

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	An Diadán
<b>Centre ID:</b>	OSV-0005654
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Provider Nominee:</b>	Declan Moore
<b>Lead inspector:</b>	Declan Carey
<b>Support inspector(s):</b>	
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	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: 26 July 2017 09:00 To: 26 July 2017 16:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**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 four residents that required the provision of support and housing based on the individual needs of residents. It was a detached bungalow in a small rural town and residents had not moved in, on the day of inspection.

The findings on this inspection assured the inspector 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 two staff members about the service to be provided and the resources required to support residents. The person in charge was also spoken with at length, as was the person participating in management throughout the

course of this inspection.

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 Provider Nominee was 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 Regulations. This document described the service provided and the inspector found that the service that was to be provided was described in detail in the statement of purpose.

The centre was recently refurbished and comprised of a detached 4 bedroom bungalow centrally located in a rural town in Co. Louth.

Residents could access local amenities such as churches, chemist, take away and pub. The designated centre will have its own transport for residents to travel to a larger town with access to shopping centres, restaurants, barbers, pubs, sports and leisure facilities and shopping centres. The centre was conveniently located to a main motorway that will facilitate links to other amenities and services.

The person in charge informed the inspector that family members would be welcome to visit the centre at any time and they would also support residents to visit their family homes on a regular basis.

#### Overall Judgment of Findings:

Overall significant levels of compliance were found across all outcomes assessed and the inspector 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 inspector 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 inspector found that the assessed health and social care needs of the residents would be supported and when required, multidisciplinary support would be provided.

The person in charge outlined all residents would have a comprehensive health, personal and social care plan in place within 28 days of moving into the centre. The inspector viewed a template that will form part of each resident's personal plan that included relevant information, assessments, care plans, goal setting and other information to support residents.

The inspector found that individual care plans would be informative of important information relating to each resident such as their background, family members, important people in their lives, daytime activities, hobbies, likes, dislikes and communication needs.

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 clubs, pubs, shops, leisure facilities and gardening. The person participating in management outlined work has begun in relation to potential activity sampling.

The person in charge outlined the centre was recently refurbished and modified to meet the needs of the residents with accessible features throughout. The inspector observed while adaptations had been carried out, the centre was arranged to be a homely environment for residents. For example, residents had begun to put their own photographs in their rooms and some residents had moved some of their belongings

into the centre.

The inspector observed some residents were already familiar with the centre and had used some of the local amenities such as the local shops.

The person in charge outlined that there was a transition plan in place to support all residents moving into the centre. The inspector found transition plans were detailed and informative on supporting residents planning to move to the centre. The transition plan for each resident included health, personal and social information. Residents' relatives and their representatives are involved in the transition process. As part of the transition plan, each resident has a member of staff as a key worker and multidisciplinary input to support them.

Residents' transition plans were in an accessible format for residents, with photographs of residents having meals, choosing their own furniture, colours for their room and choosing unique features to their room based on their own preferences. The inspector found assistive technology was used to support some residents with their transition plan.

**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 residents' needs in a safe, comfortable and homely manner.

The centre comprised of a detached four bedroom single story bungalow in a rural town in County Louth. The town provided access to local amenities such as shops, restaurants, pubs, barbers, churches and cafes.

All residents were to have their own individual bedrooms and storage space which were to be decorated to their individual likes and preferences. One bedroom had an en-suite bathroom. Some residents had already moved their own furniture to the centre and the

inspector saw some bedrooms had pictures of residents, family members and friends on display.

Communal facilities included a large hallway on entrance to the house, two separate sitting rooms, a well equipped kitchen cum dining room, a utility room with laundry facilities and a large bathroom. There was a also a smaller bathroom located beside the utility room.

The person in charge outlined there will be no office space for staff, however staff would use a mobile computer in the centre for office work. The person in charge outlined in keeping with providing a homely environment for residents, staff would use this mobile computer in a manner that would not impinge on the residents in the designated centre.

The centre was recently refurbished, in a good state of repair and clean throughout. The fixtures and fittings were modern and it was well ventilated, warm and decorated. The person in charge outlined there were adequate arrangements to be put in place for the safe disposal of general and clinical waste.

There was a large maintained accessible garden to the back of the property and two side entrances, with ample facility for parking to the front of the property. The property had adequate fencing throughout, both at the front and rear of the property. The inspector observed that this setting was ideal for the residents as some of them liked gardening and going for walks.

