

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002920
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Claire O'Dwyer
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
08 March 2016 10:20	08 March 2016 19:30
09 March 2016 09:30	09 March 2016 15:00

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

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

Summary of findings from this inspection

This was the first inspection of the centre carried out by the Health Information and Quality Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

As part of the inspection, the inspector met with residents and staff. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The centre is part of the services provided in a community setting by St. John of God Services, Kerry; a voluntary organisation set up to support the needs of persons with a diagnosis of an intellectual disability. The centre comprised of four separate houses and a single occupancy self contained apartment. The houses accommodated between two and four residents. Both male and female residents over the age of 18 were accommodated. The houses were located in housing estates in the town's suburbs.

Accommodation comprised of single occupancy bedrooms, comfortable sitting rooms, spacious well equipped kitchens and utility rooms, domestic style bathrooms, storage cupboards for linen and household equipment and office space with overnight accommodation for staff. Each house had a secure garden. The premises were clean, tastefully decorated, in good repair, warm, homely and safe. Bedrooms were personalised and reflected the interests of the residents.

Overall, the inspector found that a high standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were very knowledgeable regarding each resident's needs and the inspector was satisfied that individual needs were being met. Residents appeared relaxed in their home and in the care of the staff.

The inspector saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. Residents were consulted in the planning and running of the centre and in decisions regarding their own care.

There was evidence of a robust governance system within the organisation and there were arrangements in place to monitor and improve key areas in the provision of safe, quality care.

There were outstanding recommendation from a fire safety report to be implemented. In all other matters the centre was found to be in compliance with 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):

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

Findings:

The inspector was satisfied that the rights, privacy and dignity of residents were promoted and residents' choice was encouraged and respected. This was evident from the observations of the inspector of the interactions between residents and staff. Without exception, all interactions were respectful and caring; and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had in-depth knowledge of residents' preferences and this was supported by information in the care plans and the residents' file notes.

The inspector noted that residents retained control over their own possessions. For example, each resident had adequate wardrobe space in their own bedroom which was decorated in a manner that reflected each resident's individuality. The organisation's policy on residents' personal property was centre specific. Residents, in so far as possible, were supported to choose and purchase their own clothes and residents were keen to show the inspector such purchases. The inspector saw residents returning from day services, and carrying out their preferred routine which varied from helping to tidy the house, engage with making jigsaws, listen to music, watch television and chat with staff.

Residents were seen to be given choice in relation to what food they wanted. For example a menu was on display on the notice board. Residents choose what activities and outings to go on. For example, on the evening of inspection, some residents went to the cinema, some went to a local pub and another went for a drive.

The inspector reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. When possible, financial transactions were signed by residents. In addition, transactions were checked and counter signed by staff. The person in charge checked the financial record book monthly. The management of residents' finances was audited annually. Receipts were maintained for all purchases.

The inspector was informed by staff and residents that regular house meetings took place. Minutes were maintained of these meetings. Residents expressed satisfaction with such meetings.

The complaints policy was available and provided detail on how to make a complaint. The focus of the policy was around providing and maintaining a quality service. Staff displayed an openness about receiving complaints, the number of complaints received was low and complaints received were documented and corrective action taken. There was a culture of inviting complaints and viewing complaints as constructive feedback.

Residents had access to advocacy support. Documentation was available with names and contact numbers for residents and/or their families who wished to use this service. Each resident had a named key worker and this person also advocated on behalf of the resident as did the person in charge and day services staff.

A number of residents communicated in a non verbal manner. From speaking with staff and from observing, it was clear that non verbal residents were able to communicate if they were anxious, worried or in need of assistance. Residents' care plans showed a good level of attention given to ensuring residents' preferences were documented, respected and acted upon. The inspector noted that all residents were listened to. When a care intervention was taking place it was explained to the resident in a friendly and genuine manner.

