community integration.

Each resident reviewed had a comprehensive assessment in place regarding their social care needs that highlighted each resident's clear goals that were in line with individual needs, wishes and preferences.

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

**Findings:**
Since the previous inspection, significant work had been carried out to improve the premises and its appearance. The provider had commenced and completed renovation and refurbishment since the previous inspection. However, some issues relating to the size of the actual premises remained a concern.

The designated centre comprised of five small terrace houses along with an adjacent apartment providing accommodation for a total of 26 residents. The terrace houses are of a similar size and layout with five residents each living in three of the houses, four residents in one house and six residents living in the fifth house.

At the time of inspection a significant amount of work had been completed and was still
ongoing to improve the premises. For example
- The front of the houses had cleaned and maintained with access now available via front doors
- Cooking and kitchen equipment were newly purchased and improved
- Renovations had taken place to improve bathroom facilities
- A significant amount of painting/decorating had taken place
- The units presented as being a homely and warm environment
- An internal staff window overlooking a residents’ dining area had been removed
- Two kitchen tables in one house had been replaced by one suitable table
- Sufficient storage such as presses and wardrobes was provided for residents
- Damp and damaged walls and flooring had been replaced/repaired
- Air vents and extractor fans had been replaced repaired

Inspectors were satisfied that the provider had made significant steps to improve the standard of accommodation and equipment available to residents.

However despite these positive steps some residents continued to reside in bedrooms which were not of sufficient size which continued to be inappropriate to meets the needs of some residents as had been highlighted at the previous inspection.

It was also evident that there was not sufficient space for residents’ to receive visitors in private if they so wished. The Person in Charge discussed plans with inspectors to reduce the number of residents living in the designated in order to provide more space for residents.

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

**Findings:**
Sufficient health and safety and risk management procedures were now in operation in the designated centre. Inspectors were satisfied that this area had been comprehensively reviewed since the previous inspection and found good systems of risk assessment, management and control measures in place.

A risk management policy was in place which met the requirements of the Regulations along with a site specific safety statement, emergency plan and local evacuation plan for
each unit of the centre. Since the previous inspection a new risk register has been put in place. This contained a broad category of risks such as challenging behaviour, medication variance/error and residents who smoked.

Residents who presented with such risks had corresponding risk assessments in their personal plans. No outstanding risks were identified by inspectors during the inspection. There was also evidence of follow up from assessed risks. For example a resident who was assessed as being at a risk of falls had recently been referred to a physio. Issues surrounding infection control had also been addressed.

Inspectors found that there were adequate precautions to protect against fire. All residents had personal evacuation plans in place. Fire orders and exit signs were on display throughout the designated centre while fire drills were being carried out at regular intervals at varying times. Staff and residents spoken to were aware of what to do in the event of a fire alarm activating. All permanent staff has received training in fire safety but some gaps in this area were noted for an agency staff member. This will be discussed under Outcome 17.

Sufficient fire fighting equipment was available in the designated centre and emergency lighting was seen to be operational. While the required maintenance checks on the fire alarm and fire fighting equipment had taken place, it was noted that the emergency lighting had not received a maintenance check at the required intervals.

Judgment:
Substantially Compliant

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

Findings:
The inspectors found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre.

The inspectors found policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or
allegations of abuse. Staff highlighted these procedures to the inspectors and showed the reporting system to the inspectors.

The inspectors were informed of the designated liaison person and reviewed a recent notification that was investigated through the appropriate process in accordance with organisational policy and regulatory requirements. This matter had been investigated in full and followed up appropriately by the person in charge and provider. Inspectors found appropriate management systems in place to ensure an open culture of reporting concerns existed and that any issues reported were followed up by the person in charge.

The inspectors were satisfied that staff were familiar with the different types of abuse that residents were vulnerable to and were aware of the mechanisms in place to report and support residents where/when required.

Appropriate training had been completed by staff in the areas of protecting vulnerable adults which ensured staff were equipped from a training perspective in line with regulatory requirements.

