<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004137</td>
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<tr>
<td>Centre county:</td>
<td>Kildare</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Philomena Gray</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>15 June 2016 09:30</td>
<td>15 June 2016 17:30</td>
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<tr>
<td>16 June 2016 09:30</td>
<td>16 June 2016 12:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

Background to the inspection

This announced inspection was carried out to monitor compliance with all outcomes and to inform a registration decision regarding this designated centre. The inspector also followed up on all previous actions issued on the previous inspection. This was the third inspection of this designated centre since the commencement of the regulatory process in disability services on 9 April 2014.
How we gathered our evidence
As part of the inspection, the inspector met with and observed the residents who were present on the days of inspection. The residents presented as content and well cared for over the course of this inspection. Residents communicated with inspectors freely and were observed to be comfortable with the staff on duty. Residents were observed receiving a good quality of care and presented as content in their environment. Residents autonomy and independence was found to be well promoted and protected. This was reflected in personal plans and practice.

The inspectors spoke with and observed the practice of staff members who were on duty. The inspectors observed practices and reviewed documentation such as personal support plans, medical/healthcare records, medicines procedures, a risk register and risk assessments, rosters, complaints, notifications, incidents/accidents logs, staff files, audits, training records, staff files and policies and procedures. The person in charge and programme manager were met as part of this inspection. All residents spoken to indicated they were very happy in their home.

Description of the service
The provider had a statement of purpose in place that explained the service they provided. In the areas inspected, the inspector found that the service was provided as it was described in this document. There were two houses within this designated centre that provided care for eight residents at the time of inspection. The two premises were located side by side in a modern housing development and were found to be well equipped to meet the assessed needs of the residents.

Overall judgment of our findings
Overall, the inspector found good practices in this centre and high levels of compliance with the regulations and standards. Residents were found to enjoy a good quality of life based on choice and self determination. Effective systems were in place to ensure residents were well protected by good governance and management and professional practice.

This inspection found that 17 out of the 18 outcomes inspected were compliant with the regulations and standards. The only area that required improvement was a premises issue to improve resident privacy.

All findings regarding compliance and non compliance are discussed in further detail within the inspection 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 by the practices operating in this centre.

Consultation with residents' was happening on an on-going basis with individual and collective forums utilised within this centre. For example, resident meetings, speak up forums and individual meetings/key-working sessions available for residents. Residents meeting minutes were reviewed and contained information around social activities, matters of relevance for residents, house plans and health and safety in the centre.

Residents spoken to informed the inspector that they were satisfied with the consultation that occurred within the centre. A charter of rights was displayed in the centre as was independent advocacy information. In reviewing resident meeting minutes the inspector found an independent advocate had been invited by residents and attended the centre.

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 residents' finances.

The inspector found the person in charge, social care and staff had facilitated a lot of individual and family consultation in 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.

Residents spoken to over the course of this inspection highlighted no concern regarding their rights, dignity or privacy.

**Judgment:**
Compliant

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**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 found to be well supported to communicate at all times. Effective and supportive interventions were provided to residents to ensure their communication needs were met.

Residents were supported with assistive technology to aid their communication in this centre. Residents had communication plans in place in their personal plans. A communication policy was available and reviewed. Some residents were supported by sign language and staff were provided with training in this area.

One resident stated they had good communication opportunities and was observed speaking with the person in charge and staff and presented as very comfortable doing so.

Organisational speech and language therapy was available to residents where support was required.

**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 very well supported to develop and maintain personal relationships and links with their wider community. Families were encouraged to get involved where possible in the lives of residents.

Many residents had very good connections with their families and communities. There were good examples of residents going on holidays with family members, visiting families and family visits to the centre on occasion. Staff demonstrated good knowledge on the importance of building relationships with families and natural supports. The inspector found that the staff were very experienced and knew residents circle of supports in great detail.

Residents were very involved in their communities and many worked and socialised within their community. Residents in this centre had high levels of independence and travelled independently in many cases which facilitated a lot of social and recreational activities in their lives.

