

**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-0002998
Centre county:	Louth
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:
23 March 2016 11:00	23 March 2016 18:30
13 April 2016 10:00	13 April 2016 18:30

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 registration inspection was the second inspection for this centre. Previously the centre had been part of another designated centre which comprised of a number of residential units and had been partially inspected on a previous monitoring inspection.

The purpose of the inspection was to carry out a registration inspection in response to an application to register submitted to the Health Information and Quality Authority by St. John of God’s Community Service, Louth.

The statement of purpose for the centre describes the service as one that provides care and support for residents with mild, moderate and severe intellectual disability and can accommodate a maximum of four residents. The centre was located in a town in County Louth. It was in close walking distance of all local amenities and shops and residents were well known in their locality.

The inspection was announced and took place over two days which were set two weeks apart. All 18 of the outcomes were inspected against over the two days. Some non-compliance found on the first day of inspection had been addressed in full by the end of the second day of inspection.

As part of the inspection the inspector met with residents and staff members. During the inspection some residents told the inspector about their lives, friends, relationships, social life and work. They told the inspector the staff supported them when they needed. Some residents could not verbally communicate with the inspector. Staff supported those residents to engage in the inspection process on their terms and within their capabilities.

The inspector observed practices and reviewed documentation including personal plans, medical records, accident and incident reports, audits, general records, policies and staff files. This inspection found that the provider was in substantial compliance with the regulations with some improvements required.

The inspector found that residents were supported to make choices and were informed and involved in decision making and planning about their daily lives and goals. Residents' independence was supported with life skill training and supportive strategies in place to ensure their safety. There was a range of both social activities, and educational and training opportunities available to residents. Privacy and dignity was afforded to residents through supportive care practices, safe keeping of resident's personal belongings, privacy options in resident's bedrooms, bathing and toileting facilities.

A heating and hot water issue in the premises had been identified by the inspector on the first day of inspection, however, by the second day of inspection these issues had been addressed fully.

Some improvements were required in the following areas in order to achieve compliance.

Governance and management systems for the centre were not adequate in some parts as outlined in Outcome 14. This related to the large remit of designated centres allocated to the person in charge and also the provider's responsibility to ensure appropriate management systems were in place in the absence of the person in charge and the team leader.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) 2013.

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.

The centre had a complaints policy and procedure. 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 the first day of inspection the inspector reviewed complaints log for the centre and found they had been addressed well and in a timely way with complainants feedback documented. However, there was one complaint logged by a resident that was still outstanding. This related to a lack of adequate heating and running hot water in their apartment, which was located in the centre.

The inspector met with the resident and staff and discussed the issue to ascertain what the provider was planning to do in order to address the complaint. On the close of the first day of inspection the inspector was given assurances that the landlord, the provider rented the property from, intended on addressing the heating and hot water issue in the coming weeks. By the second day of inspection, which was two weeks later, the inspector found the heating and hot water issue had been fully addressed.

A new heating system and boiler had been fitted. The resident could operate the heating system from their apartment, for example to set a time when it came on or set it to boost if they wanted more heat. Storage heaters, which had been located in the apartment previously, had been removed and replaced with radiators. The resident was

very happy with the improved heating and running hot water and now spent more time there entertaining visitors or spending private time. The inspector also noted the improved heating made the resident's apartment a more inviting, comfortable space to spend time in.

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, 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. They also had opportunities to participate in activities that were meaningful and purposeful to them. These included household chores within the centre itself, attending day services where they engaged in paid employment. Residents accessed their local community regularly enjoying a walk along the beach, getting an ice cream or coffee and using their local post office/bank and credit union to carry out their financial business. Some residents had completed training courses, for example one resident had completed a course in makeup application. They had received a certificate for their achievement at an award ceremony and were planning to frame their certificate.