Inspectors were satisfied that residents’ requiring emotional, behavioural and therapeutic supports had appropriately reviewed behavioural support plans in place that guided staff. Residents’ who required psychological intervention and assessment had appropriate access to clinical services and review in place.

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:
Inspectors reviewed the accident and incident log and found that all incidents requiring notification to the Chief Inspector within three working days where done so within the necessary timeframes. However it was noted that some minor injuries which must be notified via a quarterly notification had not been submitted as required. These minor injuries were subsequently notified to the Authority following completion of the inspection.

Judgment:
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**Outcome 10. General Welfare and Development**

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
The inspectors were satisfied that the residents were supported to participate socially in activities suitable to their age, interests and needs. The inspectors observed residents and reviewed documentation and found that the residents were provided with suitable activation in line with their own goals, preferences and needs.

The inspectors found that some residents attended day services while others had individualised activation programmes provided from their homes as they were retired. Residents were encouraged to partake in activities and lead fulfilled and meaningful lives in line with their assessed needs. The inspectors viewed a relaxed atmosphere whereby residents moved at their own pace in terms of going out and attending day services. The residents in this centre presented as content throughout the inspection process. Residents' were very clear and articulate that they were very happy with their service and that they particularly enjoyed social outings and getting out on trips and activities.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
Inspectors found substantive improvements in this area and found residents were being supported to achieve and enjoy the best possible health.
Annual health assessments for all residents had taken place since the last inspection. Any actions resulting from these assessments were followed up in a prompt manner. The health needs of all residents now had corresponding care plans in place, the contents of which were known to staff members. Monthly weight and blood pressure checks were being carried out, recorded and reviewed for all residents as required. Records of medical appointments and appointment calendars were maintained for residents.

During inspection one resident was observed receiving appropriate care and visits from a nurse and GP as required to respond to some needs identified. As mentioned under Outcome 2 plans were progressing to have residents access a community GP. There was evidence of good access to a range of allied health professionals such as dentists, SALT, physiotherapist and chiropodist. Any follow up action required from such appointments was provided for.

Food was no longer supplied from the nearby campus canteen and as a result the mealtime experience had significantly improved since the previous inspection. Additional kitchen facilities had been installed, residents were supported to go out and purchase food and also chose their own menus for the week. If a resident changed his/her mind alternative options were available along with food for snacking between meals. Food within the designated centre was stored in an appropriate manner. Residents were also observed being encouraged to take part in the preparation of meals.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
There were suitable medication practices in operation but some minor improvements were required in documentation and to ensure best practice was followed.

The centre had recently begun using new prescription and administration sheets and it was conceded by staff member that these records required greater accuracy. Inspectors reviewed such records and found some minor errors and omissions. For example the method of administration was not always stated on the prescription sheet while the times of administration did correspond with the times recorded. Assurance were given
that the centre was working with its’ pharmacy supplier to implement a new system and address these issues. The accuracy of these records will be actioned under Outcome 18.

Suitable secure storage for medication was available in all five of the units of the centre with a designated space for returns or out of date medication. Appropriate refrigerated storage was also provided with temperatures checked on a daily basis. The local procedure on medication management provided for medication stocks levels to be checked daily. Such checks had yet to commence and at the time of inspection stock levels were being checked when medication was delivered.

Medication was administered by suitably trained staff. Inspectors observed a medication round and while appropriate checking procedures were followed it was noted that the staff member administering medication signed the medication as being administered before the resident received the medication. PRN protocols were in place for all residents and there were no resident in receipt of controlled medication at the time of inspection.

Judgment: Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose was reviewed and found to contain all the necessary requirements as per the Regulations.

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

**Findings:**
Overall the inspectors found that the quality of care and experience of the residents was monitored and developed on an ongoing basis in this designated centre. The inspectors found that effective management systems were in place that support and promote the delivery of safe, quality care services. There was a clearly defined management structure in place that identified the lines of authority and accountability within the designated centre and the organisation. The inspectors found that although auditing was of a high standard it was noted there was no annual review available for inspection which is required as per the Regulations.

