

**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-0001825
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	David Doyle
Lead inspector:	Mary O'Mahony
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:	0

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:
28 August 2014 10:00	28 August 2014 18:30
29 August 2014 09:30	29 August 2014 18:30

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

The inspection of this centre by the Health Information and Quality Authority, to inform a registration decision, was announced. As part of the inspection the inspector met with residents, the person in charge, her deputy, the provider, his deputy, social care workers and the coordinator of services. The inspector reviewed the policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, personal plan implementation, staff training and health and safety risk management. The person in charge informed the inspector that the service aimed to provide opportunities for personal growth and development of residents. During the inspection there were five residents in the centre and the inspector met with them over the two day period. The centre was

located in a quiet residential estate. The house was spacious and decorated in a modern style. The furniture and the fittings were of good quality and the premises was very well maintained. The action plan at the end of the report identifies areas where improvements were needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

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 saw that residents were spoken with and treated with dignity and there were regular meetings organised. Residents had attending a short training course on advocacy and on the complaints process. Residents spoken with by the inspector were aware of how to contact their advocate and informed the inspector of the process for making a complaint. Both residents and staff spoken with confirmed that residents' views were used to inform the organisation of and daily routine in the centre. The inspector saw minutes of relevant meetings. Staff were heard consulting with residents on various issues such as the weekend outing and the venue for their weekend restaurant visit. A folder containing copies of the documents required to be accessible to residents and their families was visibly displayed in the hallway. Some of the documents had pictorial input and easy-to-read versions were included. Residents were fully involved in setting up their personal plans. Choices were facilitated such as clothes shopping, the food shopping list and holiday destinations. Rosters were arranged to support residents with their individual interests where necessary and there were regular staff assigned to the centre.

The provider had developed policies to guide staff on the care of residents' property and finances, as required by the Regulations. Individual records were kept of their spending money. The inspector reviewed a sample of these records and observed that transactions were being signed by residents. The amount in safekeeping correlated with the written record. Residents maintained control over personal possessions and they informed the inspector that they respected property belonging to other residents. Residents could also do their own laundry if they wished and each person had their own laundry basket.

Residents were supported to ensure involvement with their local community. This

included the use of amenities such as the cinema, the GAA club, restaurants, local parks, hotels and hairdressing facilities. Residents were encouraged to go for evening walks and to take part in educational courses. Residents went on day trips and overnight outings, which were in line with their assessed goals and attended events such as concerts, Special Olympics and the yearly 'socials'. On the weekend prior to the inspection the group had been on a bus trip to Knock and had met some well known celebrities. The inspector was shown photographs of the event which were already on display.

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 found that staff were aware of the individual communication needs of residents and that residents' communication needs were met. Relevant information was available throughout the centre in accessible formats. For example, pictures of meals were provided and the complaints policy and Statement of Purpose were provided in an easy to read format. Personal plans had photographs included which increased the involvement and interest of the resident in the process. The inspector reviewed a sample of residents' files and viewed the communication care plan for a resident who was not able to communicate effectively through speech. Care plans outlined specific means of communication and were very informative including information such as how residents might express himself/herself if experiencing different emotions. Care plans also outlined methods of communication to support family contact with individual service users. Multi-disciplinary professional input was available where required, for example, from the speech and language therapist and the social worker. The inspector saw that communication care plans were reflected in practice by observing how staff interacted and understood residents' routines and requirements. Residents had access to television, DVD players, radio, music centres, social media and a cordless phone. The inspector saw that one resident had been assessed in her personal plan as requiring a communication support plan to be initiated. However, the person in charge told the inspector that a referral had not yet been sent to the speech and language therapist for this resident, even though the need had been highlighted in January.

Judgment:

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 found that positive relationships between residents and their family members or their representatives were encouraged. Family links were supported in the centre by a variety of means. There was an open door visiting policy in the house and family and friends were welcome to visit. Staff told the inspector that they had access to direct phone numbers of family members, friends and representatives. Contact with family or residents' representatives was supported as appropriate to each resident, for example via phone contact, visits and social media. Residents showed the inspector the visiting room where they could meet relatives in private and watch favourite TV programmes together. One resident explained to the inspector how much he looked forward to the weekly family visits. Special occasions were celebrated and marked. Family or residents' representatives were encouraged to attend birthdays and other special occasions. Relatives were invited to attend the restaurant where the occasion was being celebrated. The inspector read minutes of house meetings which confirmed this. Staff said that they would facilitate visitors who may wish to take an individual resident out for shopping, for a meal or other special occasion. A number of residents went home regularly and others were supported to go on holidays with relatives. There was evidence of family and residents' representatives links in personal plans. Residents' representatives were contacted by the social care worker in advance of the review of the personal plans and invited to attend the review meeting. Input from these in relation to residents' wishes and preferences was seen documented in personal plans. Family or their representatives would accompany residents to medical appointments when requested.

