

**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-0002995
Centre county:	Meath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
09 March 2016 10:00	09 March 2016 18:40
10 March 2016 09:50	10 March 2016 16:30

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 an announced registration inspection following application to the Health Information and Quality Authority (HIQA) by St. John of God North East services as part of a service agreement with the HSE. The centre had been originally part of a larger designated centre. The provider had reconfigured the size of the centre and made this stand alone residential unit a designated centre in its own right. The centre had been visited on a previous monitoring inspection when it was part of the larger designated centre in 2014.

As part of the inspection, the inspector met with residents and staff and spoke over the phone with relatives during the inspection. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. They also reviewed questionnaires submitted by residents and families to HIQA's Regulation Directorate.

All questionnaire feedback from residents and relatives was very positive and complementary of the service provided and dedication of the staff in the centre. In the main, the residents were aware of the inspection process and this had been communicated by staff at the centre. Residents told the inspector that they were happy living in the centre and felt safe and supported.

The person in charge, team leader and other persons participating in management worked full time and were very involved in the day-to-day running of the centre. At the time of the inspection the person in charge was on extended leave which was due to end in the weeks following the inspection. The team leader for the centre facilitated the inspection.

There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community and family involvement was evident and greatly encouraged as observed by the inspector.

Ample evidence was available that opportunities for new experiences and social participation were supported and facilitated. These matters are discussed further in the report.

There was a high level of compliance found on this inspection. 17 Outcomes were found to meet with compliance with one Outcome finding at substantial compliance, Outcome 4: Admission & Contract for the Provision of Services.

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):

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

Findings:

Residents' rights, dignity and consultation were well met in this centre. Residents' opinions, preferences and civil rights were upheld to a good standard.

Residents were consulted with and participated in decisions about their care and about the running of the centre. There were regular residents' meetings which enabled residents to make plans and discuss matters important to them. Staff recorded minutes of the meetings, which showed that residents had given feedback on specific items that concerned them such as birthday/holiday plans, how to make complaints, their rights, elections and voting, activities and goals.

The inspector observed interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

Residents' capacity to exercise choice in their daily lives and routines was respected and facilitated. Residents were supported to ensure involvement with their local community. This included the use of local amenities such as the cinema, pubs cafés, shopping, restaurants and hairdressing facilities. Residents had been informed of the general election and had been supported to get polling cards and vote. Residents had also been supported to obtain identification cards where previously they had none.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. These included jobs within the centre itself, attending activation therapies such as baking, art, colouring and completing jig saws. Residents accessed their local community independently in some instances enjoying a drink in their local pub or accessing the post office/bank and credit union to carry out their financial business.

There were transparent systems in place to safeguard residents' finances. Each resident had their own credit union/post office and/or bank account and had control over their money when going out.

Financial transactions and money management was documented in individual ledgers which detailed money signed in and out balances checked and receipts were maintained for all purchases where possible. Residents' finances were subject to frequent checks by staff and audits by another team leader working within St. John of Gods North East Services.

The centre had a complaints policy and procedure and the inspector noted that it met the requirements of the Regulations. In addition the complaints' procedure was clearly displayed in a prominent position in an easy read format. On reviewing the complaints logs, the inspector noted residents had made a number of complaints which had been documented and addressed in a timely way and to their satisfaction.

There were property lists in the sample of residents' personal plans reviewed by the inspector. There was adequate space in the residents' rooms for clothes and personal possessions in their bedrooms and in the centre. The laundry and facilities were appropriately set up for residents to manage their own laundry if they wished.

Residents had provisions in place to ensure they could engage in activities in private. All bedrooms and bathing/toileting facilities in the centre could be locked. Residents were reminded of their right to privacy during the regular house meetings also.

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

Findings:

Residents were supported and assisted to communicate in accordance with their sensory communication abilities.

Staff were aware of the communication needs of all residents and the inspector observed staff communicating with residents demonstrating due regard of their individual communications styles. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. Easy read versions of some documents had been developed including the residents' guide and statement of purpose.

Visual aids were displayed throughout the centre to support communication to relay information regarding daily activities, menu choice and staff on duty.

Residents with sight loss had received input from the national council for the blind, whereby one of their representatives had visited the centre and made recommendations which would enhance residents' environment and their independence in the centre. Some recommendations actioned had included specific lighting in areas of the centre. Lighting in some resident's wardrobes which activated when they opened them. Brightly coloured strips on door frames and contrasting colours used in other parts of the centre to help residents distinguish where grab rails were in the shower room or assist in eating and drinking at meal times.

One resident's individual personal plan had been adapted and used assistive technology to assist them communicating their plan. Other examples of assistive technology used for the resident were objects of reference to facilitate choice and a talking clock to tell them the time.