The person in charge also informed the inspectors that garden furniture was purchased and a raised garden was installed to allow residents to use and develop the garden area, going forward.

The inspector found the premises and facilities provided adequate space for the residents intending to live there.

**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 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 June 2017. The Health and Safety Statement made reference to keeping residents' safe and providing a safe workplace for staff.

There was also an integrated risk management policy which had been reviewed in March 2017. This policy was comprehensive and met the requirements of the Regulations.

The inspector was satisfied that where a risk was identified it would be appropriately addressed and actions put in place to mitigate it. There were a number of risks identified for the centre and for individual residents planning on moving into the centre. The process of identifying other risks and putting control measures in place was ongoing prior to residents moving into the centre.

For example, a risk in the centre was identified in the area of dysphagia. There were a number of control measures to be put in place to mitigate this risk including speech and language assessment, residents supported at meal times, specific management plan to be put in place, menu planning would take into account the assessed needs of residents and daily recording of food and fluid intake.

The person in charge and person participating in management outlined all risks for residents would be reviewed on a quarterly basis and as necessary. The person in charge outlined all adverse incidents occurring in centre would be recorded on a national database, reviewed by senior management in the service, the management team in the centre and discussed at staff meetings to prevent a further reoccurrence. The inspector viewed a template for reporting adverse incidents.

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

On the day of inspection, the installation of break glass panels and fire signage were in the process of being installed. The person in charge outlined to the inspector these outstanding works would be completed prior to the opening of the centre.

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.

There was a schedule for fire drills to be carried out on a quarterly basis including both day and night-time drills. The inspector viewed a template for a personal emergency evacuation plan for each resident to be put in place.

There was also a missing person's policy in place which had been reviewed in July 2017. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from their home. There was an emergency response plan in place compiled in July 2017, which outlined support, guidance and procedures on what to do in the event of an emergency.



It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre.

From reviewing the training matrix, all staff had required training in fire safety and manual handling. The person in charge also assured the inspector that prior to the centre opening, all staff would have undertaken site specific fire training.

**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 residents in the centre.

Staff spoken with during inspection, were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting procedures. They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

There was a policy in place for the provision of intimate and personal care. The inspector 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.

The inspector reviewed some intimate care plans on this inspection, which was designed to guide practice for supporting residents, while respecting their privacy and dignity. The person in charge outlined this template would be used in this centre for residents, when they move in.

There was a policy for the provision of behavioural support and the inspector observed some residents' positive behavioural support plans. From viewing the plans, the inspector found them to be informative on how best to support residents assessed needs in a low arousal and calm manner. Staff spoken with were also able to verbalise how to put positive behavioural support plans into action.

The person in charge outlined positive behavioural support plans could be reviewed on a weekly basis by the Positive Behaviour Support Committee, if required. Positive behavioural support plans had the input of a multidisciplinary team, staff from the centre, a clinical nurse specialist in positive behavioural support, along with residents and their families or representatives.

Plans included background information, proactive strategies, reactive strategies, communication tools and as a safeguarding measure p.r.n. protocols to be followed as prescribed, if required and to be used as a last resort.

All staff received training in safeguarding and the management of behaviours of concern that included de-escalation and intervention techniques as required.

There was also a policy in place for the use of restrictive practices reviewed in July 2017. The person in charge and person participating in management informed the inspector that there would be no physical or environmental restrictions in use in the centre.

It was also observed that some as required (p.r.n.) medicines were to be used in this centre for some residents. It was observed as required medicines were to be used only if required and there would be strict protocols in place for its administration. There was an up-to-date policy in place on the administration of as required medication, to guide staff who administer this medication.

The aim of the policy was to provide direction and support for the safe and effective management of administering as required medicines. The person in charge outlined a review of as required medicines would be carried out as part of residents care plans, to determine the clinical need.

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 for all financial transactions residents 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 be audited quarterly or as necessary, to ensure accuracy and transparency of resident's income and expenditure. A template of the contract of care detailing services and fees to be paid by residents was reviewed by the inspector.

**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 inspectors found that arrangements would be in place to ensure that each resident's health care needs would be supported and positive health encouraged in the centre.

The person in charge and person participating in management informed the inspector that each resident would receive a full health assessment after moving into the centre.

From viewing some residents' transition care plans and template documentation to be used in the centre, the inspector observed that healthcare plans were informative of how residents would be supported to experience best possible health.