Relatives and residents completed questionnaires with regards to the service provided in the centre. These questionnaires were sent to HIQA. Residents showed they had good awareness of their rights. They made comments such as "I have a rights committee to support me" and "Staff have spoken to me about my rights". Relatives were equally positive with regards to how their family member's rights were protected. One relative wrote, "The care and dignity of X's life at the centre is held at a very high standard by the staff".

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

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

Findings:

Effective and supportive interventions were provided to residents to ensure their communication needs were met. Staff were qualified and experienced in the care of residents with a disability and this was evident in the expertise they displayed in communicating with all residents. For example, staff understood residents' facial expressions, body movements and general demeanour.

Each resident's communication needs were set out in individual care plans. Residents, their families, day centre staff, house staff and other disciplines were involved in completing and reviewing these plans. The actions set out in the plans were seen implemented in practice. Good documentation was in place to support the decisions taken at the personal care planning meetings. Overall, there was a strong sense of a team approach to ensuring residents' communication needs were met.

Staff were seen to communicate with residents in a manner that created an emotional contact between resident and staff member and affirmed the resident in his/her communications. For example, one such interaction was where the staff member would say part of the expression and the resident would finish the phrase. This created a pleasant connection between the two.

Each resident directed their own care preferences and this was possible because communication between residents and staff; between staff and families and amongst members of the wider multi-disciplinary team was effective. For example, residents decided their social activities, families were invited to care planning meetings and referrals to members of the multi-disciplinary team were made in a prompt manner and in consultation with the resident.

Residents had easy access to television and radio. Residents' preferences in terms of what programmes or music they preferred were facilitated. The families of residents in the centre were involved in ensuring the resident visited the family home and many went home for two nights at the weekend.

Each resident had a comprehensive communication assessment as part of the care planning process. The inspector saw that picture notices were on display as an aide memoire for residents. For example, a photograph of the staff on duty was on display in the hallway. It was evident from resident care plans, that knowing which staff was on duty was very important to residents. Staff and management of the house were equally aware of the importance of this and how disruptions to routine impacted on residents. Much emphasis was placed on ensuring all staff who interacted with a resident were kept informed of the resident's wellbeing and kept up to date on any issues that arose during the day. Each house had a diary into which notes and messages were left for staff. Staff paid particular attention to explaining to residents about any change in routine.

Relatives were positive in their comments with regards to how staff communicated with their family member and many commented that residents were "always helped to communicate their needs and wishes".

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:

The centre provided opportunities for residents to maintain links with family, friends and the wider community. Residents had access to a variety of day services. Some residents travelled to and from day services independently.

The inspector reviewed a number of care plans and noted that family contacts were laid out. Family members were invited to participate in the personal care plan meetings. Relatives told the inspector they were "invited to view all aspects of the service". Many residents went home at the weekend and at holiday times. Some travelled home independently by bus.

Visitors were welcome to the centre. Arrangements were made for residents to meet with friends from another centre. Residents regularly went on outings such as shopping trips, the cinema and meals in a restaurant or bar.

Cognisance was given to ensuring that residents' boundaries were not infringed by other residents. For example, staff closely observed interactions between residents; used distraction techniques if necessary and explained in a sensitive and respectful manner to residents how their actions impacted on others.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The admissions policy was outlined in the statement of purpose along with the procedure for emergency admissions. The inspector was satisfied that new admissions to the centre were given opportunities to familiarise themselves with the environment prior to their arrival. Consideration was given to the prospective resident's daily routine in their previous setting and the centre took steps to facilitate this routine. For example, a resident was facilitated to continue with his education. Placements were kept under review, in particular to ensure all residents were adjusting to the new living arrangements.

Contracts of care were available for the inspector to review. These were comprehensive and listed the services to be provided by the centre to the resident. Fees were also stated. The contracts examined were signed by the resident.

Relatives confirmed to the inspector that the admission was planned. One relative stated "we visited beforehand" and "found the building to be up to the highest standard". Another relative, in reference to her family member's admission stated the admission was "thoroughly and thoughtfully planned".