**Judgment:**
Compliant

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**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:**
Admission and discharge to the residential service was clear and transparent in organisational policy. The inspector reviewed a number of personal plans and found in all cases each resident had a written contract which outlined the support, care and
welfare of the residents and included details of the services to be provided for residents and the fees that were charged.

**Judgment:**
Compliant

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**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

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

**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. Residents had up to date personal profiles and detailed information pertaining to their likes, wishes, preferences and goals.

The person in charge and social care leader implemented increased emphasis on social goal setting and skills development and appropriate social objectives for each resident were found.

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, visiting shops, socialising with friends, going on lunch outings, going for coffee, going to the pub, watching matches, working in the community and going on holidays in at home and abroad.

Resident’s plans were found to be in clear and accessible to residents.

The person in charge and staff demonstrated very good individual knowledge of resident’s needs and highlighted the importance of choice and ensuring residents were
always listened to and supported in accordance with needs and wishes.

Residents spoken to informed the inspector they were happy with their lives and were found to enjoy a good quality of life.

**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:**
Overall the inspector found that these premises were meeting the assessed needs of the residents that were living in both houses. There had been renovations and redesigning since the previous inspection and a resident informed the inspector that these changes had a positive impact on their quality of life. One issue regarding a double door between a communal sitting room and residents' bedroom required improvement.

The inspector found that there was:
- 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
- Multiple separate kitchen areas 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 with built in ceiling hoist available to support 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 wish

Since the previous inspection one residents room had been converted into an accessible bathroom with overhead accessible hoisting. The resident was provided with a larger room which was more accessible and had remote control fittings for lighting an window
blinds. The resident stated they were very happy with these changes. A rear door to the premises was also changed to increase wheelchair accessibility.

The inspector found that one residents' bedroom had double door leading to a communal sitting room which did not facilitate adequate privacy. This had been identified in provider auditing and the person in charge stated this matter would be addressed by August 2016.

**Judgment:**
Substantially Compliant

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**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, epilepsy, diabetes and travelling/staying at home independently.

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
- Fire Register
- 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 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 identified in a very accessible risk assessment log. There was a clear system for reporting health and safety accidents, incidents and near misses. 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, fire doors 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 arrangements in the event of an evacuation, along with other useful information and contact details.

The inspector found the centre in a clean and hygienic state and had no concerns pertaining to infection control procedures.

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 were the 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 designated liaison persons 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 and enjoyed living in the centre. All previous and active safeguarding concerns were being managed in accordance with best practice guidelines and there were clear reporting channels to the Health Service Executive (HSE) and An Garda Síochána.

The inspector reviewed practices in relation to the protection of the resident's finances and found a 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 financial records.

Appropriate training had been completed by staff in the areas of protecting vulnerable adults which ensured staff were equipped from a training perspective in line with regulatory requirements.

The inspector did not find this centre to be restrictive by design and residents received any therapeutic support required.

**Judgment:**
Compliant

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**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 gainfully employed and other chose to be supported from their home.

In reviewing the activities the residents enjoyed the inspector found that shopping, going for coffee/lunch, working, holidays, going to the pub, watching sports and gardening. Residents in this centre were highly independent and travelled independently and one part of this centre did not have full-time staff so residents were very self sufficient and independent only requiring minimal supports. The levels of community integration in this centre were found to be very high.

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, dentist, speech and language, psychology, psychiatry, occupational therapy and social work.

Residents had access to specialist services and hospital appointments when and where required. The inspector saw evidence of the monitoring of residents with diabetes, dysphagia and epilepsy. 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. Staff also highlighted that some residents chose not to follow the plans and professional advice offered to them, which was their right.

Resident's healthcare documentation was maintained to a good standard and was clear and accessible. For example, assessments and appointment schedules/calendars, health plans and hospital passports. Annual health assessments were reviewed and care planning regarding was found to be in place where required. Resident weights were monitored and healthy eating was promoted. End of life care plans had also been discussed and planned with residents and families to ensure residents wishes were appropriately captured.

