

**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-0003788
<b>Centre county:</b>	Kildare
<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>	Philomena Gray
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	14
<b>Number of vacancies on the date of inspection:</b>	9

## 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:
12 April 2016 09:30	12 April 2016 18:30
13 April 2016 09:30	13 April 2016 17:30

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**

The provider is St. John of God Community Services Limited (hereafter called the provider). The designated centre comprised of a large single storey dwelling based in County Kildare owned and operated by the provider.

The purpose of this inspection was to monitor compliance and inform a registration decision under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the standards).

There were 14 residents residing in the designated centre at the time of inspection. This was this centres second time to be inspected.

As part of this inspection, the inspector met with the residents, the provider nominee, the person in charge, the programme manager, the social care leader, the nursing and social care staff. The inspector reviewed information submitted by family members of residents. The inspector observed practice and reviewed documentation such as personal plans, healthcare plans, accident and incident records, risk assessments, medication records, meeting minutes, policies, procedures and protocols, governance and management documentation and staff records.

The inspector found that there was a good standard of care provided in this centre. Most residents presented as happy and content in their environment. However, this centre was in a state of transition at the time of inspection. There were residents scheduled to move out of the centre and there were other residents awaiting the completion of a series of required construction/structural works and renovation before they could be admitted to the centre.

The provider nominee showed plans of these structural renovations that were costed, but not yet implemented. The inspector requested more detailed plans to be submitted to HIQA regarding the proposed structural plans, schedule of works and admissions timelines. Phase one of works were completed at the time of inspection whereby residents had transitioned into the centre. However the inspector found that further substantive works were required to ensure the centre could meet the required standard as outlined in the statement of purpose and function and the provider's application to register this designated centre for all residents.

Practice that was observed on this inspection was found to be caring, respectful and professional. Staff were observed as aware of their role and very supportive of residents needs, wishes and preferences over the course of inspection. Of the 18 outcomes inspected on this inspection 13 were found to be compliant with the Regulations and Standards.

The most substantive failings found on this inspection related to the premises and associated resources. The standard of care and quality of care delivered was found to be good. Further improvements were required in the areas of admission practice, contracts for the provision of services, the statement of purpose and implementing an annual review of the quality and safety of care within the centre.

All of these areas will be discussed in further detail in the main body of the report and accompanying action plan.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found residents choice, rights, dignity and privacy needs were met in this centre.

Consultation with residents' was happening on an on-going basis with individual and collective mediums utilised within this centre. For example, resident meetings, speak up forums and individual meetings/key-working sessions available for residents who chose not to participate in group forums. Residents meeting minutes were reviewed and contained information around transition plans, health and safety issues, recreation, Easter celebrations and social activities in the centre.

Residents spoken to informed the inspector that they were very satisfied with the consultation that occurred within the centre and were happy with the staff who supported them.

Residents had ample and appropriate arrangements in place for their personal belongings and finances. Residents had spacious bedrooms and sufficient room for their personal effects. Each resident had their own bank account and supports and safeguards were in place regarding their finances.

The inspector found the person in charge and staff had facilitated a lot of individual and family consultation in developing transitional and personal planning collaboratively with residents.

There was a complaints policy and procedure in place for the designated centre which identified a complaints officer. Residents and families were promoted and facilitated to make complaints and the inspector found instances whereby complaints were logged and appropriately managed locally by the person in charge in a timely fashion. The person in charge highlighted that on-going oversight of the level of care delivered and individual and family satisfaction levels with the service were continually monitored.

Residents and relatives have access to an advocacy service. The relevant contact information was made available and displayed in the designated centre. There had been a lot of change in this centre (in terms of resident's transitions) and the inspector found that the provider and person in charge were promoting resident's rights, dignity and consultation throughout this process.

Residents spoken to over the course of this inspection highlighted no concern regarding their rights, dignity or privacy. Residents were very complimentary about the centre and the staff who were working with them. Residents who did not communicate verbally were observed to be very comfortable with their support staff.

**Judgment:**  
Compliant

## **Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

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

No actions were required from the previous inspection.

### **Findings:**

The inspector found work undertaken and measures in place regarding residents' communication needs were to a very high standard.

Resident meetings, speak up forums and individual consultation highlighted various areas whereby residents were very much part of the communication process. Residents meetings highlighted issues like movies nights in the centre, menu planning, joining the local library, going to events/musicals and improving the broadband in the centre. Speak up forum meetings included information on advocacy, rights, anti-bullying and organisational opportunities and projects. There was a communication policy in place and a Total Communication Committee and the inspector reviewed minutes of meetings regarding same.