The inspectors saw that there were systems in place to safeguard residents' finances. Each resident had their own credit union/post office and/or bank account. There were some instances where residents' money was managed through ward of court. The team leader had contacted the local court to find out information with regards to changes in the resident's financial affairs in light of the recent changes in capacity legislation. The inspector reviewed emails the team leader had sent and received on the resident's behalf.

Financial transactions were documented in individual resident ledgers which detailed money signed in and out balances checked and receipts were maintained for all purchases where possible. Bank statements regarding finances were issued directly to residents. Residents' finances were subject to frequent checks by staff and audit by the team leader.

There was a property list in the sample of each resident's personal plan viewed by inspectors. There was adequate space in the residents' rooms for clothes and personal possessions. The laundry and facilities were appropriately set up for residents to manage their own laundry if they wished.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported and assisted to communicate in accordance with their needs, preferences and abilities.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating with a good understanding of residents' 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.

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

The inspector had noted during the first day of inspection some residents that did not have verbal abilities had not been assessed by a speech and language therapist. During the course of the second day of inspection a resident, was assessed by a speech and language therapist with a view to developing a communication system for them based on their abilities and assessment of needs. The assessment had indicated the resident could benefit from the use of visual aids and objects of reference to facilitate them to make choices for example.

Residents had access to communal and personal televisions, radios, magazines and iPads. Residents received post addressed personally to them. During the course of the inspection a resident received a birthday card individually addressed to them which they opened when they arrived home from work.

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:

Residents were supported to maintain contact with their families and also develop and maintain friendships and romantic relationships.

There was a policy on visitors available and there was a sign in book for visitors in the house. Residents' families and friends were encouraged to visit whenever it suited residents. Some resident's siblings liked to stay overnight when visiting the centre and accommodations and supports were put in place to ensure this happened.

Another designated centre was located close by and residents visited there independently and as often as they wished. Residents living in both centres had developed a good rapport with each other and the staff that worked in them. The inspector observed some residents going to the other designated centre to tell the staff and residents to say hello and tell them about their day during both days of inspection.

Staff facilitated residents' visits with family and friends outside of the centre and home visits were supported. Residents spoken with during inspection confirmed this. Some residents had romantic relationships. Residents were supported to maintain these relationships in line with their personal wishes.

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 far as possible for example through volunteering with the local tidy town initiative. The centre's location facilitated residents' links with their locality. Residents were only within a short walk from their local town and beach front and made full use of the local amenities, shops and services.

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:

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose.

Each resident had an agreed written contract that dealt with the support, care and welfare of residents and included details of the services to be provided for each resident and the fees they would be charged.

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):

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 their assessed needs and wishes.

The inspector reviewed a selection of personal plans which were comprehensive, personalised, detailed and reflected resident's 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 ongoing 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 had a number of options available in relation to social activities. Many of the residents enjoyed going to the cinema, on hotel trips and using the spa facilities, going to concerts, meals out, shopping trips, swimming attending and any festivals or events locally. All activities available for residents were in the main community based, age appropriate and reflected their goals identified 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. Some residents had expressed their wish for treasured personal possessions, for example, teddy bears to be buried with them. Residents had also chosen their favourite songs to be played during their funeral. Where some residents could not make their wishes known, their families had been consulted and in line with their and staff's knowledge of residents an end of life care plan had been developed.

All residents had a copy of their individual personal plans in an accessible format specific to their communication styles and abilities. Residents with specific communication requirements used assistive technology to ensure their personal plans were in an accessible format. The team leader had procured a talking photo album for which a recording was made for each photographic representation of elements of the resident's personal plan.

Each resident's assessed needs had received an annual review and were presented in a 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 residents with an intellectual disability. It was located in town in County Louth. Accommodation provided single bedrooms for all residents. 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. 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. It also had a sitting room with a television and comfortable armchairs and a sofa. There were adequate living room and dining spaces separate to the residents' private and communal areas. One resident had their own apartment area which was located within the centre at the end of the hall leading to resident's bedrooms. This space comprised of the resident's bedroom, a shower/toilet, a living room with a TV and stereo and also a small kitchenette which afforded the resident their own fridge, a sink and coffee and tea making facilities.

