

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0001813
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	David Doyle
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

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 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 September 2014 09:30	22 September 2014 18:00
23 September 2014 09:30	23 September 2014 13:00

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

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

Summary of findings from this inspection

This was the first inspection of this centre carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

This centre provides care and support to adults with a diagnosis of intellectual disability within the moderate range.

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as

personal plans, medical records, policies and procedures.

The centre was a purpose built single storey building. The house was comfortable, appropriately furnished and well maintained.

Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and to attend training/educational and employment programmes.

Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff.

Areas of non compliance related to documentation of the emergency plan and including additional information on the staffing roster which are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that residents were consulted in how the centre was planned and run. There were regular weekly in house meetings held with residents. The inspector reviewed the minutes of the meetings which showed that residents were consulted regarding the weekly menus, choosing weekend activities, religious ceremonies, outings they would like to attend. They were recently involved in choosing new curtains and furniture for the house. Residents and relatives spoken with confirmed that they were always consulted and their views were sought.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All doors were closed when personal care was being delivered. All residents had single bedrooms. An intimate personal plan was developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. Each bedroom had been personalised, residents had chosen their preferred colour schemes, soft furnishings and furniture. A visitors room was available should residents wish to receive visitors in private.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a complaints policy in place, which included details of the designated complaints officer and appeals process. The policy included the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records maintained. 'Your Service - Your Say' brochures were available in the main hallway, the complaints procedure, the name, contact details and photograph of the complaints officer were clearly displayed and an easy read poster was also displayed. An advocacy information evening had recently

been held with residents. All residents were issued with information leaflets on the national advocacy service.

There was a complaints log book available to record complaints, comments or suggestions. The inspector reviewed the log book, there had been no recent complaints.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that systems were in place to assist and support residents to communicate.

Staff were aware of the communication needs of each resident. Staff were able to tell the inspector of the various methods of communication used including sign language and pictorial images. The inspector observed staff using these methods to communicate effectively with some residents. All staff had recently attended Lamh sign language training to enhance communication with residents.

There were detailed individualised communication support plans in place for residents with specialised communication needs. There was evidence of multi-disciplinary input and their recommendations were reflected in the support plans.

All residents had access to televisions, radio, newspapers and magazines. The inspector observed residents being supported to go to the local shop to buy their favourite paper, book or magazine.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that residents were supported to maintain positive relationships with their families and the local community.

There was an open visiting policy in place. Relatives spoken with stated that they could visit at any time and were always made welcome. Relatives told the inspector that they were kept up to date regarding their relatives well being and attended regular reviews/personal plan meetings.

Most residents visited and stayed with family members on a regular basis. Some of the residents went home every weekend and at holiday time. Staff confirmed that residents received regular visits from friends and family. Residents were supported to visit and socialise with their friends some of whom lived in other houses in the organisation. One resident attended the local day care service and said he enjoyed meeting his friends there.

Residents were supported to go on day trips in the local area, some residents liked go on shopping trips and dine out in local restaurants. Residents attended the local hairdressers and beautician. Residents attended many local social events including GAA matches, the circus, cinema and music concerts.

All residents regularly attended the local church ceremonies and were familiar with the local clergy and parishioners.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The statement of purpose clearly set out the admissions criteria and process.

Contracts for the provision of services were agreed with each resident. The inspector reviewed some contracts and noted that they included the services to be provided, the fees to be charged including the details of additional charges.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in an individualised personal care plans. Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents.

The inspector reviewed a sample of personal plans. The plans set out each residents individual needs, aspirations and choices. There was evidence of regular review and participation of residents/relatives in the development of their plans. Support plans were in place for identified needs. There was evidence of referrals to a range of multi disciplinary health professionals and recommendations were reflected in personal plans. Individual goals were clearly set out and included the name of the person responsible for pursuing the goals within an agreed time frame. The personal plans contained personal profiles of each resident and information about residents' interests. Each file had an individualised weekly plan of things to do. Some residents had specific interests and they were supported by staff. Individualised risk assessments were being used to

ensure that residents could participate in activities with appropriate levels of risk management in place.

The inspector was shown personal plans which were designed in an accessible format for individual residents. Some plans had been completed while others were being further developed.

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 inspector was satisfied that the design and layout of the premises fitted with the statement of purpose and met the needs of residents.

The centre was purpose built and found to be well maintained both internally and externally. The centre was found to be clean, bright, homely, suitably decorated and comfortable. The layout promoted residents independence, privacy and safety. The corridors were wide and allowed residents using wheelchairs to mobilise easily.

There was a variety of communal day space including a large sitting room, visitors room and a large bright kitchen cum dining room. The rooms were comfortably and appropriately furnished

All bedrooms were for single occupancy; they were bright, well furnished and decorated in varying colour schemes. Residents had adequate personal storage space including a lockable storage area. There was an assisted bathroom and an assisted shower room.

The inspector found the kitchen to be well equipped and maintained in a clean condition. There was a plentiful supply of foods available, both fresh and frozen, fruits and juices.

Adequate assistive equipment was provided to meet the needs of residents, such as bath hoist chair and shower chair. The occupational therapist (OT) had recently completed an assessment of the assisted shower room and had made

recommendations. The inspector noted that these recommendations had been implemented.

There was adequate storage facilities provided to safely, discreetly and securely store equipment. There were separate well equipped utility/laundry room. There were adequate arrangements in place for the storage and removal of domestic waste.

There was a separate office, bedroom, toilet and shower facilities for staff.

Residents had access to a large enclosed garden area at the rear of the building. The garden area was landscaped and raised flower beds were provided. Suitable garden furniture was provided for residents use. Some residents enjoyed gardening while others liked to sit and relax outside in good weather.

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 was promoted and protected. The emergency plan documentation required some updating.

There was an up to date health and safety statement available. There was a recently updated risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the Regulations. Systems were in place for the regular review of risk. The person in charge met with the health and safety officer on a monthly basis to review risks and discuss any incident/accidents.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in December 2013 and the fire alarm was serviced on a quarterly basis, the last service took place in July 2014. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. All staff had received up to date formal fire safety training and staff spoken with confirmed that training took place and were confident in knowing what to do in the event of a fire. There was a personal emergency and evacuation plan documented for each resident. The procedures to be followed in the event of fire were displayed. Regular fire drills took place involving all residents and staff. Records were

maintained of all fire drills, the last drill took place in August 2014.

The inspector reviewed the emergency and evacuation plan. The plan required further updating to include clear guidance for staff as to what their roles might be in the event of various types of emergencies. The person in charge was able to describe measures in place for evacuation of the centre including arrangements for alternative accommodation but these were not documented in the emergency plan.

The building was found to be maintained in a clean and hygienic condition throughout. Infection prevention and control guidelines for community group houses were in place and being implemented. Hand sanitizers were located at the front entrance. Staff confirmed that they had attended recent training in relation to hand hygiene and the inspector observed good practice during the inspection.

All staff had received up to date training in moving and handling and further training was scheduled.

Judgment:

Non Compliant - Minor

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:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policy on the safeguarding of adults with a disability from abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations or suspicions of abuse. It also included the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area.

The inspector reviewed the comprehensive policies on responding to behaviours that challenge, management of aggressive behaviours and use of restraint - the last resort. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included known triggers, displayed behaviour, actions required and behavioural strategies designed by the psychologist.

The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. The inspector was told that there were no restrictive measures in place.

Residents spoken with told the inspector that they felt safe in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

The inspector was satisfied that residents finances were managed in a clear and transparent manner. All money was securely stored in the safe. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two persons. Receipts were maintained for all purchases. The financial administrator had recently carried out an audit of all files and no discrepancies were noted.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

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

Findings:

The person in charge and management staff spoken with were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

The inspector reviewed the incident book and noted that comprehensive details of all incidents were maintained. Systems were in place to forward a copy of the incident record to the health and safety officer and another copy to the provider. The health and safety officer met with the person in charge on a monthly basis and discussed all incidents.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

The inspector was satisfied that residents were supported to participate in education, training and employment to assist them achieve their potential.

Many of the residents in the centre attended training workshops from Monday to Friday each week. Each resident was supported to attend training in line with their own personal interests such as gardening or sewing. Some residents had part time jobs supported by the organisation's job coach. Residents were also supported to attend educational training courses, a number of residents were currently attending educational programmes.

Residents attended regular in house training/information sessions on topics such as the complaints process, fire safety and evacuation and advocacy.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that residents' overall healthcare needs were met and they had

access to appropriate medical and allied healthcare services.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals including physiotherapy, OT, speech and language therapy, psychology and psychiatry. Records of referrals and appointments were observed in residents' files.

The inspector was satisfied that residents' were supported to buy, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Residents had access to drinks and snacks throughout the day. Most residents had their main meal at the workshop during the week days and had their breakfast and evening meal in the centre. Residents spoken to told the inspector that they planned their own menus each week following consultation with one another, they stated that they ate out sometimes and also had occasional takeaways at weekends.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

The inspector noted that the policies and procedures for medication management were generally robust.

There was a comprehensive medication management policy guiding practice. Staff on duty told the inspector that only staff who had completed medication management training administered medications. Staff spoken with were knowledgeable regarding medication management policies and practices.

The inspector reviewed a sample of prescription/administration charts and noted that they contained all the information required to enable staff to safely administer medications. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN medications were prescribed and all medications were regularly reviewed by the GP.

All medications including medications requiring refrigeration were stored securely. The temperature of the refrigerator was monitored and recorded daily. There were no residents prescribed controlled medications at the time of inspection.

Systems were in place for checking medications on receipt from the pharmacy and recording medications on return to the pharmacy. Systems were in place to record medication errors and staff were familiar with them.

Regular medication management and medication error audits were carried out by the nurse coordinator. Staff confirmed that the results of audits were discussed with them and had led to improvements in practice.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector reviewed the updated statement of purpose dated September 2014 and noted that it complied with the requirements of the Regulations. It accurately described the services provided and was demonstrated in practice.

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:

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She was a qualified nurse and had been working as a social care leader in the centre for the past 20 years. She worked full-time in the centre including evenings, sleepovers and weekends. She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs of each resident. The inspector observed that she was well known to staff and residents. A senior social care worker deputised in the absence of the person in charge, they both normally worked opposite shifts. There was an on call out of hours rota system in place.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a nurse coordinator, assistant adult services manager and adult services manager/designated person to act on behalf of the provider. The designated person to act on behalf of the provider visited the centre regularly and was knowledgeable about the service. He was well known to staff and residents. Weekly management meetings took place to discuss issues of concern in the centre. There were formal meetings of all persons in charge from centres in the group to discuss common areas of interest and share their learning.

The person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service and she felt well supported in her role.

There was no formal annual review of the quality and safety of care in the centre, however, some audits had been completed including medication management, incidents/accidents, finance and risk management. The person in charge stated that further audits in relation to personal plans, hand hygiene and cleaning were planned. The provider had completed a recent audit of compliance with the Regulations and highlighted areas that needed to be addressed to fully comply with the requirements.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. To date this had not been necessary.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspector was satisfied that there was sufficient resources to support residents achieve their individual personal plans.

Management staff told the inspector that all service users had agreed residential placements funded by the HSE in place.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector noted adequate staffing levels to meet the needs of residents at the time of inspection. There was normally one social care leader and one care assistant on duty in the mornings from 7.00am to 9.00am. There was one care assistant on duty throughout the day to support one resident in active retirement. There was a social care worker and care assistant on duty in the evenings from 16.00 to 22.00 and one social care leader on sleepover at night time. Staffing rotas reviewed were unclear as they did not include the full names of staff and the actual hours worked.

There was a comprehensive staff recruitment policy based on the requirements of the Regulations. The inspector reviewed a number of staff files and found them to contain all the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended on going training and records of training was maintained in staff files. Recent training included personal planning, occupational first aid, management of actual and potential aggression, front line management, eating, drinking and swallowing, hand hygiene, safe administration of medications, basic life support, encouraging physical activity, epilepsy and administration of rescue medication, oxygen storage and administration and lamh (sign language) training.

There was a staff supervision policy in place. The person in charge stated that she met with nursing staff on a one to one basis every month to discuss practice issues and training needs. There was a training plan in place for 2014, upcoming training included manual handling, adult protection and a full day course on epilepsy.

Judgment:

Non Compliant - Minor

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspector was satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available and up to date.

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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0001813
Date of Inspection:	22 September 2014
Date of response:	15 October 2014

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 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 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 emergency plan did not include clear guidance for staff as to what their roles might be in the event of various types of emergencies including arrangements for alternative accommodation in the event of evacuation of the building.

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

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

for responding to emergencies.

Please state the actions you have taken or are planning to take:

Under Regulation 26 (2) the Registered Provider will ensure that systems will be put in place for the assessment, management and ongoing review of risk, including emergency evacuation of the Residence. All staff will be made aware of these systems.

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staffing rotas reviewed did not include the full names of staff and the actual hours worked were unclear.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:

Under Regulation 15 (4) the Person in Charge will ensure that a comprehensive staff rota will be maintained and include the full names of staff and their actual hours worked.

Proposed Timescale: 28/10/2014