<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Morenane House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001819</td>
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<tr>
<td>Centre county:</td>
<td>Limerick</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Joseph's Foundation</td>
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<tr>
<td>Provider Nominee:</td>
<td>Catherine O'Connell</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>7</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>19 October 2017 11:00</td>
<td>19 October 2017 18:00</td>
</tr>
<tr>
<td>20 October 2017 10:30</td>
<td>20 October 2017 16:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

Background to the inspection:
This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). This inspection was undertaken to inform a decision in relation to an application by the provider to renew the registration of the centre.

Description of the service:
St Joseph’s Foundation provides a range of day, residential and respite services in North Cork and Limerick. The centre was based in a rural setting near to a large town in county Limerick and consisted of one large house and two separate
apartments. Five residents lived in the house and one resident lived in each of the apartments.

How we gathered our evidence:
The inspector met all seven residents, one of whom said that they were very happy living in the centre. In addition two families of residents had completed questionnaires for HIQA prior to the inspection giving feedback on the centre, which in general was very positive about the service being provided.

Inspectors also met with staff during the inspection and observed their interactions with the residents. In addition inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Overall judgment of findings:
Following the previous inspection two single apartments had been opened in the centre to facilitate an additional two residents. The person in charge was present during the inspection and outlined how both residents had been facilitated in making the transition to this new community living arrangement. Both residents’ needs had been assessed to measure the individual’s support needs in personal, work-related, healthcare and social activities in order to identify and describe the types and intensity of the supports the individual required.

The centre demonstrated a commitment to residents engaging in further education, training and lifelong learning. Some residents had undertaken further training and education including certificates in horse care and horse management.

Staff were seen to support residents in a respectful and dignified manner. There was an operational manual that had been prepared for staff in the house. This gave an excellent introduction to the centre for new staff.

However, improvement was also required:
- As was found on the previous inspection each resident’s communication needs were not being met. Improvement was required to ensure that all assistance and was available to support each resident to communicate. The impact of this failing was demonstrated by reported incidents in the centre (Outcome 2: Communication).
- The St Joseph’s Foundation service had identified that the centre was not meeting each individual residents’ needs, and plans were being put in place to address this (Outcome 5: Social Care Needs).
- While there were examples of residents being presumed to have capacity for all issues, overall improvement was also required in relation to ensuring that each resident participated in and consented to decisions about their care and support (Outcome 1: Residents’ Rights).
- The St Joseph’s Foundation service itself had identified that current management arrangements could not ensure effective governance, operational management and administration of the designated centre concerned. A recruitment process was underway for a person in charge for this centre (Outcome 14: Governance).
- The use of the communication diary to store hospital appointments and to record incidents/complaints did not ensure that an accurate record was maintained of the
care and support being provided to residents (Outcome 18: Records).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Each resident’s privacy and dignity was respected. However, improvement was required in how complaints were being received and managed once received. While there were examples of residents being presumed to have capacity for all issues, overall improvement was also required in relation to ensuring that each resident participated in and consented to decisions about their care and support.

There was a complaints policy which was also available in an easy to read format. The policy was displayed throughout the centre. However, improvement was required in how complaints were being received and managed once received. For example, one received complaint received in December 2016 also related to a safeguarding incident. There had been an audit of complaints in May 2017 and it was identified that the complaint was also a safeguarding incident. While the substantive issue in the complaint had been managed by the service as per the complaints policy, it was not clear if this complaint had since been managed in accordance with the centre’s safeguarding policy.

In addition, the complaints process was not always being followed. For example, the communication diary that staff used for day to day activities had a complaint that had not been managed in accordance with the complaints process.

Overall, improvement was also required in relation to ensuring that each resident participated in and consented to decisions about their care and support. There had been an example of a resident being acknowledged as having the presumption to sign a tenancy agreement on their own behalf in accordance with the “common law presumption of mental capacity for all issues”. However, in contrast, there had been an
issue where one resident had not been deemed capable of giving consent to treatment in an acute general hospital. The impact here was that decisions about residents’ care could be taken without exploring the residents’ wishes and preferences.

There were weekly house meetings for residents and issues discussed included choices around activities, social events and the general running of the house. Residents could keep control of their own possessions. There was an up to date property list in each resident’s personal outcomes folder which identified when the resident bought or received items like furniture or bedside lamps. There was adequate space for clothes and personal possessions in all bedrooms.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was a policy on communication and each resident had an assessment of communication needs. However, as was found on the previous inspection each resident’s communication needs were not being met. Improvement was required to ensure that all assistance and was available to support each resident to communicate.

There were a number of communication forums for residents including the weekly house meetings. Some residents clearly expressed to the inspector that they did not wish to participate in these house meetings. The inspector observed a communication board in the kitchen areas which contained a picture rota of which staff were on duty. There were also activity planners throughout the centre so that each resident knew what was planned for the day. Some residents said that they did not like to stick to this activity plan but were happy to do some of the things on the plan.

Each resident had an assessment of communication needs that outlined what supports, if any, that residents required. However, as was found on the previous inspection each resident’s communication needs were not being met, and in particular one resident with specific communication requirements was not being adequately supported.

The St Joseph’s Foundation in its own quality review of the centre in October 2017 had comments from some families that not all that residents’ communication needs were
being met. In addition a service multidisciplinary annual review in August 2017 had identified deficits in staff training in relation to communication needs. The impact of this failing was demonstrated by reported incidents in the centre. For example, in July 2017 HIQA had been notified of an incident relating to deficits in staff knowledge of how residents communicated. A more recent incident had been recorded in September 2017 where the only staff on duty could not adequately communicate with all residents.

Television was provided in the main living room, and in both apartments and a number of residents had televisions in their own room.

**Judgment:**
Non Compliant - Moderate

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### Outcome 03: Family and personal relationships and links with the community

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents were supported to develop and maintain personal relationships. Families were involved in the lives of residents.

There was evidence of good communication and contact between the service and families. Families regularly visited residents and some residents spent regular time at their family homes. One resident had recently gone on holidays abroad with his family.

The St Joseph’s Foundation service had recently asked families to participate in a survey with the aim of seeing if families were satisfied with the quality of care provided. The comments received found that in general people were satisfied with the care being provided with one family saying that their loved one “has never been happier and it is a credit to all the staff”.

There was an open visiting policy and there were no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private.

**Judgment:**
Compliant
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**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Each resident had an agreed written contract which included the details of the services to be provided.

Each resident had a written agreement in place in relation to the provision of services that had been agreed and signed by each resident and/or their families. The contracts provided that each resident would be assured security of service for as long as they wished “unless through changing circumstances (the Foundation) was unable to meet the needs e.g. funding or health”. Each resident’s contract also outlined that if “you decide to transfer residence within St Joseph’s Foundation we will provide you with information on other services that would be suitable to your needs”.

**Judgment:**

Compliant

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**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Residents who had moved into the centre in the last year were well supported in the transition between services. Each resident’s assessed needs were set out in an individualised personal plan that reflected their needs, interests and capacities.
However, the St Joseph’s Foundation service itself had identified that the centre was not meeting each individual residents’ needs.

Following the previous inspection two single apartments had been opened in the centre to facilitate an addition two residents. The person in charge was present during the inspection and outlined how both residents had been facilitated in making the transition to this new community living arrangement. Both residents’ needs had been assessed to measure the individual’s support needs in personal, work-related, healthcare and social activities in order to identify and describe the types and intensity of the supports the individual required. Both residents of these apartments said to the inspector that they were very happy with their new living arrangements. Both residents outlined that they had designed and furnished their apartments themselves. The apartments were decorated and fitted to reflect each resident’s personal taste.

It was noted that there was an annual review of each resident’s personal plan by members of the multi-disciplinary team including the occupational therapist, speech therapist, psychologist, health & safety officer and staff team members. In one such review, in September 2017, the suitability of the centre to meet the needs or abilities of one particular resident had been assessed and reviewed with the multi-disciplinary team with a recommendation that alternative placement needed to be looked at. Another resident had also identified that they wanted to move to another location. The person in charge said to the inspector that an alternative residence had been identified and a business case forwarded to the Health Service Executive, as the funding provider.

The multidisciplinary annual review was also being appropriately used to support residents to develop personal long and short-term goals in relation to the social aspects of life. This review had proved effective so that if the personal goals were not being met, then they could be revised and adjusted.

**Judgment:**
Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**
_The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order._

**Theme:**
Effective Services

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

**Findings:**
The location, design and layout of the centre was suitable for its stated purpose and met
residents’ needs in a comfortable and homely way.

The centre was based in a rural setting near to a large town in county Limerick and consisted of one large house and two separate apartments. Five residents lived in the house and one resident lived in each of the apartments.

The original premises was a domestic style two storey building that was well maintained, homely and welcoming. Bedrooms for four residents were provided on the ground floor; one bedroom was on the first floor. The location of the bedrooms was seen to be suited to the needs of the residents and adequate bathroom facilities were provided. There was a variety of communal day space including two sitting rooms and a sun room that opened out from the kitchen/dining room. All rooms were bright, spacious and comfortably furnished.

A large open courtyard led to the two apartments each of which had a kitchen/dining area and a separate sitting room. Upstairs was the bedroom and bathroom facilities.

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):
No actions were required from the previous inspection.

Findings:
The health and safety of residents, visitors and staff was promoted and protected. However, some improvement was still required in relation to the management and ongoing review of risk.

There was a risk management policy and separate risk assessments to control hazards including safeguarding, unexplained absence of a resident, injury, aggression and self harm. Each resident had participated in identifying specific hazards relating to their lives that were called individual centred risk assessment forms. However, some improvement was required in ensuring that the risk assessment adequately reflected all controls that were in place for each identified hazards.

There was an incident management system in place and the service itself had reviewed 97 incidents from March 2017 to October 2017, as part of the service review of quality and safety. In its own analysis the St Josephs Foundation had identified specific issues that it had taken action to address in areas like medicines management.
The centre had a separate risk register in place which was designed to log all the hazards that the centre is actively managing. In practice the risk register identified health and safety issues and did not identify centre specific issues, like for example the changing needs of residents. In addition, it was also unclear if, or how, hazards on the risk register were being escalated to the management team of St Joseph’s Foundation.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. There were records to show, and the person in charge confirmed, that all staff had received training in fire safety management. Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation.

**Judgment:**
Substantially Compliant

**Outcome 08: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

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

**Findings:**
Measures to protect residents being harmed were in place. A restraint-free environment was promoted. However, improvement was required in relation to the oversight of medicines being used outside of licence. The St Joseph’s Foundation service had also noted that while support plans were in place to guide staff in supporting residents, greater psychological input would benefit residents and staff.

It is a requirement of the regulations that all serious adverse incidents, including safeguarding issues are reported to HIQA. Since the January 2017, 11 safeguarding issues had been submitted to HIQA. Documentation in relation to these incidents was reviewed during the inspection. All incidents had been followed up by the service in accordance with their safeguarding policy with safeguarding plans put in place as required.

The St Joseph’s Foundation policy and guidelines on the review of restrictive
interventions outlined that the organisation aspired to a restriction free environment. The service provider was obliged to notify HIQA on a quarterly basis of any occasion on which restraint was used (such as physical, environmental or chemical). There was a centre restrictive practices review log that recorded all restrictions available in the centre. The log contained 11 issues including the use of:
- access to houses and apartments
- locks on chemical press, medication press and presses in kitchen

There was a risk assessment available in relation to each identified restraint on the restraint log and oversight of each restriction was provided by means of a review on a three monthly basis by the multidisciplinary team. There was a good example of the service promoting a restraint free environment. One resident had recently had a restriction removed in response to a decreasing incidence of falls. This resident previously had a sensor mat near their bed that alarmed if they left the bed or fell.

The inspector noted that some residents were prescribed 'as required' (PRN) medicines to be used to relieve agitation. Also there had been an occasion where a medicine had been prescribed that exceeded its licensed dose as the resident had been deemed to “lack decision making capacity” to consent themselves and it was deemed to be in “their best interests” and the “least restrictive”. However, this issue had not been identified by the service as a restriction and so there was not effective oversight of this issue for the resident by the multidisciplinary team.

In relation to behaviour therapy the St Joseph’s Foundation in its own annual review of the centre in February 2017 had identified that while support plans were in place to guide staff in supporting residents, greater psychological input would benefit residents and staff. This issue was still outstanding but the inspector noted that psychology referrals had been made for residents who required it. The inspector noted that there was also one support plan in place for a resident that was comprehensive and provided clear rationale and guidance for the resident and staff. The person in charge outlined that the service was in the process of recruiting a clinical nurse specialist with an expertise in this area. The St Joseph’s Foundation also noted that staff required particular training and support on mental health issues and in the area of behaviour support.

**Judgment:**
Substantially Compliant

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
It is a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as 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):

No actions were required from the previous inspection.

**Findings:**
A comprehensive assessment of residents’ educational, employment and training goals was available to ensure that their skills development, education and training was suited to individual residents’ abilities.

The centre demonstrated a commitment to residents engaging in further education, training and lifelong learning. Some residents had undertaken further training and education including certificates in horse care and horse management.

All of the residents attended a day service that was appropriate to their needs. The person in charge outlined each day service incorporated a lifeskills training programme.

**Judgment:**
Compliant

### Outcome 11. Healthcare Needs

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

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

Findings:
Residents were supported on an individual basis to achieve and enjoy the best possible health. However, some improvement was required in relation to access to support from dietetics.

In the sample of resident healthcare records seen by inspectors each resident had access to a general practitioner (G.P.). There was evidence of good access to specialist care in psychiatry, with a consultant psychiatrist available to residents as required.

Residents were referred, as required, to allied health professionals including the occupational therapist, physiotherapist and speech therapist.

There was a policy and guidelines for the monitoring and documentation of residents’ nutritional intake. The multidisciplinary annual review was also being appropriately used to support residents to achieve the best possible health. It was noted that following a recent review in August 2017 residents were referred for dietetic review. This need for a dietetic review had also been identified by the St Joseph’s Foundation in its review of quality and safety in October 2017.

Judgment:
Substantially Compliant

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

Theme:
Health and Development

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

Findings:
Overall medicines management policies and practices were satisfactory. However, improvement was required in relation to the checking of medicines that were controlled medicines.

A sample of medicine prescription and administration records was reviewed by the inspector. Medicine prescriptions were written by a medical doctor. Medicine administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. Each resident was clearly identified on the prescription sheet and in the sample of records seen each medicine was administered as prescribed. Residents’ medicines were stored and secured
Inspectors found there were appropriate procedures for the management of controlled drugs. There was a locked cupboard inside a locked cupboard for the secure storage and a system had recently been implemented to check the stock at the beginning and end of each shift. However, an issue was identified with the stock take for the controlled drugs and the person in charge outlined that this system was to be reviewed, with specialist input as required.

**Judgment:**
Substantially Compliant

**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was a written statement of purpose that accurately described the service provided in the centre.

The statement of purpose described the service and facilities provided to residents, the management and staffing and the arrangements for residents’ wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The service itself had identified that current management arrangements could not ensure effective governance, operational management and administration of the designated centre concerned. A recruitment process was underway for a person in charge for this centre.

The person in charge was a registered nurse in intellectual disability and had completed a six day management qualification in “ensuring professional practice and accountability”. She had worked for St Joseph’s Foundation for over ten years. However, she was also the person in charge for another designated centre. The service acknowledged that these arrangements were not satisfactory in circumstances where there were complex needs of residents across both centres. A recruitment process was underway for a person in charge for this centre.

The St Joseph’s Foundation service had ensured that an unannounced visit to the designated centre in relation to the quality and safety of care had been completed in October 2017. This report had identified that the absence of a full-time person in charge had led to actions identified in previous quality reviews and inspections not being completed.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Inspectors found that adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The provider...
was aware of the need to notify the Authority in the event of the person in charge being absent.

**Judgment:**
Compliant

### Outcome 16: Use of Resources
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

**Findings:**
The inspector was told that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with its current statement of purpose.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents’ wishes.

**Judgment:**
Compliant

### Outcome 17: Workforce
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

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

**Findings:**
Inspectors met with staff during the inspection and observed their interactions with the residents. Staff were seen to support residents in a respectful and dignified manner.
An actual and planned staff rota was maintained. A copy of this rota was available in a picture format so that residents were aware of which staff were on duty. There were two staff on duty at all times including two awake staff at night time.

The inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. However, as discussed earlier in this report some updated training was required to ensure residents were fully supported.

**Judgment:**
Compliant

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**Outcome 18: Records and documentation**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

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

**Findings:**
The use of the communication diary to store hospital appointments and to record incidents/complaints did not ensure that an accurate record was maintained of the care and support being provided to residents.

The inspector saw that the communication diary contained a number of original hospital consultant out-patient appointment records stapled into the diary. This filing method could not guarantee the confidentiality of residents’ personal information. In addition, it was not always clear if a plan of care for these identified healthcare needs was being developed prior to and following these healthcare appointments.

Staff kept a medical appointment record for each hospital visit by the resident or review
by a healthcare professional. However, this was their own interpretation of the medical visit and the discharge letter from the hospital appointment or medical review was not available in the centre. This meant that things could potentially be misinterpreted or missed. There was one example of staff not knowing when blood tests were last taken as there was no record on file.

The inspector noted that the communication diary was also used to record incidents but it was not clear if incident report forms were being completed also. This meant that potential learning from an incident was not being shared amongst all staff.

The St Joseph’s Foundation had prepared, adopted and implemented policies and procedures relevant to the operation of the centre. The policies available on the date of inspection were centre specific and some were available in an easy-to-read format. There was an operational manual that had been prepared for staff in the house. This gave an excellent introduction to the centre for new staff. A copy of the residents’ guide was available in each resident’s personal file. A directory of residents was maintained in the centre and was made available to the inspectors.

**Judgment:**
Non Compliant - Moderate

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**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:**

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Joseph's Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001819</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>19 &amp; 20 October 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>29 November 2017</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While there were examples of residents being presumed to have capacity for all issues, overall improvement was also required in relation to ensuring that each resident participated in and consented to decisions about their care and support.

1. Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support.

**Please state the actions you have taken or are planning to take:**
The person in charge will ensure that each resident will participate in and consent to decisions about their care in accordance with their wishes, age and nature of their disability.

Proposed Timescale: Completed 3/11/17 & ongoing

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**Proposed Timescale:** 03/11/2017  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required in how complaints were being received and managed once received.

2. **Action Required:**
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
- A software system currently in use in the organisation will include the recording of complaints and all associated details including the level of satisfaction by the complainant from January 2018.
- Staff training in relating to the recording of complaints on this software system will be provided. 7th – 10th November 2017

Proposed Timescale: 31/01/2018

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**Outcome 02: Communication**  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As was found on the previous inspection each resident’s communication needs were not being met. Improvement was required to ensure that all assistance and was available to support each resident to communicate.

3. **Action Required:**
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents’ needs and wishes.

**Please state the actions you have taken or are planning to take:**
- Staff have access to an online ISL course which is to be completed by all staff by end of year;
- The Human Resource Dept are presently arranging a practical course with ISL and are awaiting confirmation of a date to commence.

Proposed Timescale: 31/12/17; 28/02/18

**Proposed Timescale:** 28/02/2018

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The service itself had identified that the centre was not meeting each individual residents’ needs.

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

**Please state the actions you have taken or are planning to take:**
- With regard to the centre not meeting the individual needs of residents meeting has taken place with the multi-disciplinary team in relation to the physical layout of the residence. The outcome of this meeting was that at the present time this location is the most suitable placement. It has been identified that should a proposed ground level development become available that this resident would be offered a placement there and this has been referred to the ADT team.

**Proposed Timescale:** 22/11/2017

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**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre risk register and the process for risk assessment required review.

5. **Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated
centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
• Risks relating to specific hazards have been reviewed and now accurately reflect the current risk rating;
• A review of the Risk Management process has taken place and training on risk has been provided to all Persons in Charge with particular reference to completion & review of risk assessments and escalation process.

Proposed Timescale: 29/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff required particular training and support on mental health issues and in the area of behaviour support.

6. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
• 7 Staff have completed positive behaviour support training.
• 10 Staff have completed mental health training with psychology.

Proposed Timescale: 28/11/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
- While support plans were in place to guide staff in supporting residents, greater psychological input would benefit residents and staff.
- Oversight by the multidisciplinary team of medicines being used outside their licence was required.

7. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.
Please state the actions you have taken or are planning to take:
- Psychology reviews have taken place for 2 service user.
- Remaining residents are referred for review and will be completed by 31/01/18.

Proposed Timescale: 31/01/2018

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some improvement was required in relation to access to support from dietetics.

8. **Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
- In consultation with residents, & family members, private appointments have been arranged where indicated with a dietician.

Proposed Timescale: 29/11/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Improvement was required in relation to the checking of medicines that were controlled medicines.

9. **Action Required:**
Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

Please state the actions you have taken or are planning to take:
- The organisation has reviewed their pharmacy arrangements. More robust procedures are now in place in relation to control medication.
### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The service itself had identified that current management arrangements could not ensure effective governance, operational management and administration of the designated centre concerned.

10. **Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
- Following a second recruitment process for a new Person in Charge, an induction process into the organisation is presently underway for the successful candidate.
- Documentation is being completed for return to HIQA as Person in Charge in this centre.

**Proposed Timescale:** 22/12/2017

### Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of the communication diary to store hospital appointments and to record incidents/complaints did not ensure that an accurate record was maintained of the care and support being provided to residents.

11. **Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
- This practice has ceased immediately and had been communicated to all staff. All records relating to the care of service users is now recorded in the service users files.

**Proposed Timescale:** 29/11/2017