

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ard Na Rithe
Centre ID:	OSV-0005511
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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 1 day(s).

The inspection took place over the following dates and times

From: 30 August 2016 10:00 To: 30 August 2016 16:30

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

Background to inspection:

This was an announced registration inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God North East Services (the provider). This was an 18 outcome inspection and the centre was recently acquired by St. John of God's to support four residents in total.

How we gathered evidence:

No residents were present in the centre as this was a new application. The inspector spoke with the person in charge at length over the course of the inspection and also spoke with the Director of Nursing. The inspector also spoke briefly to a relative of

one of the residents due to move into the centre and found that feedback in general was positive.

Policies and documents were also viewed as part of the process including a sample of resident's health and social care plans, complaints policy, contracts of care, health and safety documentation and risk assessments.

Description of the service:

The centre comprised of a large semi-detached house in close proximity to a large town in County Louth. It was located near local amenities such as churches, hotels, restaurants, barbers, pubs and shopping centres. The town also had a regular bus and train service for trips further afield if and when required by the residents.

Overall judgment of our findings:

Overall significant levels of compliance was found across all outcomes and no actions were required as part of this registration inspection. Of the core outcomes assessed all were found to be compliant including residents' rights, social care needs, healthcare needs, governance and management and safeguarding.

Communication was also found to be compliant as was contract for the provision of services, use of resources, workforce and documentation. These are further discussed in the main body of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre had arrangements in place to ensure that the rights, privacy and dignity of the residents would be supported and their choice would be promoted and facilitated.

Policies and procedures were in place to ensure that the residents would be consulted with, and would participate in decisions about their care and about the organisation of the centre. For example, the inspector saw that the residents would be supported to hold weekly meetings to discuss any issues in the house, plan weekly menus and decide on what social activities to participate in.

Although the residents had yet to move into the centre, they had already met and held a residents meeting to discuss and decide on how weekly menus would be agreed, explore what local facilities were available to them, agree on housekeeping rules and to discuss important issues such as advocacy and fire safety. The inspector viewed the minutes of this meeting and found that all four residents were in attendance as well as a staff member.

Residents would also be supported and encouraged to be involved and participate in all aspects of their care and support plans. The inspector saw a sample of files and was satisfied that the residents, their family members, key workers and where required allied healthcare professionals would be actively involved in the residents' individual care and support plans.

Access to advocacy services and information about resident rights formed part of the support services to be provided to the residents. The inspector observed that the identity and contact details of an external advocate was on display in the centre and was to be made available to the residents and their representatives once the residents moved in.

Arrangements were in place to promote and respect the residents' privacy and dignity and the person in charge spoke about the residents with warmth, dignity and respect at all times over the course of the inspection process.

There was a policy on intimate care available in the centre which was approved in February 2016. The purpose of the policy was to safeguard and protect the residents with regard to their personal and intimate care. The policy was also to provide staff with guidance on the provision of personal care.

From viewing a sample of residents files, it was observed that the intimate care plans were informative on how best to support the residents' with their personal care while at the same time maintaining their privacy, dignity and respect.

A support plan and policy was in place to assist the residents' with managing their money. On viewing this plans the inspector observed that they were informative of how best to support each resident to safely manage their own finances and where required residents would be supported by a staff member to manage their finances.

A protocol was also in place to ensure that all monies could be accurately accounted for and overall the inspector was satisfied that there were adequate policies and systems in place to protect the residents from all forms of financial abuse. The person in charge also informed the inspector that she had systems in place to randomly audit residents' finances in the centre.

There was a complaints policy in place which was to provide residents and family members with a platform to bring complaints to the attention of the service and to seek a satisfactory resolution. The complaints procedures were also prominently displayed in the centre and an easy to read version made available to the resident. A dedicated log book for recording complaints was also to be kept in the centre.

Over the course of this one day inspection the inspector observed that management and the person in charge spoke warmly and positively about the residents at all times. The residents' individual choice would also be respected and they would be supported and encouraged to participate in the running of the house.