The inspector noted that this area was subject of a lot of clinical input and support by the speech and language therapist and detailed assessment and planning was found in

place. In addition, these plans were implemented with assistive technologies being utilised to enhance the communication opportunities of some residents. The inspector observed push button and accessible communication and visual aids in operation in the centre. The staff team had also updated communication care plans and established electronic tablet based interactive plans that residents' could engage with. This was observed to be accessible to residents who communicated non verbally.

Staff were very aware of residents' communication needs and residents were observed communicating with staff both verbally and non verbally over the course of this inspection.

**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 that residents were well supported and encouraged to get involved in the community and families were welcomed in the centre in accordance with resident's wishes.

The inspector found residents' families were involved in the centre and the staff in the centre had gone to great lengths to establish, support and facilitate family contact. The person in charge advocated a transparent approach to care giving whereby families were welcome in the centre and had hosted a family open day when residents transitioned into the centre. Family contact, compliments and complaints were recorded and appropriately responded to.

Residents were found to have good links to their community and natural supports. For example, some residents were employed in the locality, shopped in the locality and socialised within the wider community in pubs, coffee shops and restaurants. Residents informed the inspector they enjoyed life within the centre and were happy with their service. Some residents who had transitioned into the centre had ceased attending their campus based day service and were now activated from the centre on a more individualised basis. This included accessing the community on various day trips and social events. Staff stated this has really improved these residents quality of life.

**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:**

Admissions to this centre have all been based on transparent criteria in terms of the new admissions. However existing residents residing in the centre (who are due to transition out of this centre in 2016) do not all meet the specifications outlined in the statement of purpose of this centre.

One resident in particular who has quite complex needs and while this person was identified by the provider (at the outset of inspection) as requiring a more suitable service, this was yet to be sourced and implemented. The inspector found that the changes in this centre while positive for the residents, who were transitioning into the centre, were impacting negatively on this resident. This will be referenced to in Outcome 5 of the accompanying action plan.

In addition, some residents in this centre did not have an agreed and signed contract that deals with their support, care and welfare needs in addition to clear criteria of the fees they were being charged.

**Judgment:**

Non Compliant - Moderate

**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:**

Individualised assessment and social care planning of a good standard was found in this designated centre.

Individual assessment and personal planning regarding residents care and support needs were found to be of a good standard. For example, communication, healthcare assessments, mobility assessments, financial support plans, intimate care plans and eating and drinking assessments were all found in place and to be of a good standard.

The inspector found good examples whereby residents had opportunities to pursue social activities in line with their needs, interests and capacities. For example, going to events, doing cookery and baking, visiting shops, going on lunch outings, going for coffee, working in the community and watching rugby in the local club.

The inspector found that a lot of work had gone into developing personal plans and staff had a clear schedule in place for updating resident's personal outcome measures and had developed new person centred plans for residents. The person in charge and social care leader highlighted that this process was on-going and were focussing attention on social goal setting and collaborative and appropriate social objectives for resident.

Resident's plans were found to be in clear and accessible formats such as visually personalised plans that were in electronic tablet format so residents could see and engage with their plans. These plans were found to be of a very good standard.

The person in charge and staff demonstrated very good individual knowledge of resident's needs and highlighted the continued need for a professional and person centred approach with each resident in terms of personal planning.

As outlined in Outcome 4, the inspector found that one resident residing in this centre was not having their assessed needs met due to changes in the centre and new admissions. The inspector found evidence that these changes were having a negative impact on this residents quality of life.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the location, design and layout of the centre was meeting some residents' individual and collective needs.

However the centre was found to be very much in a state of transition whereby seven residents were scheduled to move out of the centre and another ten residents were scheduled to move into the centre. Renovations of part of this centre had been completed. However further considerable internal and external building and renovation works were required as part of the second phase of this centres redesign and renovation. As this work was not completed at the time of this inspection, a further more detailed plan, a schedule of works and a schedule of admissions was sought from the provider.

The premises itself was a large single story dwelling that was privately located on considerable grounds. While the building was old, the internal renovation that was completed (as part of phase one of the restructuring works) provided a good standard of private and communal accommodation to residents. For example, accessible kitchen facilities, a pantry, individual bedrooms and supportive/assisted bathrooms.

In the renovated and occupied parts of this centre, the inspector found the premises to be bright, clean and well maintained. The inspector found that residents were comfortable in their environments and residents and families highlighted they were satisfied with same. The inspector found in these parts of the centre there was:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout suitable for the needs of residents
- Adequate space and suitable storage facilities for the personal use of residents
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents
- Suitable storage
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents
- Suitable arrangements for the safe disposal of general and clinical waste where required
- Adequate facilities for residents to launder their own clothes if they so wished.

