

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002990
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Clare Dempsey
<b>Lead inspector:</b>	Caroline Vahey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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:
28 April 2016 10:20	28 April 2016 18:40
29 April 2016 09:00	29 April 2016 16:45

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

**Background to the inspection**

This was the second inspection of the designated centre. The centre had previously been inspected in May 2014 as part of a group of three units which made up a designated centre. The centre had been reconfigured by the service to make this unit a standalone designated centre.

The purpose of the inspection was to inform an application to register the centre. An application was made to the Authority to register the centre for four residents. On the day of inspection, the person in charge informed the inspector the application was now being reduced to three residents.

### How the inspector gathered evidence

The inspector spoke to the three residents living in the centre at intervals during the inspection. Residents told the inspector of the plans they had in place to reach their goals, of the activities they engaged in the community and their participation in the running of the centre. Residents also expressed they were happy living in the centre and with the facilities provided. The inspector observed the centre was a warm and welcoming environment. Residents appeared comfortable in the environment and confident in the support provided to meet their needs. The inspector interviewed one staff member and spoke to two additional staff members throughout the inspection. As part of the inspection, the inspector also reviewed documentation such as personal plans, complaints log, risk management procedures, staff training records and policies and procedures. The inspector also reviewed a total of five resident and relatives questionnaires submitted to the Authority.

### Description of the service

The centre's statement of purpose outlined the overall aim of the service was to provide a high quality safe service, developing the service around the needs of the residents. The service also aimed to enable and empower residents to live and integrate into their community. The inspector found the details set out in the statement of purpose were reflective of the services being delivered. The centre comprised of a two storey property located in a rural village. The centre could accommodate three residents. There were currently three males living in the centre. The centre was part of the local community, residents knew their neighbours well and residents accessed a range of local community facilities. A centre bus was available for transport if required.

### Overall judgement of findings

The inspector found the service provided enabled residents to maximise their participation in community life. Residents were empowered to take ownership of their lives and the support provided was consistent and met the needs of residents in a respectful, appropriate and timely manner. The provider was in compliance with most of the regulations. Good practice was observed in all 18 outcomes inspected against, for example, residents participation in the running of the centre, healthcare needs were consistently met, the individual aspirations of residents were acted upon and fulfilled and the service was continuously monitored to ensure it was safe and in line with best practice. Five substantial compliances were identified during the inspection in Outcome 1, residents' rights, dignity and consultation, Outcome 4, admissions and contract for the provision of services, Outcome 12, medication management, Outcome 17, workforce and Outcome 18, records and documentation. These substantial compliances are discussed in the body of the report and the actions required to address these are set out in the action plan at the end of 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:**

The inspector found residents were consulted with, and participated in decisions about their care and about the organisation. The privacy and dignity of residents was upheld. However, improvement was required in the management of residents' finances to ensure residents' independence was maximised.

The actions from the previous inspection were satisfactorily implemented. A copy of complaints were kept at the centre and included the actions taken following receipt of a complaint, and recorded whether or not the complainant was satisfied with the outcome of a complaint.

The inspector reviewed four complaints logged. Prompt actions had been taken to respond to complaints made, as per the centre policy on complaints. Complainant had been informed about the outcome of their complaint to their satisfaction. A copy of the complaints procedure was displayed in the kitchen in picture format and there was a nominated person to deal with complaints. Overall the inspector found complaints were well managed and changes were made in response to complaints, with outcomes for residents improved as a result.

There was a policy on residents' personal property, personal possessions and finances. The policy outlined that residents cannot hold an ATM card for any account where staff have access to a pin number except in the case of a resident undergoing a skills training programme. The inspector found opportunities for residents to extend their money management skills in order to operate an ATM card had not been explored and as such residents' capacity to exercise personal independence had not been fully maximised.

The inspector reviewed financial records for two residents for a period of five months each. All monies spent was accounted for and all monies held were securely stored. Residents retained control over their own possessions and there was ample for storage for residents' personal belongings and clothes.

Residents were consulted about how the centre was planned and run. There was a weekly residents' meeting and residents discussed menu plans, activities for the upcoming week, health and safety, safeguarding and residents' rights. There was information available on an external advocacy service. The external advocacy service had provided an information session to the residents in 2016. One resident was part of a service advocacy group.