The inspectors found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had 20 years experience within a variety of roles/locations in the social care sector and had an appropriate level of experience in the management of services for people with intellectual disabilities. The person in charge had appropriate qualifications in social care. The person in charge demonstrated a good understanding of the Regulations and Standards. The person in charge was recruited from another part of the organisation and demonstrated a strong commitment to ensuring the centre continues to move towards and individualised service, community integration and a balanced medical/social model of care delivery.

The person in charge and programme manager highlighted a number of audits carried out in the designated centre in areas such as care planning, healthcare assessments, health and safety, risk assessments, premises and records and documentation. The inspectors found evidence of unannounced visits and audits and action/work plans devised by the provider's quality management team. Inspectors found evidence of the implementation of actions arising from these audits. Inspectors found there was not an annual review (2015) completed and available for inspection, which is required by the Regulations. However the provider stated this would be available in January 2016.

The inspectors found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to residents. The person in charge highlighted various checking systems in place with residents and families to ensure she was fully aware of the care provided in the designated centre. The person in charge had regular contact with families and was regularly present within the designated centre. The person in charge was also responsible for the management of another designated centre which was located close by. The person in charge was found to be well supported by a CNM (Clinical Nurse Manager) and effective staff team.
The inspectors found there were clear lines of authority whereby the person in charge was supported by a local area manager whom was also present at inspection. A clear plan was in place for the recruitment of a CNM whom would manage the nurses working in the designated centre. Two social care leaders were already in post to assist the person in charge. The inspectors found that staff were satisfied with structures in place and found clear and accurate rosters, staff training schedules were in place.

Overall the inspectors found that the work put in regarding governance and oversight in the centre had significantly improved since the previous inspection.

**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:**
The inspectors found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was deputising arrangements whereby the social care leaders and the area/programme manager would oversee and manage the designated centre in the absence of the person in charge.

The inspectors found there were no instances whereby the current (newly appointed) person in charge was absent for 28 days or more. The person in charge was aware of his regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

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

**Theme:**
Use of Resources

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

Findings:
The inspectors found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

The inspectors found that this was evidenced through the care delivered by nursing and social care staff. The resident's home was well maintained (aside from issues highlighted in Outcome 6), staffed and funded with transport available to residents as required.

The inspectors found that the designated centre was sufficiently resourced to meet the needs of all residents.

Judgment:
Compliant

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

Theme:
Responsive Workforce

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

Findings:
There were sufficient numbers of staff to meet the needs of residents however the provision of training for agency staff remained an area for improvement.

As highlighted under previous outcomes the quality of life for residents had significantly improved. The provision of sufficient staff numbers was playing a key role in this development. Inspectors reviewed staff rosters and noted that staff members present on inspection were hugely committed and passionate about improving the lives of residents and had carried a large body of work to achieve this. Positive, warm and caring interactions between residents and staff were observed throughout this inspection.
The person in charge revealed to inspectors that staffing was an area that was subject to ongoing review. He discussed plans to appoint a Clinical Nurse Manager, alter the management structure within the designated centre, introduce rolling rosters and provide core staff teams for the various units of the centre. A social care leader had been appointed since the previous inspection which was found to be a hugely positive development. An induction was provided for agency/relief staff and plans were in place to further develop this induction process.

Inspectors reviewed a sample of staff files and although most of the required documentation, such as Garda vetting, was maintained, not all the records required by the Regulations were present in one staff member's file. There was one volunteer working in the designated centre and appropriate documentation and supervision was maintained for this person.

Training records along with sign in sheets for training were provided which showed that permanent members of staff had undergone training in areas such as fire safety and safeguarding. However while reviewing staff files it was noted that there were no training certificates in these areas for one agency staff member. The person in charge subsequently confirmed that this agency staff had not undergone training in fire safety or safeguarding. The provision of mandatory training for agency staff was raised during the previous inspection and had not been appropriately responded to.