However the improvements required in this centre were the provision of an appropriate standard of accommodation throughout the designated centre in line with the statement of purpose. For example, parts of the designated centre had not yet been renovated and while plans were outlined verbally, in the absence of detailed plans, a schedule of works and a schedule of admissions, these premises does not meet the requirements of the regulations in its current form. For example, there were not 23 bedrooms available to the required standard for residents as outlined in the provider's registration application (there were only 14 residents in the centre at the time of inspection). Further considerable structural work was required internally and externally in this premises and assistive equipment such as built in hoisting was yet to be provided/installed. The provider committed to provide all of the above in phase two of their development plan.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was also found to be in place. The inspector found both clinical and environmental risks were well managed and documented in the centre. For example, risk assessments were carried out and reviewed in relation to the risk of residents choking, falling and being injured from seizures. The inspector observed controls in place to alleviate all identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes.

The inspector found that there was:

- Health and Safety Policy
- Safety Statement
- Risk Management Policy
- Infection Control Policy
- Health and Safety Checklists
- Emergency Response and Evacuation Plan

The inspector was satisfied that the person in charge had good systems in place to identify, assess and manage risks within the designated centre. There were site specific policies procedures and protocols developed by the person in charge regarding health

and safety, risk management and emergency evacuation.

The inspector reviewed the accidents and incidents for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident. The inspector found a number of low/medium incidents had occurred in the centre. There was a clear system for reporting health and safety accidents, incidents and near misses. The provider had changed systems of reporting and the documentation used to record and report incidents. Both the person in charge and staff were familiar with this system in terms of the process of reporting within the organisation.

The inspector was satisfied that the fire detection and alarm systems, fire fighting equipment and emergency lighting systems were routinely checked and serviced by a qualified professional. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out at different times and staff and residents knew the procedure in the event of an evacuation. Personal evacuation plans were documented on each resident's files. A comprehensive emergency plan was drawn up, which highlighted alternative accommodation arrangements in the event of an evacuation, along with other useful information and contact details.

The inspector found the person in charge had a balanced approach to risk management and resident quality of life.

**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 that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre.

The inspector found up to date policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. These policies reflected most recent national guidelines and staff were familiar with reporting procedures. The inspector was satisfied that staff were familiar with the different types of abuse residents were vulnerable to and the mechanisms in place to report and support residents where/when required.

There was evidence of a designated liaison person in place who was identifiable to staff and residents. Evidence of reporting, preliminary screening and investigation was prevalent which assured that there were systems operating regarding the safety of residents. Residents spoken to stated they felt safe in the centre.

There were clear policies in place on the use of restrictive procedures which were detailed and based on national best practice. On review of documentation and through discussion with the person in charge and staff, the inspector determined that the centre was promoting a restraint free environment in as far as was possible. Accessible kitchen, wheelchair accessible counters and work-tops and an open plan living area all assisted in promoting a restraint free environment. The restraints used in the centre were reviewed, such as, the use of mobility alarms, and these had been removed in some cases. The person in charge was clear that restraint was continually reviewed and any measures that were deemed restrictive and were assessed as unnecessary would be removed.

The inspector reviewed practices in relation to the protection of the resident's finances and found an effective system in place in the designated centre to safeguard residents' monies. The inspector checked resident's finances (whereby managed by the provider) and found financial balances to be correct and correlated with records. Appropriate training had been completed by staff in the areas of protecting vulnerable adults and managing aggressive behaviours which ensured staff were equipped from a training perspective in line with regulatory requirements.

**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 inspector found a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector reviewed all notifications submitted to the Authority and found the person in charge had a good understanding of notifications and the incidents and instances requiring same.

**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 was satisfied that the residents were supported to participate socially in activities suitable to their age, interests and needs.

The inspector spoke with residents, staff and reviewed documentation and found that the residents were provided with suitable activation in line with their own goals and preferences and relevant to their changing needs. The inspector found that some residents attended day services while others were supported from their homes.

Some residents spoke to the inspector about their lives and the activities they enjoyed such as shopping, going for coffee/lunch, working, and attending shows. Some residents worked/volunteered in the community in nursing homes, bakery shops and charity shops. Residents were observed on inspection receiving foot massage and going on a day trip to an open farm.

The inspector was satisfied that residents were encouraged to pursue interests and lead busy, fulfilled and meaningful lives.

**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:**

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as GP, optician, dentist, psychology, psychiatry, speech and language therapy, occupational therapy and social work.

Residents had access to specialist services and hospital appointments when and where required. The inspector saw evidence of the close monitoring of weight loss and referral for specialist assessment regarding same. The inspector saw evidence of speech and language assessment when appropriate for residents and clear guidance regarding resident's nutritional needs and modified diet specifications.

Resident's healthcare documentation was maintained to a good standard and was clear and accessible. For example, assessments and appointment schedules/calendars. It was clear that the person in charge ensured residents were supported and facilitated to have their healthcare needs met. Annual health assessments were reviewed and care planning regarding epilepsy and diabetes were found to be in place and were up to date and reviewed.

Regarding food and nutrition residents were observed to be provided with healthy home cooked meals. The inspector discussed meals and food with residents who clearly highlighted that they had choice regarding what they ate and when they ate. Residents were found to participate in shopping and preparation of food and meals in the designated centre. Residents informed the inspector that they were happy with the food in the designated centre and residents were observed cooking and eating their meals with appropriate support over the course of inspection. The inspector observed menu choices, healthy eating information and residents having the freedom to choose food and access food as they wished. A pleasant and calm meal time experience was observed on this inspection.

**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:**

The inspector found that each resident was protected by the designated centres' policies and procedures for medication management. The person in charge demonstrated good knowledge of the medication policies and protocols and had good systems in place to monitor medication practices. Nursing staff on duty highlighted the practices that were operational which were found to be safe and well managed.

For example the inspector found:

- There was a clear policy for medication management.
- There were clear and effective procedures for prescribing and administration of medication.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription, transcribing and administration of medications within the designated centre.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.
- Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- There were PRN (as required) guidelines for medications requiring same.
- There were no controlled medications in the designated centre.
- There was clear information regarding all medication so as staff and residents were clear in terms of what the medication was and possible side effects.
- There were regular reviews and audits of medication and a system for managing medication errors was in place.

Overall the inspector found the person in charge and staff were professionally knowledgeable and competent regarding the safe medication management practices within the designated centre. Non nursing staff were trained in the safe administration of medication.

### **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 inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector found that this document was well written and clearly outlined the services that were on offer to the residents living in the centre.

However the statement of purpose did not accurately reflect the actual service provided in the designated centre as there was not yet appropriate facilities in place to meet the assessed needs of 23 residents. In addition, further clarity was required regarding the centres provision of emergency admissions.

**Judgment:**

Non Compliant - Moderate

**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 that effective management systems were in place that support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation. However there was not an annual review regarding the quality and safety of care delivered in this centre as is a requirement of the Regulations.

The inspector found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had appropriate experience with the organisation in a variety of roles/locations and had suitable experience in the management of residential services for people with intellectual disabilities. The person in charge had appropriate qualifications in physiotherapy, healthcare management and public administration. She demonstrated a very good understanding of the Regulations and Standards. The person in charge was committed to continuous professional development and was nominated to participate on an upcoming leadership course.

The person in charge was only a short time in place at the time of inspection and was implementing new systems and plans in respect of residents who were both transitioned and planning to transition into the centre.

The person in charge highlighted a number of audits carried out in the designated centre in areas such as care planning, healthcare assessments, medication, policies and records and documentation. The inspector found evidence of unannounced visits and audits and action plans devised by the provider's management team. There was no annual review of annual review regarding the quality and safety of care delivered in this centre as is a requirement of the Regulations.

The inspector found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to residents. The person in charge was well supported by the Programme Manager responsible for this designated centre.

The person in charge highlighted various checking systems in place with residents and families to ensure she was fully aware of the care provided in the designated centre. The person in charge had regular contact with families and was very much an operational manager who was 'hands on' within the designated centre. This was evident in the levels of compliance across many outcomes inspected and clearly demonstrated the effective monitoring of care.

The inspector found there were clear lines of authority whereby the person in charge was supported by an area manager whom was also present at inspection. The inspector found that staff were satisfied with structures in place and found clear and accurate rosters; staff training schedules were in place and maintained. The person in charge highlighted while many systems were newly implemented she demonstrated clear understanding of the regulatory requirements in terms of the management of this centre.

**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 inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a social care leader identified on the roster to deputise in addition to programme manager oversight in the absence of the person in charge. The inspector found there were no instances whereby the person in charge was absent for 28 days or more. The person in charge was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

**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 centre was not fully resourced to ensure the effective delivery of care and support. This centre was inspected as in a state of transition and renovation and the centre was therefore not found to be resourced from a facilities and equipment perspective to the required standard.

Plans were reviewed and while phase one of renovation works was complete, three other phases were outstanding and while the provider stated the work was 'costed', it was not yet completed.