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:

Each resident had a comprehensive assessment of their health, personal and social care needs. The plan was divided into nine sections under the following headings:

- 1) individual supports and care
- 2) accessible communication
- 3) relationship and social networks
- 4) meaningful day
- 5) best possible health
- 6) privacy and dignity
- 7) continuity and security
- 8) safety and protection
- 9) rights protection and promotion

Residents had a pictorial format of the plan which was a synopsis of the more detailed plan. It was set out in an easy to read format. It was written in the first person and pictures or single words described the things that mattered to the resident, things they liked and disliked.

There were arrangements in place to meet identified social needs. For example, specialist behavioural support was sought to assist with social and behavioural skills; work placements were organised for a few residents; a reflexologist worked with a resident who benefitted from the relaxation this therapy provided.

The personal plans were reviewed annually with the participation of the resident and, where appropriate, with his/her family. Family members were given advance notification of the review meetings. Review meetings included an evaluation of the residents' needs, choices and preferences and whether goals had been met for the previous year.

As discussed under Outcome 3, each resident had opportunities to participate in activities appropriate to their individual interests. Residents told the inspector of the varied activities available to them. They spoke of rug making, going to the cinema, going to a community group, walking, concerts and helping with cooking. One resident stated "I love going shopping". Relatives commented on the activities programme with remarks such as, "X is taken out for meals, visits to Crag caves and hotels".

The inspector reviewed the systems in place relating to the transfer of residents within the service or to a new service and found that they were robust. There were planned supports in place for any moves.

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 inspector found that all houses in the centre were homely, attractively decorated and well maintained. The design and layout of the houses was in line with the statement of purpose and met the needs of the residents whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. Overall, the premises were free from significant hazards that could cause injury. There were sufficient furnishings, fixtures and fittings.

Bedrooms were personalised with each resident having a private bedroom with adequate wardrobe and storage space. Room colours and furnishing were coordinated. Bed linen and cushions reflected residents individual taste, nice table lamps were on the bedside lockers and family photographs and other memorabilia adorned the walls and the shelves.

Toilets and baths had grab rails in place. The houses had spacious comfortable sitting rooms with an open fire which was protected by a fire guard. There was a television in each sitting room and in many bedrooms (depending if this was the resident's choice). Two of the houses had a smaller sitting room which was available for residents to meet with visitors in private.

An office with overnight facilities, was available in each house for staff sleeping overnight. The houses had well equipped domestic style kitchens with adjacent utility rooms. A patio door led from each kitchen to a paved area. The gardens were well maintained.

Laundry was facilitated in house by staff with assistance from residents. Refuse bins were stored in a segregated and safe area and waste was collected by a local domestic refuse company.

Residents told the inspector they liked their home and one resident stated she hoped to "live in this house until I die". The vast majority of comments from residents were very positive about their home with comments such as, "I just like living here", "I have a nice room" and "I sleep well at night". One resident expressed the view that she would like to have a private sitting room but added she had privacy in her room and had a key to lock her door. Other residents commented on how they valued having a key to their room.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

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

Findings:

Overall, the inspector found that there were adequate arrangements in place in regards to health, safety and risk management including robust policies and procedures relating to such matters. The health and safety statement was kept under review. There was a risk management policy in place that met the requirements of the Regulations. Hazards had been identified and assessed. These assessments were seen by the inspector and were found to be comprehensive. Each resident had assessments in their file notes of risks which pertained specifically to them. Control measures were put in place to minimise the hazards.

There was evidence that learning took place from both internal audits and from HIQA reports to other centres. For example, the emergency plan for the centre was site specific and had been reviewed in May 2015. The audit team recommended an annual review of risks and this was seen to have occurred. The measures in place to mitigate against risk were stated.