The residents' guide informed the inspector that the residents rights would be promoted, their individual choice would be respected and they would be involved in the development and progress of their health and social care plans.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy in place in the centre on communicating with the residents and it was found that arrangements were made so that residents would be supported and assisted to communicate in accordance with their assessed needs and individual preferences.

The policy on communicating with the residents acknowledged that they had the ability to communicate and staff were to be respectful of same. Each resident's communication needs were also identified through assessment and the personal planning process.

From viewing a sample of residents' files the inspector observed that individualised personal planning documents identified their individual communication styles, preferences, and individual support requirements.

For example, the residents were required were supported to communicate using pictures and objects of reference. The inspector observed that throughout the centre this style of communication was respected and supported and easy to read information in pictorial format such as menus, residents guide and how to make a complaint was readily available each residents.

It was also observed that the person in charge was able to verbalise how best to communicate with each resident as she knew them very well.

Residents would also have ample access to radios, TV's and a landline would be made available in the centre to keep in contact with family and friends.

Overall the inspector was satisfied that there were individualised systems in place to support the residents with their individual' communication preferences and needs.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that family, personal relationships and links with the community would be actively supported and encouraged. There were also guidelines in place which outlined that visitors and family were to be welcome at the centre to visit their relatives at any time.

From a sample of documentation viewed, the inspector observed that family members would form part of the individualised planning process with the residents.

The residents, their family members and/or representatives would be invited to attend personal planning meetings and reviews in accordance with the wishes and needs of each resident.

The centre also had a set of guidelines on interaction between staff, the residents and their visitors. The guidelines were to promote the values of respect, dignity and hospitality to all visitors to the centre.

The inspector observed that a number of family members had already visited the centre to view it and support their relatives with the transition period of moving in.

The residents were to be supported to keep in regular contact with family members and friends and from viewing documentation the inspector observed that a number of mediums would be used to support family contact.

A house telephone was to be installed for the residents to make contact with their family and friends and where requested staff would also support the residents to visit their family homes.

The inspector also observed that a log would be kept of all family and friends who visited and/or made contact with the residents.

The residents would also be supported to develop and maintain personal relationships and links with their community.

Where requested, the residents would be supported to frequent the local shops, pubs, restaurants, barbers and church. All these facilities were in close proximity to the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place for the admission of the residents to the centre, including transfers, transitions, discharges and the temporary absence of the residents.

There was a support policy in place which was updated in 2016. The purpose of the policy was to ensure an effective and standardised approach to supporting residents that reflects the requirements of relevant legislation, standards and regulations.

The residents' admissions were found to be in line with the centre's Statement of Purpose and considered the wishes, needs and safety of each individual transitioning into the house.

The inspector observed that comprehensive transition plans had been developed (or where in the process of being developed) to support each resident transition into the centre.

The plans included all critical information important for the smooth transition of each resident such as their healthcare needs, how they like to spend their day, how to stay safe, how they communicate, what individualised supports they required and individual risk assessments.

A contract of care document was available which outlined the terms and conditions of services to be provided. From viewing a sample of the contracts, the inspector observed that the residents had a written agreement of the terms and conditions of their stay in the centre.

The contracts of care also stated what services would be provided and the fees to be incurred for such services.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the assessed health and social care needs of each resident would be supported and where required multidisciplinary support and input would be provided.

The inspector found that the wellbeing and welfare provided to the residents would be to a good standard and from a sample of documentation viewed, each resident would have a comprehensive health, personal and social care plan in place within 28 days of moving into the centre.

Individual care plans were informative of important information relating to the resident such as their background, family members, important people in their lives, hobbies, likes, dislikes and communication needs.

The inspector observed residents would be supported to identify goals that would be important to them and plans of action would be put in place to achieve those goals in an agreed timeframe. Care plans were to be reviewed quarterly (or sooner if required).