Each resident would have a detailed hospital passport to include information medical history, current medications, consent documentation, communication profile, care plans and specific management plans for issues such as epilepsy.

From viewing this documentation, the inspector was satisfied that appointments and follow-up appointments would be facilitated by staff in the centre. The person in charge outlined and documentation reviewed found all residents had been allocated their own G.P. (General Practitioner) and a staff nurse in the centre was assigned as a key worker for health issues for each resident.

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

The person in charge outlined the provider employed two clinical nurse specialists in health promotion, one in dementia and one in positive behaviour support, and had regular access to a visiting dietitian. 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 regular basis.

Documentation informed the inspector that menu plans would be developed with residents and staff, during weekly residents' meetings. The inspector viewed a sample of menu plans to be used in the centre when residents move in. There would be an accessible format for menu planning in the centre for residents.

The plans would take into consideration residents' preferences, individual needs or care

plans required in relation to eating or drinking for residents.

For example, some residents moving into the centre have modified diets on the recommendation of a speech and language therapist and staff were knowledgeable around some residents' needs. The person in charge outlined staff will encourage and support meal preparation by residents going forward, when they move into the centre.

**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 in charge 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. This would also detail the list of medications for residents and if, any residents had allergies.

A locked drug press in the centre was in place and nursing staff in the centre outlined medication prescription sheets would provide sufficient detail to ensure safe prescription, ordering, administration and recording standards.

The inspector observed that all non-nursing staff who will administer medication were trained in the safe administration of medication in the centre. The person in charge outlined all staff that required training in the administration of rescue medication had this training. There was a plan in place to have for all staff to have this training, in the future.

The person in charge outlined there would be no controlled drugs in use in the centre. Medicines were to be routinely checked and audited weekly by the person in charge and person participating in management, to ensure 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 medicine management practices that involved the person in charge, G.P. and senior nursing staff from outside the centre.

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.

The inspector found a template for an assessment for the self-administration of medication to be carried out, when residents move into the centre.

**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 their role by clinical nurse manager, who was a person participating in management. Both were qualified nursing staff with significant experience of working in and managing services for people with disabilities. The person in charge would be supernumerary to the roster and is a person in charge for another designated centre.

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 all residents who were due 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 their staff team. A template for staff supervision was viewed by the inspector and was found to be supportive in providing staff with adequate supervision and support.

The inspector also found that appropriate management systems would be in place for the absence of the person in charge. A qualified person participating in management would take over and could be contacted by staff at any time for advice and support. In the absence of the person participating in management and person in charge, one of the staff team would assume the role of shift leader.

There was also an on-call system in place, where staff could contact a senior nurse manager 24/7 in the event of any unforeseen circumstance. The inspector viewed a template for the annual review of the quality and safety of care to be carried out for the centre. The inspector was satisfied that appropriate actions would be put in place to address areas of non compliance.

The inspector viewed a template for audits including hygiene, person care plans, finances, medication and fire. The person in charge outlined these audits would be carried out on a regular basis, findings would be raised at staff meetings and carried out by the person participating in management and the person in charge. The person in charge informed the inspector that a quality enhancement team would facilitate unannounced and announced visits to the centre, on behalf of the provider.

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

The centre was to be staffed by a mixture of nursing staff, social care workers and health care assistants. The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with Regulations.

From a reviewing the training matrix by the inspector, all staff had up to date training in safeguarding, manual handling and fire safety. The person in charge assured the inspector that prior to the centre opening, all staff would have site specific fire training completed.

Some staff required training in other areas and dates had been identified by the person in charge prior to this inspection. For example, the person in charge outlined areas such as dysphagia training was not required for all staff, but there was a plan in place to have staff trained in this area going forward.

From the sample of files viewed, 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 review with them. A template was also in place to provide for a system of formal supervision with their staff.

The inspector observed that there would be good continuity of care in the centre with a number of staff transferring to the centre on a permanent and some on a temporary basis. The person in charge outlined there was a key worker system that ensured that only staff transferring permanently and who knew residents would be their key workers.

There were a small number of new staff that will begin to work with residents and these staff will work with residents prior to them moving to this centre, as part of residents' transition plans.

At all times throughout the inspection, the inspector noted that staff spoken with spoke respectfully about the residents and were knowledgeable about their care and support requirements.

**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:***

Declan Carey  
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Regulation Directorate  
Health Information and Quality Authority



