## Centre Information

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Silver View</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005601</td>
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<tr>
<td>Centre county:</td>
<td>Louth</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 Company Limited By Guarantee</td>
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<tr>
<td>Provider Nominee:</td>
<td>Declan Moore</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Raymond Lynch</td>
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<tr>
<td>Support inspector(s):</td>
<td>Declan Carey</td>
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<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>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</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 1 day(s).

The inspection took place over the following dates and times
From: 28 February 2017 10:00
To: 28 February 2017 16:00

The table below sets out the outcomes that were inspected against on this inspection.

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<th>Outcome 05: Social Care Needs</th>
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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 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

Background to Inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God Community Services Ltd (the provider).

The centre was purposely acquired to support two residents that required the provision of a specialised and individualised support service system. It was a detached bungalow in a quiet setting and the residents in question had yet to move in.

As part of a previous inspection, one of the inspectors met with one of the residents due to transition into this centre and found that they liked their own space, routine and familiarity of staff.

The findings on this inspection assured both inspectors that this centre was equipped to provide the residents with a person centred home that was suited to their individual assessed needs and preferences.

How we Gathered Evidence:
The inspector interviewed one staff member about the service to be provided and the resources required to support the resident. The person in charge was also spoken with at length as was the person participating in management.

Policies and documents were also viewed as part of the process including the residents' health and social care plans, complaints policy, the contract of care, transition plans, health and safety documentation and risk assessments.

The Director of Nursing and Provider Nominee were also met with as part of this inspection process.

Description of the Service:

The provider had produced a document called the statement of purpose, as required by regulation. This document described the service provided and the inspectors found that the service that was to be provided was described in detail in the statement of purpose.

The centre comprised of a detached 3 bedroom bungalow in a rural setting in close proximity to a town in Co. Louth.

Transport was to be provided so as the resident could access local amenities such as churches, hotels, restaurants, barbers, pubs, snooker club and shopping centres. The town also had a regular bus service for trips further afield if and when required by the resident.

The centre was also in close proximity to the residents’ family homes and the person in charge informed the inspectors that family members would be welcome to visit the centre at any time and they would also support the residents to visit their family homes.

Overall Judgment of our Findings:

Overall significant levels of compliance were found across all outcomes assessed and the inspectors found that provisions were in place to meet the assessed social care needs and healthcare needs of the residents. There were also adequate systems in place to manage risk and to promote the safety and welfare of both staff and residents.

The inspectors were also assured that once this centre was opened there would be satisfactory governance and management arrangements in place to ensure the safe and effective delivery of service to the residents.
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 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 inspectors found that the assessed health and social care needs of the residents would be supported and where and when required multidisciplinary support and input would be provided.

It was also observed that this was a specialised centre that was to be organised around the unique and individual needs of both residents due to transition into the centre.

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

One resident due to move in already had a comprehensive health and social care plan in place and on reviewing this file the inspectors found that the main goal for this resident was to successfully transition to their new home, with support from familiar staff and family members.

One resident was already familiar with the nearby town in Co. Louth and inspectors saw that the resident had already visited the town and used some of the local amenities such as the local shops.

The inspectors found that individual care plans were informative of important information relating to each resident such as their background, family members, important people in their lives, hobbies, likes, dislikes and communication needs.
It was also observed that one of the residents liked to go for short walks and play football and the inspectors observed that there were ample facilities in and around the centre to provide for this.

Staff also informed the inspector that they would support the residents to identify goals that were important to them and continue to use the local amenities such as local pubs, shops, cafes and restaurants.

However, and as stated above, this was to be on the residents’ terms taking into account their individual social preferences and requests.

**Judgment:**
Compliant

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**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

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**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 inspectors were satisfied that it would meet the residents’ needs in a safe, comfortable and homely manner.

The centre comprised of a detached three bedroom single story bungalow in a rural setting just outside the busy town of Ardee in County Louth. The town provided access to local amenities such as shops, restaurants, pubs, barbers, churches and cafes.

Both residents were to have their own individual double bedrooms which were to be decorated to their individual likes and preferences. One resident was also bringing his own furniture to the centre and the inspectors saw that their bedroom already had pictures of family members and friends on display.

Communal facilities included a large hallway on entrance to the house, a separate sitting room, a well equipped kitchen cum dining room, a utility room, a very large bathroom inclusive of both a shower and bathtub and a separate room that staff could use for office space and/or sleep over room.
The centre was clean and in a good state of repair throughout. The fixtures and fittings were modern and it was well ventilated, warm and tastefully decorated.

There was a large, very well maintained garden to the front of the property, a side entrance and a very large well maintained garden to the rear of the property.

The inspectors observed that this setting was ideal for the residents as some of them liked to take short walks in close proximity to their home and play football in the garden.

The person in charge also informed the inspectors that garden patio furniture would be purchased for the residents to avail of in the summer months.

Although the centre was close to the large town of Ardee, its location was private and it provided adequate space for both residents that were to live there. There was also ample car parking space to the front of the property and rear of the property.

**Judgment:**
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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspectors were satisfied that the health and safety of residents, visitors and staff would be supported and promoted in the centre once it was open and operational.

There was a Health and Safety Statement in place which was specific to the centre and was developed in February 2017. 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 January 2017. The risk management policy was comprehensive and met the requirements of the Regulations.

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

For example, a risk in this centre was identified regarding the use of unfamiliar staff with
some of these residents.
The risk assessment in place, person in charge, person participating in management, the staff nurse and director of nursing all informed both inspectors that only staff familiar to the residents would be working in the centre so as to ensure safety and continuity of care.