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):

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

Findings:

Residents were supported to maintain contact with their families, develop and maintain friendships and romantic relationships. Two residents had struck up a friendship since one of them had moved to the centre November 2015. The inspector observed the residents' enjoying each other's company and the happiness it brought them.

Families were encouraged to visit and stay for a meal, snack or drink with the residents if they wished. Regular contact was maintained between the staff and the relatives even those overseas.

Staff facilitated residents' visits with family members outside of the centre and home visits were supported. Relatives spoken with during the inspection also confirmed this to the inspector.

Transport services were provided to the centre by the organisation. The inspector saw that residents were encouraged to develop links with the wider community as much as possible. Some residents independently walked to the local town and did their shopping and had a drink in their local pub, this happened regularly and was something the resident enjoyed immensely. There was a policy on visitors available and there was a sign in book for visitors in the house.

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):

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

Findings:

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose. A resident had recently moved in to the centre. Consideration had been given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre.

Transition plans in an easy read format had been provided to both the resident being admitted and also to the residents already living in the centre. The admission had turned out to be very successful for all residents.

Written agreements had been provided to residents and relatives and had been signed. However, they did not adequately set out the support and services the centre provided for residents. Equally they did not set out clearly all charges/fees residents were expected to pay.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans comprehensively reflected residents' assessed needs and wishes.

The inspector reviewed a selection of personal plans which were very comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a range of assessment tools being used and on-going monitoring of residents' needs including residents' interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living.

Key workers were responsible for pursuing objectives in conjunction with individual residents in each resident's personal plan. They agreed time scales and set dates in relation to further identified goals and objectives. The inspector noted that there was a list of people residents would like to attend their planning meetings identified in each resident's person-centred plan. This identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. There was evidence that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

Residents were supported to be part of their community with a focus on community inclusion. A number of the residents supported had completed or were participating in a rehabilitative training programme on life skills and community inclusion. Resident who took part received an award at the end of its completion.

Residents had a number of options available in relation to social activities. Many of the residents enjoyed bowling, cinema outings, concerts, meals out, shopping trips, and swimming, library visits, attending mass and any festivals or events locally. Apart from the activities provided in the centre the rest were community based, are age appropriate and reflect the goals chosen as part of their person-centred plan.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their circle of support meetings. Some goals achieved by residents included going on a Mediterranean cruise and holidays overseas. Other goals identified and achieved included joining a weight loss group and getting an ID card.

End-of- life care plans were in place for residents and documented their wishes.

All residents had a copy of their individual personal plans in an accessible format and discussed them with the inspector during the course of the inspection.

Each resident's assessed needs had received an annual review and were presented in an easy read, comprehensive format.

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):

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

Findings:

The centre was accessible, suitable and safe for the number of residents living there. It was warm, homely and well maintained.

The centre was single storey detached house that provided accommodation for up to four male or female residents at any one time. It was located in very close proximity to a town in Meath.

Accommodation provided single bedrooms for all residents with one staff sleep over bedroom with en-suite facilities. Residents were encouraged to decorate bedrooms to their own taste and residents that showed inspectors their rooms had personalised their rooms with photographs of family and friends and personal memorabilia. Residents

stated that they were happy with the living arrangements. There were an adequate number of showers and toilets with assistive equipment and modifications in place including hand and grab-rails to meet the needs and abilities of the residents.

The house had an adequate sized kitchen/dining room area and two sitting rooms with television facilities in both rooms. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions.

Laundry facilities are provided on site and staff said laundry is generally completed by staff. However, residents are encouraged to be involved in doing their own laundry.

The centre was set in well maintained grounds with car parking facilities to the front. In addition, there were suitable garden seating and tables provided for residents use in the garden area. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

A functional security alarm system was in place also.

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):

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

Findings:

The health and safety of residents, visitors and staff was promoted in the centre. Fire containment and management procedures were in place and regularly reviewed and infection control measures met the needs of residents and suited the purpose and function of the centre.

The risk management policy met the requirements of the Regulations and is implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents

The fire policies and procedures were centre-specific and up to date. The fire safety plans was viewed by the inspector and found to be comprehensive. The inspector observed that there were fire evacuation notices and fire plans displayed in the house.

Regular fire drills took place and records viewed by the inspector confirmed that they were undertaken at least four times a year. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. Residents told the inspector that they participated in fire drills. The inspector examined the fire safety register with details of all services and tests all of which were up to date.

There was a detailed policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Where infection control measures were required there were appropriate procedures in place for its management. Hand washing facilities in the centre were adequate. Paper hand towels and hand wash were available to promote good hand hygiene. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces. Separate laundering of residents clothes/towels and bed clothes further enhanced infection control management procedures. All staff had received training in infection control management.

Safe and appropriate practices in relation to moving and handling. All staff had attended training in the moving and handling.