Staff members were observed to treat residents with dignity and respect, communicating with residents consistent with the details set out in personal plans. Intimate care plans were developed where required and outlined the support required to maximise independence while ensuring privacy. Personal information in respect of residents was kept secure. Some residents chose to use mobile phones.

All residents were registered to vote. Residents had opportunities similar to their peers such as holidays, participation in community groups of personal interest, attending a variety of social events and continued education.

There was no closed circuit television system in use in the centre.

**Judgment:**  
Substantially Compliant

### **Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

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

**Findings:**  
The inspector found residents' communication needs were met.

There was a policy in place on communication with residents. An assessment of residents' communication needs had been completed and described residents' communication methods. Plans were in place to support residents' communication needs and staff were observed to interact with residents consistent with the details in personal plans.

The centre was part of the local community and residents knew their neighbours well. Residents had access to radio, television, electronic tablets, newspapers and the internet. Residents had been assisted to improve their skills in the use of personal technology devices.

There was a broad use of pictures in use throughout the centre in order to assist residents' understanding, for example, menu plans, upcoming activities and staff rosters.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found residents were supported to develop and maintain personal relationships and links with the wider community.

Positive relationships between residents and their families were supported and residents had regular contact with their families through visits, phone calls, video calls and attending family social events. Residents were supported by staff to visit relatives where required.

There was an open visiting policy in the centre. There was ample room within the centre for residents to receive visitors in private.

Families were kept up to date of residents' wellbeing and families attended an annual review of residents' personal plans.

Personal relationships were supported and residents were facilitated to meet with significant others through social events.

Residents were involved in a variety of activities in the community. One resident was part of the local tidy town group and another resident participated in drama productions as part of a local drama group. Residents also used local facilities such as the bank, restaurants and shops. Residents attended a local college for educational evening classes. All residents attended a day service.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found admissions and discharged to the centre were timely however, improvement was required in the details set out in written agreements.

Each resident had a written agreement which was signed by the resident, their representatives and the person in charge. The written agreement set out the terms on which the resident resided in the centre however, the inspector found these terms were not reflective of the actual terms within the centre. For example, a tenancy agreement for rent was detailed in the written agreement; however, the residents were not liable for rent in this centre. In addition the written agreement did not clearly outline services such as staffing. The written agreement set out the fees to be charged however, additional fees were not clearly detailed in the written agreement.

There was a policy on, and procedures in place for admissions, including transfers, discharges and the temporary absence of residents. The admissions process considered the needs, wishes and safety of the individual and the safety of the residents living in the centre. There had been one recent admission to the centre and the inspector found the admission was in line with the centre's statement of purpose.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found residents' wellbeing and welfare was maintained by a high standard of evidence-based care and residents' were supported to participate in activities and opportunities specific to their interests.

The inspector reviewed three personal plans. Each resident had a comprehensive assessment of need completed detailing the residents' personal, social and health needs. Residents were involved in the assessment of need process and families were invited to attend an annual review. The assessment of need process took into account assessments completed by multidisciplinary team members, for example, health assessments completed by a clinical nurse specialist in health promotion.

Each resident had a personal plan which had been subject to an annual review or more frequently as needs changed. Plans outlined the support required to meet identified needs, for example, mobility plans, epilepsy plans, social support plans and intimate care plans. Individual goals had also been developed to support residents to learn new skills, for example, improve computer skills, promoting friendships and learning to express emotions.

Personal plans had been made available to residents in an accessible format. Plans were fully implemented, for example, residents attended regular reviews with the appropriate practitioner for specific health care issues. There were reviews of individual goals with the resident and keyworker at approximately two month intervals and residents spoke to the inspector of goals achieved to date and of plans to implement goals as outlined in the personal plan.

Residents were supported to move between services. The inspector reviewed a transition plan for a resident who was recently discharged from the centre. A detailed transition plan had been developed which involved the resident. The plan had also been developed into an accessible format to support the resident's comprehension.

**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 inspector found the location, design and layout of the centre were suitable for its stated purpose and met the needs of the residents in a comfortable and homely way.