A list of phone numbers of maintenance personnel was available and the person in charge confirmed maintenance matters were attended to swiftly. There was a robust system in place for incident reporting and investigation of same. The inspector reviewed the incident log book and found that it was completed as required and appropriate actions were taken to minimise a recurrence. A quality and safety committee was in place which met every second month.

There were satisfactory arrangements in place for the prevention and control of infection. Staff had received suitable training including hand hygiene training. Documentation was available to support this. Hand washing facilities and hand gels were in place throughout.

Suitable fire equipment was provided and there were adequate means of escape. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Residents' mobility and cognition had been accounted for in the evacuation procedure. Evacuation times were between 40 seconds and three minutes. These evacuation fire drills took place during the day and night. Residents had evacuation plans in place. Residents told the inspector about the evacuation process and

responded in the questionnaires with a comment such as, " I am familiar with the evacuation process" and " We have routine fire drills".

The mains fire alarm was tested on a weekly basis and this was documented. Daily checks were completed to ensure the fire exits were unobstructed. Staff were trained and demonstrated sound knowledge on what to do in the event of a fire. The inspector reviewed service records and found that fire fighting equipment and emergency lighting was serviced on an annual basis.

A fire safety survey of this centre had been carried out in April 2014 as part of a fire survey of all centres operated by this provider. The survey resulted in a number of recommendations for improvements. The recommended improvements for this centre had not been carried out. There was no timeline as to when the works would be undertaken. Such work was dependent on the provider securing funding from the Health Services Executive. A costing for the work had been undertaken. Measures in place in this centre mitigated against the risks of fire and a fire risk assessment carried out identified this centre as low risk with regards to fire. The required improvements identified in the report included:

- the fitting of fire resistant doors throughout
- the putting in place of appropriate fire resistant walls and ceilings
- the upgrading of the fire alarm/fire detection system
- the upgrade of emergency lighting

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a proactive and non judgemental approach to managing behaviours that challenge. Specific plans were put in place to assist residents and staff in finding a satisfactory way of working with such challenges and the plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a

good outcome. Psychological support was sought to assist with specific positive behaviour plans and families were also involved in these. There was documentary evidence that the interventions put in place were effective, while at all times promoting a restraint free environment and protecting the privacy and dignity of the resident. The restraint-free environment was evident from the manner in which the house was designed and on observing how staff and residents interacted.

Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way.

Policies had recently been updated in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate with. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Residents stated in the questionnaires, "I feel safe". Relatives were unanimous in their view that their family member was safe in the centre. Relatives made comments such as "X now lives in a very safe and secure environment". Another stated, "safety at this centre has always been a top priority".

The inspector reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable.

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 inspector found that the person in charge was familiar with the process for recording any incident that occurred in the centre and familiar with the procedure for

maintaining and retaining suitable records as required under legislation. The inspector was satisfied that a record of incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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 inspector found that the general welfare and development needs of residents were promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences. Residents had been afforded the opportunity to attend various activities such as visiting their own home on a regular basis and over-nights and weekends with family members; attending concerts; listening to music; going for walks; dining in restaurants; going to the cinema and attending social evenings. Residents had access to a secure garden.

There was an assessment process to establish each resident's employment/activity needs. Residents attended day services which were tailored to suit their requirements. A number of residents had part time employment in local businesses. From discussions with residents it was clear to the inspector that this employment was important to them and something which gave them much satisfaction. Relatives remarked on the improvements in meeting the social and development needs of residents.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

The inspector saw that a comprehensive holistic assessment was used by staff in conjunction with the resident and/or relative to assess each resident's needs. From the assessments, plans of care were devised. Staff spoken with were knowledgeable and informed as to each resident's needs and requirements. There was evidence of a health promoting ethos to care; for example, healthy lifestyle including diet and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided. One relative commented that, "X has yearly bloods done and health problems are dealt with promptly". Residents confirmed there was good medical attention provided for them.

The dietician and speech and language therapist were available to lend support and guidance in the formulation of nutritional care plans. There was evidence of referral and access to the GP, psychologist, behaviour therapist, dentist and optician. Where other specialist services were required these were facilitated and staff attended hospital appointments with residents if required.