There was an up to date health and safety statement which addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents. Hazards were identified with control measures in place. The emergency plan viewed by the inspector ensured all aspects of emergency planning were covered. All accidents and incidents were recorded locally and then inputted centrally on a computer database.

Personal risk assessments had been completed for each resident. Some included assessment of mobility issues such as screening for falls risks, management of choking and road safety awareness and staying alone in the house. Systems were in place to ensure residents, who liked to stay alone in the centre from time to time, could do so and activate an on-call emergency help system if they needed to.

The centre designated vehicle used to transport residents had up to date service records, tax, insurance and NCT.

Judgment:
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):

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

Findings:

There were appropriate measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a policy in place and there were good systems in place for the management of these behaviours. This included access to a Clinical Nurse Specialist in behaviour management and the psychiatric services if required.

Residents who could display behaviours that challenge had behaviour support plans in place where necessary. Possible triggers and appropriate interventions and avoidance mechanisms were documented. The newly arrived resident enjoyed the attention and warmth shown to them by their peer and in turn this fulfilled the other resident's need to express affection, attention and friendship to another. This had resulted in a significant reduction in the number of incidents of challenging behaviour displayed by the longer term resident because their needs were now being met.

A restraint free environment was promoted and none of the residents required any form of restrictive practice.

Residents spoken with and feedback questionnaires also confirmed, that residents felt safe in the centre and identified the person in charge, their key worker or the team leader as someone they would approach if they experienced abuse or did not feel safe. Residents were encouraged to advocate for themselves and the inspector observed this was the culture in the centre which provided further assurances that it was a safe place for residents to live in.

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):

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

Findings:

Practice in relation to notifications of incidents was satisfactory. The team leader and person in charge were aware of their legal requirement to notify the Chief Inspector regarding incidents and accidents.

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):

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

Findings:

There was a policy on access to education training and development. Residents had been afforded the opportunity to attend various activities such as annual holidays, over-nights away from the centre, and outings to the cinema with friends and facilitated to partake in musical and sport events. All residents had access to a day activation centre.

Residents were supported to be part of their community with a focus on community inclusion. A number of the residents had completed or were in the process of undertaking a training programme on community inclusion, life skills and preparation for the workplace.

Some residents had paid employment which suited their interests and capabilities. Residents could make decisions with regards to the type of work they wished to engage in and could move jobs if they wished.

Residents were also supported to participate in relationship and sexuality training to help support them with knowledge and life skills.

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:

Residents' health needs were well met. They received timely access to relevant allied health professionals as they required. Health care assessments were up-to-date and covered a wide range of areas to ensure each residents health was supported in its totality.

Residents were regularly reviewed with appropriate input from multidisciplinary practitioners where required. All of the residents attended their own GP and were supported to do so by staff that would accompany them to appointments and assisted in collecting the medication prescription as required.

The inspector saw that as part of their person-centred plans, each resident has an annual medical health check to ensure a proactive approach to monitoring the residents' health. All other medical concerns and issues are dealt with as they arose. Residents were seen to have appropriate access to a multi-disciplinary team, including, doctors, dentist, psychiatrist, liaison nurse, chiropodist, physiotherapist, occupational therapist and opticians. A number of these services are available via referral to the HSE or private consultations and visits were organised as required by the staff. There was evidence in residents' person-centred plans of referrals to and assessments by allied health services and plans put in place to implement treatment as required.

Each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. The inspector noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations.

The team leader and staff demonstrated an in-depth knowledge of the residents and their needs this was reflected in the person-centred plans for residents'. Facilities were in place so that each resident's wellbeing and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied health care.

Residents were involved in the menu planning for the centre. Weekly meetings were held with the residents to plan the meals for the following week. The staff demonstrated knowledge of the residents' likes, dislikes and special diets. Visual, colour aids were used to assist some residents in making a choice in relation to their meal options. The food was seen to be nutritious with adequate portions. Residents stated that they enjoyed their meals and that the food was good. Residents, where possible, assisted in the food preparation and in the cleaning afterwards.

The inspector reviewed the monitoring and documentation arrangement of residents' nutritional intake and noted that appropriate referrals to the GP and speech and language were made as required. The inspector observed that residents had access to fresh drinking water at all times. Residents' weights were monitored regularly and their body mass index (BMI) was measured. A nutritional risk assessment tool was also used to assess residents' nutritional risk and informed staff if residents required referral to a dietician for review based on their nutritional risk score, for example.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

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

Findings:

Overall, it was found that each resident was protected by the centre's policies and procedures for medication management.

All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. Medication was supplied in a monitored dosage system in a blister pack system.

Staff involved in the administration of medications had attended safe administration of medication.

Staff who spoke to the inspector was knowledgeable about the resident's medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements Residents' medication were stored and secured in locked individual cupboards and the medication keys were held by the staff on duty.

The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. The inspector did not see any residents that required their medications to be crushed. There were no controlled drugs in use at the time of this inspection.

Regular medication audits were carried out to ensure medication management systems were in line with the policies and procedures of the organisation and to ensure best practice was ensured for resident's wellbeing and safety.

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 inspector was satisfied that the statement of purpose met the requirements of the Regulations.

It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

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):

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

Findings:

The quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

The person in charge for the centre worked full-time and had been employed by the service for a number of years. She was supported in her role by the team leader for the centre who worked as a person participating in management (PPIM).

At the time of the inspection the person in charge was on extended leave. The inspector found there were appropriate deputising arrangements in place in her absence. The person participating in management deputised for her and was found to have experience and knowledge of residents, policies and procedures to ensure the effective delivery of care and support to residents in the centre.

The team leader (PPIM) and assistant director of nursing were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The inspector observed that residents were very familiar with the team leader for the centre and assistant director of nursing. The inspector saw that residents approached them with issues or to have a chat during the inspection.

Staff identified the person in charge as the one with authority and responsibility for the service. Staff who spoke to the inspector were clear about whom to report to within the organisational line and of the management structures in the centre. The person in charge and PPIM were also involved in a range of quality assurance and improvement measures in the centre, reviews of accidents, incidents and investigation of complaints. They had completed audits of areas including medication management and residents' personal plans. Corrective action plans were in place for any deficits identified as observed by the inspector.

Staff had regular team meetings and received good support from the person in charge. The inspector saw that staff received formal support or performance management in relation to their performance of their duties or continuous personal development.

Systems were in place to ensure that feedback from residents and relative was sought and led to improvements such as satisfaction surveys. An annual review of the service had been completed which comprised of information gathered through the provider's unannounced six monthly audits.

A formal system for carrying out an unannounced visit of the designated centre as required by the Regulations had been completed. Overall the inspector was satisfied that there was a commitment to quality review and continual improvement. There was also a robust on-call rota to ensure back up assistance was available should the centre require it out of office hours.

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

Findings:
The person in charge of the centre was on extended leave at the time of the inspection but was due to return to work in the weeks following the inspection.

The management were familiar with the requirement to notify the Chief Inspector of the absence of the person in charge. The provider had notified HIQA of the person in charge's intended absence of the centre in line with their regulatory responsibilities.

There were arrangements in place to cover the absence of the person in charge both during planned absence and out of hours.

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):

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

Findings:

There were sufficient resources provided to ensure the effective delivery of care and support in accordance with the statement of purpose. The inspector found that the facilities and services available in the centre reflected the statement of purpose.

The inspector observed that activities and routines were not adversely affected or determined by the availability of resources. The inspector saw that transport was available within the centre to bring residents to their day services and to social outings.

Staffing levels were found to adequately support residents to achieve their individual personal plans and to meet their assessed support needs. Flexibility was also demonstrated within the roster to meet specific needs of 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):

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

Findings:

Based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the centre. An actual and planned staff rota was maintained. A copy of this rota was available in a picture format in all of the houses so that residents were aware of which staff were on duty.

There was safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. The inspector examined a sample of staff files and found that they met the requirements of the Regulations. The inspector reviewed the staff rosters and found that staffing arrangements were sufficient to support and enable residents in their daily routines.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as behaviours that challenge, basic life support and infection control. Certificates of attendance were in the staff files and a training matrix was maintained. Many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing.

The inspector noted that copies of the standards were available in the residents' houses and staff spoken to demonstrated adequate knowledge of the Regulations and standards. There was a comprehensive induction programme in place.

During the inspection the inspector observed staff interacting and speaking to residents in a friendly, respectful and sensitive way.

Based on observations of the inspector staff members were knowledgeable of residents individual needs and this was very evident in personalised person-centred plans seen by the inspector. Residents spoke very positively about staff saying they were caring and looked after them very well.

There were no volunteers attending the centre at the time of inspection.

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):

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

Findings:

Records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations

The directory of residents was maintained and made available to the inspector. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. There was a regular review of all policies to ensure that the changing needs of residents were met.

A copy of the Statement of Purpose and the Resident's Guide was available in the centre and was accessible to the residents.

The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

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:

Ann-Marie O'Neill
Inspector of Social Services
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-0002995
Date of Inspection:	9 March 2016
Date of response:	18 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 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:

Written agreements had been provided to residents and relatives and had been signed. However, they did not adequately set out the support and services the centre provided for residents. Equally they did not set out clearly all charges/fees residents were expected to pay.

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

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

1. All resident Support agreements have clearly stated supports and services the centre provides for residents.
2. All supports agreements clear state the fees and charges residents are expected to pay for.

Proposed Timescale: 14/03/2016