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

**Findings:**
The provision of records and documentation within the designated centre had improved substantially since the previous inspection. A residents’ guide and a directory of resident were seen by inspectors and found to meet the requirements of the Regulations.
However as mentioned under Outcome 11 medication records required further accuracy to ensure that all necessary information was provided for.

As has been highlighted in inspections of other designated centres provided by the registered provider there were some policies which had not been updated at three yearly intervals or to reflect best practice as required by the Regulations. This remained the case in this designated centre. For example the safeguarding policy was described as an interim policy and had not been updated to reflect changes in national policy. Policies on positive behaviour and intimate personal care had not been reviewed since 2009.

All other document requests made by inspectors were facilitated.

**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:**

Conor Brady
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-0002944</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>02 and 03 December 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11 January 2016</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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contents of agreements reviewed were not accurate and all residents did not have signed contracts in place.

1. Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure:
A. All contracts of care will be signed and in place.
B. All Charges included in the contracts of care will be reviewed to reflect actual fees paid by individual residents.

Proposed Timescale: 30/01/2016

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There continued to be insufficient space to meet the needs of residents.

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

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure:
A. One resident will be relocated within the DC to a larger bedroom.
B. No new admissions will be made to the DC.
C. De-Congregation planned to accommodate no more than Four residents per house in the DC.

Proposed Timescale: A. 28th February 2016
B. With immediate effect
C. 30th July 2017

Proposed Timescale: 30/07/2017

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:
Emergency lighting had not received a maintenance check at the required intervals.
3. **Action Required:**
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**
The Registered Provider will ensure:
A. Emergency lighting maintenance checks will be carried out at quarterly intervals, with certificate maintained at house level for inspection.

Proposed Timescale: A. On-going with immediate effect.

**Proposed Timescale:** 11/01/2016

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**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some incidents which were required to be notified at quarterly intervals were not submitted to the Authority.

**4. Action Required:**
Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure:
A. All quarterly notifications will be submitted to the authority as per regulations.
B. A log of all notifications will be maintained by the P.I.C

Proposed Timescale:  
A. With immediate effect
B. 30th January 2016

**Proposed Timescale:** 30/01/2016

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**Outcome 12. Medication Management**
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medication was signed as being administered before a resident received his medication.

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

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure:
A. medication administration procedures will be discussed at staff meeting to ensure clear understanding of the procedures and will include not signing for medication prior to administering same.

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

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no annual review completed for 2015.

6. **Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Please state the actions you have taken or are planning to take:**
The Registered Provider will ensure:
A. That annual review of Quality and Safety of Care and Support will be completed for 2015.

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

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all the required information was present in one staff member's file.
7. **Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure:
A. That all information relating to staff and required by the regulation is maintained in personal files.

**Proposed Timescale:** 11/12/2015

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An agency staff member was found not to have undergone training in fire safety or safeguarding.

8. **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:**
The Registered Provider will ensure:
A. All agency staff engaged will have mandatory training prior to commencing duty.
B. Personnel files including training certificates will be required at time of booking new agency staff.

**Proposed Timescale:** 30/01/2016

Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all policies had been updated at three yearly intervals nor to reflect changes in National Policy.

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

**Please state the actions you have taken or are planning to take:**
The Registered Provider will ensure:
A. All Policies as required under schedule 5 will be reviewed and updated.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/03/2016</th>
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<tbody>
<tr>
<td>Theme: Use of Information</td>
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</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Medication records for some residents were not accurate.

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

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure:
A. All medication administration records will accurately reflect prescription sheets.
B. The Person in Charge will ensure medication administration procedures will be discussed at staff meeting to ensure clear understanding of the procedures and will include not signing for medication prior to administering same.

Proposed Timescale:  
A. 8th January 2016  
B. 31st January 2016

| Proposed Timescale: 31/01/2016 |