Reviews of care plans took place annually or more frequently if required. The resident, their family, day service staff, key worker and centre staff were involved in the care planning meetings.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents had their lunch and other daytime snacks at the day services. Good documented communication took place between the day services and the centre in relation to specific dietary requirements. The inspector saw that meals, mealtimes and the provision of snacks were dictated by residents' routines and choices and residents had their meal at a time of their choosing. While mealtimes were flexible the inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible.

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:

The inspector was satisfied that there were systems in place to ensure that medication management practices were safe. Practice was guided by policy. The inspector saw that medications were securely stored and unused or out of date medicines were returned to the pharmacy.

At the time of this inspection a number of residents had been assessed as having the capacity to safely manage their own medication. A number of residents liaised directly with the pharmacist and collected their own medication. Policies were in place which included detailed self medication assessment guidelines.

Nursing and non nursing staff administered medications. Non nursing staff had received training in the safe administration of medications and there was documentary evidence of this.

The inspector reviewed the medication prescription and the medication administration chart and both satisfied regulatory and legislative requirements. There were good systems in place for the ongoing review of medications and the monitoring of medication management systems. Each prescription chart was reviewed by the resident's general practitioner (GP) every three months or more frequently if required.

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:

The statement of purpose was updated in February 2016. It affirmed the aims and objectives of the centre along with the services and facilities available to the residents. It was placed in a prominent place in the centre and was also available to residents. All of the items required under Schedule 1 of the regulations were contained in the statement of purpose. The inspector was satisfied that the services provided at the centre were reflective of what was outlined in this document.

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:

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She had been working in the centre for the past 10 years and had recently taken over the role of person in charge. She worked full-time in the centre. She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs of each resident. The inspector observed that she was well known to staff and residents. The person in charge was committed to her own personal development through regular attendance at courses including mandatory training. An experienced member of staff deputised in the absence of the person in charge.

The provider had established a clear management structure, and the roles of managers and staff were set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. The designated person to act on behalf of the provider visited the centre regularly and met with the inspector on the day of inspection. She was knowledgeable about the service and supportive of staff development.

Monthly management meetings took place to discuss issues of concern in the centre. There were formal meetings of all persons in charge from centres in the group to discuss common areas of interest and share their learning. The person in charge told the inspector that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

A copy of the regulations pertaining to disability services and a copy of the disability standards were available to staff in the centre. The person in charge told the inspector that staff appraisals were completed on an annual basis. The inspector viewed a random sample of staff files which were complete in the required detail.

Judgment:

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):

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

Findings:

When the person in charge was absent for more than 28 days, suitable deputising arrangements were made for the management of the centre. The role was occupied by an experienced staff member who was familiar with the residents. HIQA was notified as required by regulation of the absence of the person in charge and was provided with details of the deputising arrangements.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

The inspector was satisfied that there was sufficient resources to support residents achieve their individual personal plans. This was evident from;

- 1) the comfortable homes provided
- 2) access to transport via vehicles which were well maintained
- 3) the good staffing levels and skill mix
- 4) the low staff turnover and the minimum employment of agency staff
- 5) the varied activity programme available to residents
- 6) the good family involvement in the life of residents
- 7) the provision of adequate and suitable equipment
- 8) the provision of an on-going training programme for staff.

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:

The inspector found that at the time of inspection the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. There was a low staff turnover which helped to avoid situations where residents were not familiar with the staff on duty and vice versa. The inspector found there was a staffing roster showing staff on duty including the hours they worked. The person in charge was satisfied with staffing levels and if needed, extra staff would be provided. Three of the houses were staffed by sleepover staff at night. One house had waking and sleepover staff.