The actions from the previous inspection had been satisfactorily implemented. There was sufficient space in bathrooms and in bedrooms for residents use. There were adequate numbers of toilets to meet the needs of the residents and the centre was clean and well maintained throughout.

The design and layout of the centre were in line with the centre's statement of purpose. The premises had recently been upgraded to improve accessibility in the centre including installing an external ramp and a fully accessible bathroom on the ground floor. There was suitable lighting, heating and ventilation throughout the centre.

Each resident had their own bedroom, with ample space and storage for personal possessions. Bedrooms had been decorated to residents' preference and residents had chosen to display personal photographs on the walls.

There was a large sitting room with suitable seating and facilities such as a television and DVD player available. The kitchen had suitable cooking and food storage facilities and the dining area in the kitchen could accommodate residents and staff at mealtimes.

Adequate facilities were available for residents to launder their own clothes.

There were two bathrooms available in the centre, one on the ground floor and one on the first floor. The bathrooms had been adapted to meet the needs of the residents and assistive equipment such as handrails and a shower chair were available.

There was a large back garden with seating available. Parking was available to the front of the premises.

**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 inspector found the health and safety of residents, visitors and staff was promoted and protected.

The actions from the previous inspection had been satisfactorily implemented. There was suitable ventilation throughout the centre, the hanging light bulb in the hot press had been repaired and fire exits were clearly marked out. All staff had received training in fire safety.

There were policies and procedures in place for risk management and emergency planning. The emergency plan outlined the measures to be taken in the event of situations such as a power failure, a fire or flooding, including the relocation of residents if required. The risk management policy and procedures included the identification and management of risks and the measures in place to control risks. Centre specific and individual risk assessment were completed for identified risks such as challenging behaviour, lone workers, slips, trips and falls and fire. A risk register was maintained in the centre.

There was a centre specific procedure in place in the event a resident goes missing.

There were arrangements in place for investigating and learning from adverse incidents occurring in the centre. A record of all incidents occurring in the centre was maintained and was reviewed by the inspector. Appropriate and timely actions were taken following incidents to prevent reoccurrence. Incidents were reviewed on a weekly basis by the person in charge and additional actions if required were initiated and implemented. The review of incidents included a review and update of the risk register where required.

There was an up to date health and safety statement which outlined the responsibilities of personnel employed in the service. The safety statement also outlined hazard identification and control measures to mitigate the risks in areas such as fire, stress, bullying, occupational health and manual handling. There was a monthly service safety committee and the person in charge reported issues to the safety committee through her line manager.

There were policies and procedures relating to health and safety including falls prevention, food hygiene, hand hygiene and waste management. Satisfactory infection control procedures were in place. Suitable hand washing facilities were available throughout the centre. In addition, colour coded mops and buckets and colour coded chopping boards were available.

Reasonable measures were in place to prevent accidents including the provision of assistive equipment to prevent falls and to promote maximum mobility. In addition, the inspector found there was a robust system in place for incident management with timely actions taken to prevent further incidents.

All staff had received training in manual handling.

The centre vehicle had up to date insurance and a certificate of road worthiness.

Suitable fire equipment was provided in the centre including a fire alarm, fire extinguisher and blanket, fire doors and emergency lighting. All fire equipment had been serviced within the last year. There were two means of escape which were unobstructed on the day of inspection. There was a fire evacuation plan which was prominently displayed in the hallway. Each resident had a personal emergency evacuation plan in place which outlined the support required to assist residents in evacuation in the event of a fire.

Staff had received training in fire safety. The inspector reviewed records of fire drills and all drills had been completed in a timely manner. Drills had been completed on a quarterly basis. Where issues had arisen during fire drills actions had been taken to prevent reoccurrence.

**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:**

The inspector found measures were in place to protect residents suffering abuse or being harmed. Residents were provided with the emotional, behavioural and therapeutic support to promote a positive approach to behaviours that challenge.