It was also observed that some residents moving into the centre already had plans in place to support a meaningful day. For example, from a sample of files viewed residents had work placements such as working on a farm and others engaged in activities such as exercise programmes and swimming.

The person in charge informed the inspector that the social care goals of each resident moving into the centre would continue to be supported and further options explored in conjunction with each resident. Residents would also be supported to use the local facilities and amenities such as shops, pubs, restaurants, hotels, barbers, post office, church and bank.

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):

This was the centre's first inspection by the Authority.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and the inspector was satisfied that it would meet the resident's needs in a safe, comfortable and homely manner.

The centre comprised of a large semi detached five bed house in the busy town of Dundalk, County Louth. It was in close proximity to shops, restaurants, pubs, barbers, shopping centre, churches and cafes.

Each resident was to have their own individual bedroom which would be decorated to their individual likes and preferences. Two of the bedrooms had an en suite facility. The inspector saw that the residents had chosen their own bedrooms and some were in the process of decorating them.

Communal facilities included a large hallway on entrance to the house, two spacious sitting rooms (one to be used for visitors) a well equipped kitchen cum dining room, a downstairs bathroom, a spacious utility room and a communal bathroom upstairs with both a showering facility and bathtub.

The centre was clean and in a very good state of repair throughout. The fixtures and fittings were modern and it was bright, well ventilated, warm and tastefully decorated.

There were well kept gardens to the back and front of the house and ample car parking space was provided via a private driveway at the front. The back garden had a large shed, and a patio which could be used by the residents on warm sunny days.

The person in charge informed the inspector that garden furniture would be sourced for the patio in the near future.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the centre and that environmental and individual risks would be identified and mitigated.

There was a Health and Safety Statement in place which was specific to the centre and was developed in August 2015. The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management which had been reviewed in 2016. The risk management policy was comprehensive and met the requirements of the Regulations.

The inspector was satisfied that where a risk would be identified it would be appropriately addressed and actions put in place to mitigate it.

Each resident on admission to the centre would be supported to complete a safety screening tool which would highlight any safety or risk related issues the residents might be susceptible to. Once a risk was identified an intervention would be put in place to mitigate it.

For example, it has already been identified that one resident might be at risk of falling using the bathtub. To mitigate the risk the person in charge had organised a grab rail to be installed, which would be done prior to the resident moving in.

The inspector also observed that each resident would have an up to date falls risk assessment completed and on their file as required by the centres own policies.

There was a system in place to review any incidents and accidents occurring in the centre. The person in charge said that should an adverse incident occur in the centre it would be recorded, reported and discussed at staff meetings so as learning from the incident could be shared among the entire staff team.

The inspector also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers had been installed in August 2016, as were emergency lighting, smoke detectors and fire doors

Documentation read by the inspector informed that staff would do daily checks on the fire panel and would check that escape routes were clear. Weekly checks would also be

carried out on fire doors and smoke alarms.

Fire drills were to be carried out quarterly and the residents would also have individual personal emergency evacuation plans in place.

There was also a missing person's policy in the centre which had been reviewed in 2014. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from their home.

The inspector also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of adverse weather conditions, flooding, power failure and how to manage an adverse incident should it occur.

It was observed that there was adequate hand sanitizing gels, soaps, hand sanitizers and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety and manual handling (or would have by the time the centre would be registered).

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):

This was the centre's first inspection by the Authority.

Findings:

Overall this inspection found that there were adequate systems in place to protect the residents from all forms of abuse across the centre.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff on how to protect the residents in the centre.

Of a sample of files viewed, staff had up-to-date training in safeguarding of vulnerable adults (or would have by the time the centre opened) and from speaking with management at length the inspector found her to be knowledgeable in relation to what constitutes all forms of abuse and on the related reporting procedures.

Details of the designated person to deal with any allegations of abuse were also on public display in the centre.

There was a policy in place for the provision of intimate personal care. All residents were to have a personal and intimate care plan in place which would provide comprehensive guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to each resident.