Regarding food and nutrition residents were observed to be provided with healthy home cooked meals. The inspector discussed meals and food with some residents who 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. One resident was observed cooking his own meal at a purpose built kitchen station that accommodated wheelchair accessibility.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The inspector found that each resident was protected by the designated centres’ policies and procedures for medicines management. Staff demonstrated good knowledge of the medicines policies and protocols and had good systems in place to monitor medication practices.

For example the inspector found:
- There was a clear policy for medicines management.
- There were clear and effective procedures for prescribing and administration of medicines.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription and administration of medicines within the designated centre.
- The procedures regarding medicines safekeeping ensured medicines were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medicines return/disposal.
- Medicines 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 medicines (as required medicines) guidelines for medicines requiring same.
- There were no controlled medicines in the designated centre.
- There was clear information regarding all medicines 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 medicines and a system for managing medication errors was in place.
- Medicines requiring refrigeration was found be monitored and stored at the correct temperature, e.g., insulin.

Overall the inspector found the staff on duty were professionally knowledgeable, competent and trained regarding safe medicines management practices within the designated centre.

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:**
There was a written statement of purpose that described the services provided in the centre. The statement of purpose accurately described the service that was provided in the centre as evidenced on this inspection. The statement of purpose reviewed was found to meet the requirement of the regulations and standards.

**Judgment:**
Compliant

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**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

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

**Findings:**
The inspectors found the centre was managed by a suitably qualified and experienced person in charge. There was a clear management structure in place and effective management systems to monitor and review the quality of care and experience of the residents. The person in charge managed four designated centres in total and had demonstrated fitness regarding the other three centres to date.

The person in charge had relevant experience and possessed qualifications in psychology, social care and management. The person in charge demonstrated a very good knowledge of the regulations and standards. The person in charge had high levels of experience working in disability services and was found to have effective systems of monitoring in place regarding this designated centre.

A social care leader managed the centre and was based onsite while the person in charge line managed the social care leader by having daily/weekly contact and visiting the centre as regularly was required. Service improvement audits, quality enhancement plans and self assessment tools were all reviewed as part of this inspection. The inspector reviewed unannounced provider visits to the designated centre that generated action plans in October 2015 and May 2016.
The inspector found good practice of monitoring, follow up and review regarding the quality of the service delivered within the centre. For example, auditing the areas of resident finances, personal plans and assessments, staff training audits, complaints, rights, dignity, consultation and communication. An annual review of quality and safety of care was reviewed which highlighted areas that had made improvements due to action planning. For example, resident advocacy, end-of-life care planning and the review of all policies in the centre.

**Judgment:**
Compliant

**Outcome 15: Absence of the person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector found 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:
This centre was found to be resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The inspector found that sufficient resources were provided to meet the needs of residents. For example, the staffing, facilities, household budget and transport resourcing were all found to be in place and effectively meeting the needs of all residents. Management, staff nor residents highlighted resource issues as a cause for concern in this designated centre.

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:
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 provided with training and refresher training in mandatory areas such as fire safety, safe manual handling practices, safeguarding vulnerable adults and the 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 individual and group supervision was available.
- There was an appropriate system in place regarding the use volunteers in the organisation. There were no volunteers at the time of inspection.

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

**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:**
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 in this centre.

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. One policy was under review at the time of inspection. This policy related to resident's personal property, personal finances and possessions.

The inspector found that the staff and person in charge were providing information to residents through accessible means and one resident 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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004137</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 June 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19 July 2016</td>
</tr>
</tbody>
</table>

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 06: Safe and suitable premises

Theme: Effective Services

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

Adequate privacy was not promoted in one residents' bedroom due to a set of double doors to a sitting room being present.

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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 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
The registered provider shall ensure that work is carried out to block up double doors between a living area and a resident’s bedroom in the designated centre to promote adequate privacy for the resident.

**Proposed Timescale:** 31/08/2016