On a previous inspection non compliance had been found in relation to mold and damp in a shower facility located in an apartment of the premises. Since then the shower room had been completely renovated with damp proofing systems implemented to reduce the likelihood of damp occurring again.

On both days of inspection, the inspector found the showering facility was to a suitable standard with no apparent damp or mould. However, on day one the inspector found there were issues relating to inadequate heating and hot water available in the resident's apartment. As outlined In Outcome 1, these issues had been raised by the resident and were addressed by day two of the inspection to a good standard and the resident's satisfaction.

Laundry facilities were provided and residents were encouraged to do their own laundry with support from staff where necessary. Residents clothes could be dried outside. The centre was also supplied with a dryer. A good standard of cleanliness was noted throughout. A cleaning schedule was in place to ensure high standards were maintained.

The facilities were consistent with those described in the centre's statement of purpose and resident's guide.

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.

A previous inspection of the centre had found there were inadequate systems in place to ensure residents with reduced mobility could evacuate from the centre. To address this non compliance the provider had installed a ramp at the rear fire exit of the centre and also from the front door. This ensured residents that used wheelchairs, for example, could independently evacuate from the centre in a safe way.

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 were reviewed by the inspector and found to be comprehensive. The inspector observed there were fire evacuation notices and fire plans displayed in the centre. 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.

The inspector reviewed the fire safety register which included details of all services and tests carried out in the centre, all of which were up to date. Emergency lighting was in use in the centre. A fire panel and alarm system had recently been installed in the centre. Fire compliant doors were located in centre to prevent the spread of smoke or fire and contain it from spreading.

There was a detailed policy on infection control available. Cleaning schedules were in place and these were carried out by staff on an on-going basis. 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.

All staff had attended training in the moving and handling which was up-to-date.

Carbon monoxide alarms were used in the centre and had been tested to ensure they were working.

There was an up-to-date health and safety statement in place. Hazards throughout the centre were identified, associated control measures were in place to mitigate the level of risk. Personal risk assessments had been completed for each resident with documented risk reduction measures in place for each identified personal risk.

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 appropriate measures in place to protect residents being from being abused. Staff spoken with demonstrated they understood the organisational procedures for the response to allegations of abuse and types of abuse.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training with refresher updates. Staff spoken with and the team leader outlined the procedures they would follow should there be an allegation of abuse or if they suspected a resident had experienced abuse or was at risk. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a policy and systems in place for the management of behaviours that challenge. 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 support plans in place. Possible causes or triggers which could result in a resident presenting with behaviours that challenge were documented. De-escalation interventions were documented. Recent changes to behaviour support plans for residents ensured that staff knowledge of residents and strategies they found worked well had been incorporated into the plan. This ensured the plans were more meaningful, useful and more likely to be followed by staff when supporting the resident.

Another improvement in the support plan lay out included the addition of background information with regards to residents physical and mental health for example, which afforded staff a greater understanding of why the resident engaged in some behaviours that challenge which in turn promoted an empathetic understanding of why the resident may present with challenges from time to time.

A restraint free environment was promoted. Some residents were prescribed chemical restraint for the management of episodes where they experienced severe anxiety which in turn could lead to behaviours that challenge. Where chemical restraint was prescribed there was also an associated positive behaviour support plan in place and PRN (as required) chemical restraint administration protocol which was signed by the resident's prescribing psychiatrist. This ensured staff would administer this medication to the resident in a consistent manner, reducing the likelihood that the resident may receive it excessively.

Residents spoken with and feedback questionnaires also confirmed that residents felt safe in the centre and identified 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 speak out if they were unhappy.

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:

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the general welfare and development needs of residents were promoted to a good standard.