Some of these were already in place and the inspector found that they were informative of how best to provide intimate care to the residents while maintaining their dignity and respect.

There was also a policy in place for the use of restrictive practices however, the person in charge informed the inspector that there would be no restrictions in use in the centre. p.r.n. medicines were not in use with the exception of pain relief as and when required.

There was a policy for the provision of behavioural support and where required each resident would have a positive behavioural support plan in place.

From viewing a sample of documentation, the inspector found some residents already had positive behavioural support plans in place and they were to be reviewed and updated when these residents moved into the centre. The inspector also observed that all staff had the required training in managing challenging behaviour.

Residents' monies would be kept safe through robust record keeping procedures. The person in charge informed the inspector that records and receipts were to be kept of all financial transactions each resident made and their finances would be regularly checked to ensure that they could be accurately accounted for.

Documentation informed the inspector that the residents finances would also audited to ensure accuracy and transparency of their income and expenditure.

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):

This was the centre's first inspection by the Authority.

Findings:

Arrangements were in place to ensure a record of all incidents occurring in the designated centre would be maintained and, where required, notified to the Chief Inspector.

The person in charge and person participating in management demonstrated to the inspector they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that arrangements were in place to ensure that the welfare and development needs of the residents would be promoted and the residents would be provided with social inclusion activities based on their interests, requests and assessed needs.

There was a policy on access to education, training and life skills development which was reviewed in 2015. The purpose of the policy was to recognise that training and education opportunities could promote the self esteem and self worth of the individuals living in the centre.

The inspectors observed in the resident's documentation that they would be supported and encouraged to maintain their independence and where required individualised supports would be put in place for the resident to further support and facilitate independent living skills.

The person in charge also informed the inspector that she would explore education and training opportunities for the residents in the local vocational college which was in close proximity to the centre.

Residents would also be supported to use their local community and the facilities that were on offer such as health clubs, pubs, shops, barbers and shopping centres.

It was also observed that each resident attended a day activation centre where they engaged in meaningful activities of their choosing.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that arrangements would be in place to ensure that residents health care needs would be regularly reviewed with appropriate input from allied health care professionals where and when required.

The person in charge informed the inspector that arrangements would be in place in relation to the residents having access to a GP and a range of other allied health care services as and when required.

From viewing a sample of documentation the inspector observed that healthcare plans were informative of how each resident would be supported to experience best possible health regarding personal hygiene, dental care, mobility, and positive mental health.

The inspector found that monitoring documents would be maintained in the centre. From viewing this documentation, the inspector was satisfied that GP check-ups would be facilitated as and when required and clinical observations and treatments would be provided for.

The inspector got to view one resident's current healthcare plans and they were informative that the resident had regular access to a GP, hospital appointments were facilitated, medication was reviewed regularly and dental visits were facilitated as and when required.

It was also observed that if required input from other allied healthcare professions could be sourced, such as speech and language therapy, occupational therapy and physiotherapy.

Positive mental health would also be provided for and where required the resident would have access to support for their mental health from a psychiatrist.

Residents' health care plans were informative of how best to manage special conditions such as epilepsy. Where a resident had epilepsy a support plan was in place to support the resident and staff to manage the condition.

The inspector found that arrangements were in place to ensure residents' nutritional needs would be met. Their weight was to be recorded and monitored on a monthly basis. Menu planning and healthy choices formed part of discussion between the resident and staff during weekly meetings.

The inspector observed that individual choice would be respected with regard to the resident's individual preferences for food. There was a varied range of healthy food options to choose from and all in pictorial format to suit the communication style of the resident.

The person in charge and staff member informed the inspector that meal times would be a relaxed and social occasion and staff would have their meals with the resident when on duty.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the medication management policies, which were reviewed in 2015, were satisfactory and that medication practices described by the person in charge were suitable and safe.

The inspector was satisfied that there were appropriate procedures in place for the ordering, handling, administration and disposal of unused medicines in the centre.