Residents who were being transitioned out of this centre informed the inspector they were looking forward to moving out while residents who had moved into the centre

were found to enjoy a good standard of care. There were a number of residents awaiting to transition into the centre however rooms required to be renovated, structural works were required and hoisting equipment was also required to be installed.

The inspector found there were two buses available for transport within the centre.

**Judgment:**

Non Compliant - Moderate

**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:**

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Staff were found to have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff were found to be appropriately supervised, and the person in charge was committed to on-going staff appraisal and professional development.

The inspector found that:

- Schedule 2 requirements were met regarding the person in charge and staff
- Staff were continually provided with training and refresher training in mandatory areas such as fire safety, safe manual handling practices, safeguarding vulnerable adults, managing behaviours that challenge and safe administration of medication.
- Additional centre specific training was provided as required.
- Staff meetings were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster that reflected the whole time equivalent in the statement of purpose.
- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.
- Performance management was operating and evidence of supervision was available.
- There was an appropriate system in place regarding the use of volunteers in the organisation.

Overall the inspector found that the staffing, staff training and development and recruitment processes and policies met the requirements of the Regulations and

Standards. Staffing in the centre at the time of inspection was equivalent to the numbers of residents residing in the centre. Some staff documents (Schedule 2 and training records) were requested to be provided following the inspection and this information was sent to HIQA by the provider within an agreed timeframe.

**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

**Findings:**

The inspector found that 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 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The inspector found that the designated centre was adequately insured against injury to residents. The inspector found that the provider had compiled and implemented 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. Some policies were under review such as resident's personal property, personal finances and possessions and medication management.

The inspector found that the staff and person in charge were providing information to residents through accessible means and some residents informed the inspector they were satisfied with this. The inspector found that resident's information, personal plans and files were maintained to a good standard and kept secure and safe. Residents and families had access to their information and documentation. The inspector found good arrangements in place regarding the governance, management and auditing of records and documentation in the designated centre.

The inspector found all information that was required was provided in a clear and comprehensive manner over the course of this inspection.

**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:***

Conor Brady  
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-0003788
<b>Date of Inspection:</b>	12 April 2016
<b>Date of response:</b>	31 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 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:**

All residents in this centre did not have agreed contracts of care in place.

<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 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1. The Person in Charge attended a workshop on Long Stay Charges (LSC) and allowable expenses. 27/04/2016 (Complete)
2. The Person in Charge will ensure that any outstanding contracts of care are issued to resident representatives for signing. 30/06/2016
3. The Person in Charge will review the returned contracts of care for residents in this centre and re-evaluate prior to transitions from the centre. 30/09/2016

**Proposed Timescale:** 30/09/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

One resident's needs were not being met in this centre due to the substantive changes occurring within the centre.

**2. Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

1. The Registered Provider contacted on the HSE on 25 August 2015 to support the application for this resident to transfer to another service. 25/08/2015 (Complete)
2. The Person in Charge will continue to ensure that the resident is on the support committee until an appropriate placement is sought. 17/05/2016 (Complete)
3. The Person in Charge has arranged a meeting with day services, Multi-disciplinary team and family representatives to develop an individualised service for this resident from 10.00 – 15.00 during the days he avails of the services. 17/06/2016

**Proposed Timescale:** 17/06/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

All parts of the premises were not designed and laid out to meet the aims and objectives of the service and the number and needs of residents as per the provider's application to register and statement of purpose and function.

### **3. Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

1. The registered provider had costing completed on the renovations works required. 07/01/2016 (Completed)
2. The registered provider contacted the HSE has been contacted in relation to securing the necessary funding to support the renovation of the premises. 01/04/2016 (Completed)
3. The renovations of the premises to be completed by 2017 provisional completion date September. 30/09/2017

**Proposed Timescale:** 30/09/2017

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not fully reflect the service operating in the designated centre at the time of inspection.

### **4. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:**

The Registered Provider in consultation with the Person in Charge will ensure that the statement of purpose is fully reflective of the service provided and including any provision of emergency admissions.

**Proposed Timescale:** 30/06/2016

### **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:**

There was no annual review of the quality and safety of care and support in the designated centre.

**5. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Registered Provider will ensure that an annual review of the quality and safety of the care and support in the designated centre for 2016 is developed.

**Proposed Timescale:** 30/10/2016

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

The centre was not yet fully resourced to meet the needs of all residents.

**6. Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The redevelopment when completed will be resourced to ensure that all structural work and hoisting equipment is installed

**Proposed Timescale:** 30/09/2017