Overall, the inspector was satisfied that the education and training provided to staff enabled them to meet the holistic needs of residents. The management team demonstrated commitment to providing on-going education and training to staff relevant to their roles and responsibilities. The annual staff appraisal system facilitated the identification of staff training needs. A planned training schedule was in place that incorporated both mandatory training and training identified by staff. Records of training completed by each individual staff member were maintained. Mandatory training in manual handling, adult protection and fire safety was current. In addition, staff had completed a broad range of further education relevant to the needs of the residents and had on-going access to the knowledge and expertise of other healthcare professionals as discussed under Outcome 11.

Information sessions on HIQA and the relevant legislation had been provided to staff. Staff had completed other training or instruction relevant to their roles and responsibilities including training in; hand hygiene, medication management, eating and swallowing, first aid and food hygiene training.

There was a comprehensive staff recruitment policy based on the requirements of the Regulations. The inspector reviewed a number of staff files and found them to contain all the information as required by Schedule 2 of the Regulations.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

Findings:

Overall records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. A directory of residents was maintained in the centre and this contained the items required by the Regulations. A record of residents' assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident, including any treatment or intervention, was maintained. Residents' files were found to be complete and were kept accurately and up to date. For example, a record was maintained of referrals/appointments and residents' notes were updated accordingly with the outcome of the appointment.

Records relating to communication needs, money or valuables, complaints, notifications, fire safety and rotas were maintained, stored securely and were easily retrievable. The policies required under Schedule 5 of the Regulations were in place.

Judgment:
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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002920
Date of Inspection:	8 March 2016
Date of response:	6 April 2016

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 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:

A fire safety survey of this centre had been carried out in April 2014 resulting in a number of recommendations for improvements. The recommended improvements for this centre had not been carried out. The required improvements included:

- the fitting of fire resistant doors throughout

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

- the putting in place of appropriate fire resistant walls and ceilings
- the upgrading of the fire alarm/fire detection system
- the upgrade of emergency lighting

1. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

St John of God Kerry Services is currently completing Fire safety works as part of a phased plan across its Services. This plan has been to prioritise works being completed as funding is secured.

We completed a detailed assessment of the works required in 2014 and obtained costings to complete the works required. To date requests for funding have not been approved for the works identified in this Designated Centre.

As outlined in the body of the report the overall assessment of Risk in this Designated Centre is low, with evacuation times in the most recent drills ranging from 10 seconds to 2 minutes 55 seconds. Regular quarterly evacuation drills and staff training is completed to minimise the risk.

The Services Strategy is as follows,

1. An assessment of Risk will be completed by an independent fire expert. The local HSE Health & Safety officer will form part of the consultation process in relation to this assessment and outcome. Complete the independent assessment of Risk and consultation with the HSE Health and safety officer by 25/5/2016.
2. St John of God Services will obtain costings for the works identified in this assessment.
3. The Service will implement the recommendations from the independent assessment over a phased basis in tandem with funds being available.
 - the fitting of fire resistant doors throughout
 - the putting in place of appropriate fire resistant walls and ceilings
 - the upgrading of the fire alarm/fire detection system
 - the upgrade of emergency lighting

Proposed Timescale:

1. Complete the independent assessment of Risk and consultation with the HSE Health and safety officer by 25/5/2016.
2. Obtain Costs for the works and apply for funding by 15/6/2016.

In the event of securing funding for the entire works, the service will complete same in 2016 as follows.

1. Complete procurement process by 30/9/2016.
2. Complete the works by 30/12/2016.

The completion of works will be on a phased basis over a 3 year period as follows should full funding not be secured to complete in 2016. In this instance the service will take the following actions:

1. The independent Fire Safety experts in consultation with the HSE Health and safety officer will be requested to prioritise the tasks the are required to be complete phased over a three year period
by 1/7/2016
2. Complete procurement process by 30/9/2016.
3. Complete Phase 1 by 30/12/2016.
4. Complete Phase 2 by 30/12/2017.
5. Complete Final Phase by 30/12/2018.

Proposed Timescale: 31/12/2018