

**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-0002919
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	Unannounced
Number of residents on the date of inspection:	8
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 July 2016 15:00 To: 25 July 2016 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This inspection was carried out to monitor compliance with regulations and standards and to follow up on actions from the previous inspection carried out in July 2015.

How evidence was gathered

As part of the inspection, the inspector met with all eight residents. Overall, residents were satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The inspector noted that since the July 2015 inspection, a number of improvements were made in the area of health and safety. For example, grab rails were placed near the bath and a site specific emergency plan was put in place.

The inspector noted the good quality of life that residents enjoyed. The flexibility around care practices helped to minimize the occurrence of incidents around behaviours that challenge and minimize the number of complaints. Residents were independent in so far as possible and residents appeared happy. Providing this level of care required cooperation from staff and a cultural awareness of how residents

needs are best met.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aims, "to provide consistent and caring environment" and to make the environment, "a nice place to live". Accommodation was in two, two storey houses. Four residents occupied each house. Each house had a sitting room, kitchen cum dining room, single occupancy bedrooms, staff bedroom cum office, sanitary facilities and laundry facilities. The mission of St John of God Services, Kerry, as set out in its statement of purpose, is "to promote inclusion in the wider community". This centre is part of a the organisations' community living facilities. The service is available to both male and female residents.

Residents were able to get out and about on a daily basis. The houses were well maintained. Residents availed of day services from Monday to Friday. Transport was provided to and from the day services.

Overall judgment of our findings

The inspector found that care was provided in a warm homely environment in which residents were well supported by diligent and experienced staff. The inspector saw residents returning from their day services, preparing and enjoying their evening meal, watching television and going out to a birthday party. Residents were offered independence while safeguarding security.

Improvements were identified as being required under Outcome 1 (Residents Rights, Dignity and Consultation).

The reasons for these findings are explained under each outcome in the report.

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 were facilitated and supported to understand their rights. This was achieved by residents having regular house meetings, being assigned a key worker and having support from regular staff.

The complaints process was displayed in the dining area and was also discussed at house meetings. The inspector saw that complaints were documented and referred to the complaints officer where indicated. However, the documentation reviewed indicated there was a delay in complainants receiving a response. For example a written complaint made by residents on 23 February 2016 received a written response on 4 July 2016. This was outside the organisation's policy of 30 days response. Residents were aware of the complaints process and told the inspector about a complaint that, at the time of inspection, had been referred to the complaints appeals officer.

Residents had access to advocacy services and information about their rights. For example, one resident met with the advocate on a weekly basis.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Residents were encouraged to maintain their own privacy and dignity by being facilitated to have single occupancy bedrooms. However, from discussions with residents and staff, and from viewing the documentation, the inspector was not satisfied that residents were adequately consulted and informed with regards to the change in their transport provision. The inspector concluded practice was led by the routine and resources of the service, not the residents' wishes.

Residents were facilitated to have private contact with friends, family and significant others. For example, going out to dinner together. Residents' personal communications were respected. For example, resident gestures were interrupted to good effect. Some residents carried with them a communication passport. Staff had plans in place to further develop their communication skills by undertaking training in sign language and training in the use of pictures in communication.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents choose what activities they wished to get involved in, choose their menu and choose the time they went to bed.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care.

Residents were enabled to take risks within their day to day lives. For example, go for walks, go on holidays and stay on their own in the house once the risk was assessed.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Residents were facilitated to do their own laundry if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, watching particular television shows, attending a day service or chatting with staff.

Judgment:

Non Compliant - Moderate

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:

Residents' admissions were in line with the centre's statement of purpose. The admissions process considered the wishes, needs and safety of the individual and the safety of other residents living in the service.

Residents were supported to maintain as much family contact as needed. This was documented and discussed with the resident and their family. It was clear that each resident's needs in this regards was carefully considered.

Admissions, discharges and transfers to the centre were organised through the organisation's admission, discharge and transfer team (ADT).

Each resident had a written contract. The contract set out the services to be provided and the fees to be charged. A breakdown of the details of additional charges were added as an appendix to each contract following the previous inspection.

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):

No actions were required from the previous inspection.

Findings:

Residents or their representatives were actively involved in an assessment to identify residents' individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, one resident was provided with a beauty treatment, another with a trip to Lourdes and another to meet their friend in a seaside town and stay overnight.

Residents and their family members were consulted and involved in the review process. For example, the parent of one resident was provided with appropriate reassurances about the legal arrangements for the care of their family member. The provision of this information and reassurance was essential to maintaining and promoting a healthy relationship within the family.

Residents were provided with a social model of care. They were involved in a varied activities programme which included day service activities, parties, shopping, holidays.

Educational achievement of residents was valued and proactively supported by practices in the centre. There was a robust assessment process to establish each resident's educational/employment/training goals. Residents were engaged in social activities internal and external to the centre. This included attendance at a local third level college.

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 (two houses) were homely and well maintained. The design and layout of the centre was in line with the statement of purpose which was to provide an environment that was "a nice place to live". The premises met the needs of residents and promoted residents' dignity, independence and wellbeing.

The premises had suitable heating, lighting and ventilation. The houses were free from significant hazards which could cause injury. There was sufficient furnishings, fixtures and fittings. The houses was clean and attractively decorated.

There was adequate private and communal accommodation. There was a well equipped kitchen with sufficient cooking facilities and equipment. There was adequate toilets, bathrooms, showers which were adapted to meet the needs of residents.

There was a suitable outside areas for residents.

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 centre had policies and procedures relating to health and safety. There were satisfactory procedures in place for the prevention and control of infection. Staff had received hand hygiene training. The risk management policy was implemented and covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents.

There were also arrangements in place for responding to emergencies. The emergency plan was updated and was site specific. This was an action from the previous inspection. Reasonable measures were in place to prevent accidents. Staff were trained in moving and handling of residents.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure.

Staff were trained and knew what to do in the event of a fire. There were fire drills at monthly intervals and fire records are kept which include details of fire drills, fire alarm tests and fire fighting equipment. Emergency lighting was in place.

The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis.

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):
No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Residents in the centre felt safe. Staff had received training in understanding abuse especially as it pertains to adults with disability. Staff reported there were no barriers to reporting concerns. Staff were satisfied any concerns that they would make would be appropriately dealt with.

Efforts are made to identify and alleviate the underlying causes of behaviour that was challenging for each individual resident. The measures put in place, including increasing the level of service available to residents from five days to seven days, helped in addressing conflict issues.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. Family members were informed of the use of restrictive procedures. Residents gave consent if restrictive measures were employed.

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):
No actions were required from the previous inspection.

Findings:

Residents' health care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Individual residents' health needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health care services which reflected their diverse care needs.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. Where needed, residents were assisted to access specialist support such as neurology, specialist diabetic support and psychology support.

Food was nutritious, appetising and varied and available in sufficient quantities. It was available at times suitable to residents.

Residents were supported to prepare their own meals as appropriate to their ability and preference. The advice of dieticians and other specialists was implemented in accordance with each residents personal plan. For example, two residents were on a coeliac diet and another resident was a diabetic. The inspector saw that meal times were positive social events.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their own medication following an appropriate assessment.

A system was in place for reviewing and monitoring safe medication management practices.

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):

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

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which were to be provided for residents.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

It was kept under review with the most recent update made in March 2016. It was available in a format that was accessible to residents. Staff were familiar with the statement of purpose.

The statement of purpose was implemented in practice.

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:

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. A member of the management team carried out unannounced six monthly inspections. These unannounced inspections indicated a safe and good quality of service was being provided.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Residents could identify the person in charge.

The person in charge carried out regular audits in areas such as medication management, resident financial records and hand hygiene to ensure appropriate standards were maintained and any deficits rectified.

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:

There were sufficient staff with the appropriate skills, qualifications and experience to meet the assessed needs of residents at all times. Staffing levels took into account the statement of purpose and size and layout of the building.

There was an actual and planned staff rota. It was displayed on the notice board in the centre.

The inspector saw that residents received from staff assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence based practice. For example, staff had food preparation training, hand hygiene training, medications management training and mandatory training.

Education and training provided reflected the statement of purpose. For example, the statement of purpose stated care was delivered to residents with an intellectual disability. Staff were trained and qualified in intellectual disability. Staff were competent to deliver care and support to residents because their learning and development needs had been met.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example, staff commented on the good induction process that was in place and the good support available to them from their line manager.

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:

Margaret O'Regan
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-0002919
Date of Inspection:	25 July 2016
Date of response:	12 August 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 01: Residents Rights, Dignity and Consultation
Theme: Individualised Supports and Care
The Registered Provider is failing to comply with a regulatory requirement in the following respect: Residents were not adequately consulted and informed with regards to the change in their transport provision.

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 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

- Person in Charge will ensure that monthly meetings currently facilitated in the DC with support staff and residents, includes any planned changes that impact on their home as part of the agenda.
- PIC will furnish supervisors in Day Services with a planned schedule of dates of monthly meetings and request that any planned changes are put on the agenda.
- The agenda will be available in electronic format for both day and residential support staff.
- Easy read hard copy in accessible format of the monthly agenda will be made available to residents in the DC, for their use. Where necessary residents will be supported by support staff with regards to forwarding agenda items for the meetings.

Proposed Timescale: 31/08/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A written complaint made by residents on 23 February 2016 received a written response on 4 July 2016. This was outside the organisations policy of a 30 day response.

2. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

- The registered provider will ensure that the complaints log identifies the date time lines for responding to written complaints in accordance with policy.
- Logged complaints will identify the date within which the complainant will receive a written response.
- Complaints Officers will utilize this log to monitor that complaints are responded to within the timeframe in the policy.

Proposed Timescale: 31/08/2016