A proactive approach was taken to ensuring residents had good opportunities for new experiences. Residents had opportunity to attend various activities such as visiting their own home on a regular basis and over-nights and weekends with family members; attending concerts; going for walks; dining in restaurants; going to the cinema and attending social evenings. Some residents had participated in training courses that were suited to their abilities and interests and had received certificates as proof of completion.

There was an assessment process to establish each resident's employment/activity needs. Residents attended day services which were tailored to suit their requirements. A number of residents were in paid employment also which was also an opportunity to meet people and maintain friendships.

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 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, 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):

No actions were required from the previous inspection.

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 for some residents. Each resident had a designated, lockable cupboard for their medication which ensured medications were safely secured in the centre and individually stored for each resident. This reduced the likelihood of residents' medications being mixed up, for example.

Staff involved in the administration of medications had attended safe administration of medication training. Staff who spoke to the inspector was knowledgeable about residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements

The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. No residents 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):

No actions were required from the previous inspection.

Findings:

The statement of purpose met the requirements of Schedule 1 of the regulations. It 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):

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

Findings:

The quality of care and experience of the residents was monitored and developed on an ongoing basis. There were some improvements required in the management structure of the centre to ensure ongoing delivery of a safe, quality service.

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). The person in charge was responsible for six designated centres which comprised of eight residential units. On a previous inspection it had been identified that the person in charge was not supported to meet her regulatory requirements of providing full time support to the designated centre due to the number of designated centres she was responsible for. An action from the previous inspection relating to this had not been adequately addressed at the time of the inspection.

The person in charge was still responsible for the same number of centres. The inspector reviewed a copy of senior management minutes from February 2016. It was documented in the minutes that the number of designated centres the person in charge was responsible for was a management issue which was also being highlighted in the

service's governance meetings.

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. However, the team leader was due to also go on extended leave shortly after the inspection. There were no deputising arrangements identified for the absence of the team leader at the time of inspection. However, the director of nursing care and support assured the inspector that interviews had occurred to nominate a team leader in their absence.

The team leader (PPIM) and 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 the director of nursing care and support. 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:

Non Compliant - Moderate

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 person in charge of the centre was on extended leave at the time of the inspection. A return date was not specified.

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

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:

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. Shared transport was available for 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):

No actions were required from the previous inspection.

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, safeguarding, fire safety, food hygiene, dysphagia and basic life support. 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 centre and staff spoken to demonstrated adequate knowledge of the Regulations and standards.

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):

No actions were required from the previous inspection.

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-0002998
Date of Inspection:	23 March 2016
Date of response:	13 May 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 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge was responsible for six designated centres which comprised of 10 residential units. It was not demonstrated that this was a sustainable and effective arrangement.

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 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

1. Advertisements for the post of PIC were placed in the National Newspapers and Recruitment agencies on 4 occasions with no success A recruitment campaign to recruit an additional Person In Charge took place on 28/08/2015, 21/10/2015, 17/11/2015 and 08/01/16 to ensure the existing Person In Charge would have greater governance of this Designated. Interviews for the Person In Charge took place however no successful candidate was secured.

2. The Designated Centres which the Person in Charge is responsible for will be reduced and reassigned to other Service Managers. This will ensure that the Person in Charge will now have 5 houses instead of 8 houses and the number of residents will reduce from 36 to 24 residents. 10/06/16

Proposed Timescale: 10/06/2016

Theme: Leadership, Governance and Management

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

At the time of the inspection the person in charge was on extended leave. The team leader was due to also go on extended leave shortly after the inspection. There were no deputising arrangements identified for the absence of the team leader at the time of inspection.

2. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. The replacement person for the Team Leader (PPIM) was put in post on Monday 18th April following interview and recruitment selection.
2. All the new PPIM's paperwork was sent to HIQA on Tuesday 19th April.

Proposed Timescale: 19/04/2016