There was no centre specific policy on safeguarding. This is actioned under Outcome 18. The Health Services Executive (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures was available in the centre. Staff had up to date training on safeguarding and were knowledgeable on what constitutes abuse and the action to take in the event of an allegation, suspicion or disclosure of abuse. Safeguarding was discussed at each staff meeting and also during centre management meetings. Measures were in place to protect residents and the inspector found a recent

safeguarding concern was promptly and appropriately dealt with.

The inspector reviewed three resident questionnaires and two relative questionnaires submitted to the Authority in which residents outlined they felt safe in the centre and relatives outlined they felt their loved one was safe in the centre.

There was a policy in place on the provision of behavioural support. All staff had received training in behavioural support. There was a policy in place on the use of restrictive procedures including the use of physical, chemical and environmental restraint. The inspector reviewed a sample of two behaviour support plans, which had been developed in consultation with residents. Plans detailed the definition of the presenting behaviour, preventative strategies including environmental considerations, skills teaching and antecedent control. There were detailed guidelines in behaviour support plans on the reactive strategies to support residents both during and after an incident of challenging behaviour. The implementation of behaviour support plans were reviewed by the staff on a weekly basis and all plans had recently been reviewed by the clinical nurse specialist in behaviour, person in charge and staff team.

The use of chemical restraint formed part of a behaviour support plan and there were clear guidelines as part of this plan on the therapeutic interventions to be used prior to the administration of a chemical restraint. The use of restraint in the centre was carefully monitored and reviewed by the service committee on positive behaviour support.

**Judgment:**  
Compliant

#### **Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**  
Safe Services

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

No actions were required from the previous inspection.

#### **Findings:**

The centre maintained a record of all incidents occurring in the centre and where required incidents had been notified to the Authority.

Quarterly notifications had been submitted to the Authority in respect of incidences and practices in the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found residents' opportunities for new experiences, social participation, education and training were supported and facilitated.

There was a policy in place on access to education, training and employment. Residents were engaged in ongoing training in line with their wishes. For example, two residents had attended an external college course on cookery and another resident was progressing on a goal to improve information technology skills. The educational achievements were promoted through practices in the centre, for example, residents told the inspector about meal preparation they were engaged in following their cookery course.

Individual goals were developed following an assessment of need and were in line with residents' interests and aspirations. For example, promotion of friendships, emotional expression, learning to use a mobile phone and participation in local community initiatives.

Residents were actively engaged in activities internal and external to the centre including gardening, meals out, shopping, drama groups and a local community group. Residents also used local community facilities in their day to day life including banks, primary healthcare facilities, shops and restaurants.

**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:**

The inspector found residents were supported to achieve and maintain good health.

Residents' health care needs were met in line with their personal plans. Health care plans were developed for identified health care needs and residents had timely access to allied health professionals such as a clinical nurse specialist in health promotion, physiotherapist, occupational therapist, and consultant psychiatrist. Residents also accessed specialist practitioners through general hospital services where required.

Residents accessed general practitioners of their choice in the community. The recommendations of health professionals formed part of plans and the inspector found plans were fully implemented. For example, a physiotherapist and an occupational therapist had recommended a ramp be installed to the front of the centre and this was in place on the day of inspection. In addition, recommended physiotherapy exercises formed part of a plan for a resident and the prescribed medical treatments formed part of an epilepsy plan for another resident.

The inspector reviewed meal plans for resident and found the choice offered was varied and nutritious. There was an ample supply of fresh food, and snacks were also available throughout the day for residents. Residents were observed preparing and enjoying a mid afternoon snack together and the inspector found it to be a sociable event.

The advice of a speech and language therapist formed part of a nutritional plan for a resident. A dietician was due to attend the centre in May 2016 to support residents' knowledge of healthy food choices.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found residents were protected by the centre's policies and procedures for medication management however, improvement was required in the detail on prescriptions.

The inspector reviewed two prescription and administration records. The centre used dispensing prescriptions to check prescribed medications prior to administration.

Prescriptions contained most of the required documentation however, each prescribed medication were not individually signed by the prescriber. In addition, the route of administration was not stated and the date of birth of the resident was not available on the prescription. Administration records confirmed medication had been administered to the resident for which it had been prescribed.

Medication was securely stored in a locked medication cupboard. Suitable arrangements were in place for the disposal of unused or out of date medications a storage separate from regular medication was available. Medications returned to the pharmacist were signed on receipt.