There was also a comprehensive risk assessment completed on the staffing arrangements to be in place in the centre. There was only one staff member to be on duty at any given time and the person in charge informed the inspectors there were a number of ways in which they were going to mitigate this risk.

For example there were adequate on-call arrangements in place, the centre was going to link up with another centre close by and there was also a monitored alarm system in place that could be activated at any time should the need arise. It was also observed that staff were familiar with these safety support arrangements.

There was a system in place to review any incidents and accidents occurring in the centre. The staff nurse informed both inspectors that should any adverse incident occur in the centre they would ensure the residents safety first and foremost, the incident would be recorded and reported to management and where appropriate the designated safeguarding officer.

The inspectors 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 February 2017, as were emergency lighting and smoke detectors. Fire doors had also been purchased for the centre and were ready to be installed. The person in charge assured both inspectors that these doors would be in operation prior to the centre opening.

Documentation read by the inspector informed that staff would do daily checks on escape routes and the fire panel. Weekly checks would also be carried out on fire doors, smoke alarms, manual call points and emergency lighting.

Monthly checks were to be carried out on fire signage, fire drills were to be carried out on a quarterly basis and the residents would also have an updated individual personal emergency evacuation plan in place.

There was also a missing person’s policy in place which had been reviewed in August 2016. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from their home.

The inspectors 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 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. The person in charge also assured the inspectors that prior to the centre opening, all staff would also have undertaken site specific fire training.

**Judgment:**
Compliant

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**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

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**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 resident in the centre.

One inspector at a previous inspection in 2016 viewed a sample of staff files and found that staff had up-to-date training in safeguarding of vulnerable adults and from speaking with management and one staff member at length on this inspection, both inspectors found them to be knowledgeable in relation to what constitutes all forms of abuse and on the related reporting policies and procedures.

The staff member was also aware that there was a designated person to deal with any allegations of abuse and details of this person were on public display in the centre.

There was a policy in place for the provision of intimate personal care and the inspectors saw that 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.

There was also a policy in place for the use of restrictive practices however, the person
in charge, staff nurse and person participating in management informed the inspectors that there would be no restrictions in use in the centre.

It was also observed that p.r.n. medicines were not in use for the resident with the exception of pain relief as and when required. There was a policy for the provision of behavioural support and inspectors got to observed one of the resident positive behavioural support plan.

From viewing the plan, the inspector found it to be informative on how best to support the resident with behaviours of concern in a low arousal and calm manner. Staff spoken with were also able to verbalise how to put the positive behavioural support plan into action.

It was also observed that the positive behavioural support plan was reviewed as required by a clinical nurse specialist on an annual basis or sooner if required and support was also provided from other allied health care professionals such as a psychiatrist.

The inspector also observed that all staff had the required training in managing challenging behaviour (or were scheduled to undertake such training prior to the centre opening).

Resident’s money 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 the 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

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**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 inspectors found that arrangements would be in place to ensure that each resident’s health care needs would be supported, regularly reviewed and with appropriate input
from allied health care professionals where and when required.

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

From viewing one resident’s documentation the inspectors observed that healthcare plans were informative of how residents were supported to experience best possible health regarding personal hygiene, nutrition, dental care, mobility, and positive mental health.

The inspectors also found that monitoring documents were 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.

Consultations with the dentist would also be facilitated and the residents would have regular access to a clinical nurse specialist in health promotion.

Positive mental health was also being provided for and where required residents had access to psychiatry support for their mental health and wellbeing.

Residents’ health care plans were informative of how best to manage special conditions such high cholesterol. One resident was already being supported to make healthy life style choices in order to support the management of this condition.

The inspectors found that arrangements were in place to ensure residents’ nutritional needs would be met. Their weight was to be recorded and monitored on a regular basis.

Documentation informed the inspectors that menu planning and healthy choices were to form part of discussion between the resident and staff during weekly meetings.

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

One inspector met with one of the residents and the staff team that were to support them in their new home on a previous inspection and found that mealtimes were a relaxed and social occasion.

**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 inspectors found that the medication management policies were satisfactory and that medication practices described by the person participating in management were suitable and safe.

The inspectors were 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 each resident and would be reviewed accordingly and in line with the resident’s individual personal plan.

A locked drug press secured in the centre was in place and medication prescription sheets provided sufficient detail to ensure safe prescription, administration and recording standards.

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

Three non nursing staff required training in the administration of rescue medication however, the inspectors observed that all three had been schedules to attend this training prior to the opening of 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

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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

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Overall the inspectors 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 and person participating in management it was evident that they had an in-depth knowledge of the individual needs and supports of the first resident who was to move into the centre.

They were also aware of their 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 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 would 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.

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

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**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 inspectors were satisfied that there would be adequate staffing arrangements and skill mix in place to support the residents and to provide for the safe delivery of services.

The centre was to be staffed by a mixture of qualified nursing staff, qualified 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 (or would have it completed prior to the opening of the centre).

The staff files were viewed by one inspector on a previous inspection in 2016 and from a sample of those files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support. (Again the person in charge assured the inspectors that prior to the centre opening, all staff would have site specific fire training completed).

From the sample of files viewed in 2016, it was found that all staff were recruited, selected and vetted in accordance with best practice and schedule 2 of 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 in the centre as only staff that were familiar with the residents would be deployed to work in the centre. (It
was observed that the first resident to move into the centre was to be supported with their transition by staff currently working with them).

At all times throughout the inspection the inspectors noted that all management and staff spoken with spoke very respectfully about the residents and knew their care support requirements at an intimate level (as they were currently working with one of them).

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:

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority