



# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Blossomville
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	19 February 2018
Centre ID:	OSV-0001822
Fieldwork ID:	MON-0021300

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The provider's vision for the quality of care in this centre is that residents are provided with a nurturing home where their ever changing needs are met by staff who support each other to make this a reality.

The centre is a purpose built single storey bungalow. Accommodation comprises six bedrooms, two sitting rooms; a spacious well equipped kitchen and utility room; a bathroom and a shower room; storage cupboards for linen and household equipment and an office with overnight accommodation for staff.

The bungalow is set in mature and secure grounds, which is planted with shrubs, trees and flowers and a generous paved area with patio table and chairs.

**The following information outlines some additional data on this centre.**

Current registration end date:	17/12/2020
Number of residents on the date of inspection:	5

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
19 February 2018	10:00hrs to 17:30hrs	Cora McCarthy	Lead

## Views of people who use the service

The inspector met with all five residents living in this centre. Some residents had communication difficulties and did not interact verbally with the inspector but all appeared very relaxed and comfortable in the centre.

The residents indicated their satisfaction with the centre and the staff through other means of communication such as visuals. Two residents took the inspectors hand to show them around the centre and were smiling and appeared happy. The inspector observed that the residents were comfortable with the care and support provided by the staff at the time of inspection.

It was noted by the inspector that the residents were familiar with the person in charge and interacted in a very positive manner with them.

The inspector also observed a visit from a family member and there appeared to be a very positive relationship between the resident, their family and staff.

## Capacity and capability

This unannounced inspection took place as a result of receipt of unsolicited information in relation to safeguarding. The inspector viewed the relevant documents which ensured that the appropriate safeguarding investigation had taken place in response to an incident. Appropriate safeguarding measures were observed to be in place at the time of inspection and recommendations as outlined by the safeguarding team in the safeguarding plan had been implemented into practice.

The inspector found the capacity and capability of the provider supported the delivery of a safe quality service.

The provider had ensured that there was a good governance and management structure in place to ensure that a good quality and safe service was provided to the residents. The person in charge was knowledgeable regarding the regulations and their statutory responsibilities.

There were adequate staff resources to meet the residents' assessed needs thus ensuring a high standard of care being provided to residents.

The inspector reviewed quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance's with the regulations. In addition, a draft annual review and unannounced six-monthly audits were completed by the provider. These audits included assessment of the quality of care and service provision in the centre and evidenced that actions had been taken to address identified issues.

Staff were appropriately trained to meet the assessed needs of the residents and a staff training matrix was available to view.

### Regulation 23: Governance and management

The provider had ensured that there were robust governance and management structures in place to oversee the operational management of the service and to provide appropriate oversight of the quality of care provided.

The quality of care in the service was monitored through a system of audits, staff supervision and six monthly unannounced inspections to ensure that the service provided was in line with resident's needs and as described in the statement of purpose.

The annual review of the centre had been completed and was in draft at the time of inspection.

Judgment: Compliant

### Quality and safety

The inspector noted that there were systems in place and supports available to staff to positively address behaviours of concern in the centre. The behaviour support plan viewed by the inspector was comprehensive and although it required review the inspector noted that an appointment had been made with a psychologist to ensure this was carried out.

The focus of the positive behaviour support plan was on proactive strategies and all alternative measures were exhausted prior to considering a restrictive practice. As a result there was a reduction in the use of restrictive practice in the centre.

The inspector found that the management of safeguarding concerns was appropriate and in line with policy and best practice. Information requested by the Authority regarding an in-house investigation was appropriately documented and in line with good information governance practice. The inspector found that the recommendations of the safeguarding investigation had been implemented. All staff had received safeguarding and protection of vulnerable adults training

### Regulation 7: Positive behavioural support

A resident's positive behaviour support plan had not been reviewed and updated.

Judgment: Substantially compliant

### Regulation 8: Protection

Appropriate safeguarding measures were in place to ensure that residents were protected from harm or abuse.

Information requested by the Authority regarding an in-house investigation was appropriately documented and in line with good information governance practice.

All staff had received safeguarding and protection of vulnerable adults training

Judgment: Compliant

**Appendix 1 - Full list of regulations considered under each dimension**

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Blossomville OSV-0001822

Inspection ID: MON-0021300

Date of inspection: 19/02/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A resident's positive behaviour support plan had not been reviewed and updated. Recruitment is ongoing for the post of psychologist.</p> <p>As an interim measure a senior psychologist has been seconded to the adult services MDT team 3 days per week until the permanent post is filled. This secondment commenced on 6/06/18.</p> <p>All residents positive behavior support plans will be reviewed within the identified timeframe and updated accordingly.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	22/06/2018