Medication stock audits were completed on a weekly basis. A medication management audit was also completed on a quarterly basis and included areas such as ordering, administration, medication variances and transcribing. Where required, actions had been developed and implemented for identified medication management issues.

Medication management plans formed part of residents' personal plans and detailed the support residents required in managing medication.

Residents availed of the services of a community pharmacy and residents knew the pharmacist well.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There was a written statement of purpose which described the service provided in the centre.

The action from the previous inspection had been satisfactorily implemented. The statement of purpose had recently been revised and now contained clear exclusion criteria. Staffing complement was described in whole time equivalent and the measures in place for specific emergencies adequately guided staff to associated procedures. The language used in the document had been amended to reflect the actual service and to whom the service referred to.



The statement of purpose contained all of the required information as per Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The statement of purpose was subject to review a minimum of annually and a copy had been made available to residents and relatives.

**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):**

No actions were required from the previous inspection.

#### **Findings:**

The inspector found the quality of care and experience of residents was monitored and developed on an ongoing basis. Effective management systems were in place to ensure the service provided was safe and met the needs of the residents.

There was a clearly defined management system in place which identified the lines of accountability and authority. Staff reported to a social care leader who in turn reported to the person in charge. Staff meetings were held every two months and the person in charge and social care leader attended these meetings. Issues discussed included adverse incidents, safeguarding, residents care and welfare, and maintenance. Actions were developed at these meetings to address issues within a specified timeframe.

The social care leader and person in charge also met on a monthly basis. A quality enhancement plan was in use and discussed at each of these meeting. This plan and subsequent actions were informed by all activities in the centre such as incidents / accidents, personal planning, complaints, risks and training.

The person in charge reported to a director of nursing care and support and meetings were scheduled on a weekly basis. The director of nursing care and support reported to the director of services who in turn reported to the chief executive officer (provider nominee).

There was an annual review of the quality and safety of care and support which included the consultation with residents and their representatives. Actions had been developed following the annual review and there was evidence that identified issues had been addressed for example, staff training.

A six monthly unannounced visit had been completed in January 2016 by a quality advisor from the service on behalf of the provider nominee. Actions had been developed following the visit and there was evidence throughout the inspection that these actions had been completed. For example, information on the external advocacy service was made available, a local visitors policy was developed and medications audits were carried out regularly.

Staff performance reviews were completed by the social care leader at six monthly intervals with informal supervision meetings taking place at monthly intervals. The person in charge supervised the social care leader.

The person in charge was employed 30 hours per week and managed three designated centres, all within a short driving distance of each other. The service had employed a social care leader to support the person in charge in the day to day management of the centre. The inspector found the person in charge supported by the social care leader was engaged in the overall governance and management of the centre on an ongoing basis including the provision and supervision of care and support for residents, staff deployment, staff training and supervision, and budgeting.

The person in charge was recently met during another inspection of a designated centre for which she also has responsibility. The inspector found during that interview that the person in charge was knowledgeable on the legislation and her statutory responsibilities. Throughout the inspection, the person in charge demonstrated a good knowledge of the residents' needs and support plans. Residents knew the person in charge well.

**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):**  
No actions were required from the previous inspection.

**Findings:**

The inspector found suitable arrangements were in place for the absence of the person in charge.

The service had appointed a social care leader (person participating in management) to act in the absence of the person in charge.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The inspector found the centre was resourced to ensure the effective delivery of care and support.

There were sufficient resources to ensure residents' needs were met in accordance with their personal plan including staffing, a centre bus, suitable assistive equipment and information technology equipment.

The facilities and services were reflective of the details set out in the centre's statement of purpose.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found there were appropriate staff number and skills mix to ensure continuity of care and to ensure the needs of the residents were met. However, improvement was required in the documentation maintained on rosters.

There was a planned an actual roster maintained in the centre and the inspector found that staff were deployed to ensure the effective use of resources. However, the inspector found that in some cases the actual hours staff were on duty in the centre were not accurately recorded. This was discussed with the person in charge during the inspection.