An individual medication plan was also to be in place for the resident and would be reviewed accordingly and in line with the resident's individual personal plan.

A locked drug press secured in a room just off the kitchen was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

The inspector observed that all non nursing staff were trained in the safe administration of medication in the centre.

There would be no controlled drugs in use in the centre. Medicines were to be routinely checked and audited so as that all medication in use in the centre could be accurately accounted for at all times.

Systems were found to be in place for reviewing and monitoring safe medicines management practices. For example, the inspector observed that there were systems in place to record any drug errors made and for learning from such incidents if and when they might occur.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had a statement of purpose which outlined the aims, objectives and ethos of the centre and the services and facilities to be provided to residents.

The centre had a statement of purpose and arrangements were in place for it to be reviewed annually or sooner if required.

The statement of purpose contained all of the information required by Schedule 1 of the regulations 2013.

The statement of purpose was found to be a comprehensive document that detailed the services to be provided to the residents.

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was to be supported in her role by an experienced and qualified person participating in management. Both were qualified nursing staff with significant experience of working in and managing services for people with disabilities.

From speaking with the person in charge it was evident that she had an in-depth knowledge of the individual needs and supports of the resident who was to move into the centre.

She was also aware of her statutory obligations and responsibilities with regard to the role of person in charge and person participating in the management of the centre and to their remit to the Health Act (2007) and Regulations.

The inspector found that the person in charge would provide good support, leadership and direction to her staff team. A template for staff supervision was viewed by the inspector and it was found to be supportive in providing staff with adequate supervision and support.

The inspector also found that appropriate management systems were in place for the absence of the person in charge. A qualified person participating in management had a remit to the centre and could be contacted by staff at any time for advice and support.

The person participating in management was also to be rostered in the centre on a regular basis. There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual review of the Quality and Safety of Care would be facilitated as required by the regulations. Again the inspector saw the template for this and was satisfied that it would identify areas of compliance and areas of non compliance.

The inspector was also satisfied that appropriate actions would be put in place to address areas of non compliance.

Systems would also be in place to facilitate announced and unannounced visits and audits of the centre. The person in charge informed the inspector that the service quality enhancement team would facilitate these visits and audits.

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

The person in charge of the centre had not been absent at any time for a period longer than 28 days, however she was aware of the statutory obligation to inform HIQA should this be the case in the future.

It was also observed that suitable arrangements would be in place for the management of the centre in his absence. There was a qualified person participating in management assigned to the centre and an on-call system in place 24/7 as a support to staff if and when required.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors observed that sufficient resources would be available to meet resident's assessed needs and as required in line with the statement of purpose.

Core staffing levels were to be rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. The person in charge also informed the inspector that staffing resources could be adjusted and increased based on the resident's support needs.

The person in charge also confirmed that while the centre did not have the resource of a vehicle on a full time basis, they could access transport from another nearby centre to support social outings for the residents. It was also observed that the centre was in close proximity to all local amenities, a local taxi rank and public transport.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that there would be adequate staff numbers and skill mix in place to support the residents, meet their assessed needs and to provide for the safe delivery of services.

The centre was to be staffed by a mixture of qualified nursing staff, social care workers and qualified health care assistants.

The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation.

From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support. (Some gaps were found in training however, the inspector was reassured that these would be addressed before the centre was opened).

All staff were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

It was observed that the person in charge would meet with her staff on a regular basis and would undertake annual appraisals with them. A template was also in place to provide for a system of formal supervision with her staff.

The inspector observed that there would be good continuity of care provided as staff who were familiar with the residents individual needs were to be deployed to the centre.

At all times throughout the inspection the inspector noted that the person in charge and management spoke respectfully about the residents and knew their care support requirements at an intimate level.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that systems were in place to maintain complete and accurate records in the centre.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5.

A resident's guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspectors found that records that related to residents and staff were comprehensive and maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

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:

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