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. The staffing complement comprised of social care workers and a care staff. One staff was on duty in the morning and two staff in the evening up to approximately ten pm. One staff was on sleep over duty at night time.

Staff were observed to provide appropriate support to residents in a caring and respectful manner.

The inspector reviewed records of staff training. Staff had received mandatory training in safeguarding, medication management, positive behavioural support fire safety and manual handling. Additional training had been provided in the administration of emergency epilepsy medication, hand hygiene, infection control, dementia and basic life support. The training provided enabled staff to deliver care and support in line with best practice and to meet the individual needs of residents.

Staff spoken to were aware of procedures relating to the general welfare and safety of residents such as fire procedures and safeguarding. Staff were also knowledgeable of the needs of residents and the support required to meet those needs in line with personal plans.

The social care leader facilitated informal supervision and formal performance development reviews. The inspector reviewed documentation maintained in respect of staff supervision and performance development reviews. Topics discussed included rosters, training needs, support needs and actions were developed to identified issues. There was evidence that actions arising from supervision and performance reviews were implemented, for example, training had been facilitated for staff.

The recruitment procedures in place included checking and recording of all the required documentation.

The inspector reviewed a sample of four staff files and found all the requirements of Schedule 2 of the regulations had been met. Relevant staff members had up to date registration with the relevant professional body.

There were no volunteers employed in the centre.

**Judgment:**  
Substantially 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:**

The inspector found complete records were maintained in the centre however, improvement was required in one policy.

The action from the previous inspection was satisfactorily implemented and documentation in relation to residents was kept up to date, signed and dated.

There were policies and procedures in place as per Schedule 5 of the Regulations however, the inspector found the policy on safeguarding was not centre specific. Policies and procedures were subject to review at intervals not exceeding three years.

All records maintained in respect of residents were secure but easily retrievable.

There was a residents' guide in place and a complete directory of residents was maintained in respect of each resident living in the centre.

All of the records as per Schedule 3 of the Regulations were maintained in the centre.

Most of the records as per Schedule 4 of the Regulations were maintained in the centre. Some improvement was required in relation to additional charges for residents and the duty roster.

The inspector reviewed an up to date certificate of insurance for the centre.

**Judgment:**  
Substantially Compliant

## **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Caroline Vahey  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002990
<b>Date of Inspection:</b>	28 April 2016
<b>Date of response:</b>	21 June 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Appropriate support had not been facilitated in order for residents to maximise independence in the management of their finances.

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

**1. Action Required:**

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

1. Explore with the three residents assessment and skills teaching in the use of technology in the following areas :

- (a) number and pattern recognition of bank ATM card independently
- (b) appropriate use of technology namely the ATM bank machine
- (c) safe storage of bank ATM card.

**Proposed Timescale:** 03/09/2016

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

**Theme:** Effective Services

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

The written agreement did not accurately outline the terms on which the resident resided in the centre and the services to be provided.

Additional fees charged to residents were not clearly detailed in the written agreement.

**2. 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:**

All contracts have been reviewed to include in the main body of same additional fees charged to the residents. The contracts have been changes to reflect the staffing levels offered in the DC and the care and support needs offered to the residents.

**Proposed Timescale:** 27/05/2016

### Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Prescriptions did not detail residents' date of birth and the route of administration of medication.



Medications were not individually signed by the prescribing doctor.

**3. Action Required:**

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

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

1. All prescriptions have been changed over to the Kardex system. They are written up and are currently with the GP for signing. All Kardexs have the date of birth, route and times of administration and individual signature of the prescribing doctor included. 4th July 2016

2. Medication audits are carried out by the Person in Charge & or the House Manager, to ensure compliance with best practice. 14th April 2016 next audit 30th July 2016

**Proposed Timescale:** 30/07/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The actual times staff were on duty in the centre were not consistently recorded in the roster.

**4. Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The off duty roster is now completed along with the time sheets and all duty rosters includes all members on staff on duty in the house on a given day.

**Proposed Timescale:** 30/05/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

There was no centre specific policy on safeguarding.

**5. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

There is a completed Standard Operational Procedure on Safeguarding completed for the Designated Centre

**Proposed Timescale: 18/06/2016**