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 inspector found that admissions were in line with the statement of purpose. Contracts of care set out the service to be provided in the designated centre. Contracts of care were signed by residents or by their next of kin, where appropriate. If the need arose a member of the staff would meet with residents and their families or representatives and review current living arrangements and any wishes in relation to any changes or moves. There was evidence that moves were planned for in a safe manner. Transfers were overseen by senior members of the team, pre-planning meetings were held, consultation with residents was undertaken and relatives and multi-disciplinary team input was sought. The inspector spoke with the person in charge and other staff who confirmed such arrangements were in place. The inspector saw the transition plan that had been put in place for one resident who had recently been moved because of health issues and noted that the plan was supportive of other residents also.

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:

Each resident's wellbeing and welfare was seen to be maintained by a high level of support from staff within the centre. Each resident was facilitated to participate in meaningful activities appropriate to their interests and preferences. The inspector was informed by the staff that there were a number of options available to residents as regards educational opportunities and work experience. The inspector was informed by the person in charge that residents were involved in the day to day running of the centre including cooking, daily chores and shopping. The inspector spoke with residents when they came back to the house in the evening and they told the inspector about

their interests and their daily lives. confirmed their involvement in the daily routine of the centre and showed the inspector the list of weekly duties which was displayed in the kitchen. Residents spoke with the inspector about a number of activities they enjoyed including their recent bus outing, shopping, outings to local restaurants, walking, concert going, keeping fit and attending workshops. They informed the inspector that they attended the day care centre each day where they had access to a nutritionist and gym trainer. Some residents had work placements to attend and they were all aware of the interests and skills of the other residents. Residents also outlined their routine for relaxation in the house such as beauty therapy, board games and listening to music. Residents invited the inspector to see their bedrooms which were personalised with decorative bed linen, pictures, signed celebrity photographs and personal items. They showed the inspector their music CDs and DVDs as well as certificates of achievement and their individual televisions. The inspector saw that residents were very relaxed in the sitting room after work and they had all changed into their slippers for the evening. Some residents sang favourite songs for the inspector and the inspector was shown certificates and awards that they had won for singing ability.

The arrangements to meet each resident's assessed needs were outlined in a personal plan. Residents showed the inspector their individual plans and it was evident that they had been consulted in the content. Residents said that they were able to access their personal plans at any time. The inspector viewed evidence that residents had access to the multidisciplinary team such as the dietician, physiotherapist, occupational therapist, dentist and the general practitioner. There was evidence of consultation with family members where necessary. Plans were seen to be implemented and the inspector heard from residents that there was support for their personal goals. For example one resident had just returned from an extended holiday with family members, another was planning to visit a shrine abroad and a third resident was being facilitated to attend her choice of adult education class. Residents were encouraged to keep in contact with any friend who had moved to another area of the service and the residents told the inspector about a recent visit to see one of the former residents. Residents also showed the inspector photographs of these friends displayed in the hall. Each resident had a key worker who were responsible for ensuring that the set goals were reached. However, gaps in documentation were identified. In some cases, the short and longer term aspirations were not always clearly defined and time-scales were not identified. Not all the required fields had been filled in on every page. The person in charge told the inspector that training was being undertaken to ensure effective use of this new documentation. Residents were familiar with the names of their key workers and there were large photographs of staff members in the hallway. Personal plans were being reviewed and the inspector saw that the staff had written to family members to invite them to the review meeting.

Judgment:

Non Compliant - Minor

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 found that the centre was built in a manner that was suitable for its stated purpose. The centre met the individual and collective needs of the residents and there was appropriate and suitable equipment available which was in good condition. The inspector found that the centre was clean, warm and homely. The rooms were bright and spacious. All bedrooms were seen to be personalised. Corridors and doorways were wide and all areas of the centre were accessible to residents. Facilities and services were consistent with those described in the Statement of Purpose and in the Resident's Guide. Where hazards were present or identified these had been risk assessed and controls had been put in place to minimise harm. The inspector observed that medicines and chemicals were securely locked away. While the inspector was present the health and safety officer and the maintenance personnel came to attend to an issue in the centre. The television cables were being secured to the wall in one resident's bedroom as the socket was located a distance from the wall mounted TV. The person in charge told the inspector that these staff were very responsive to the requirements of the centre. The inspector reviewed the maintenance records which demonstrated that there was an active maintenance programme in place. The inspector observed that there were sufficient toilets, bathrooms and showers to meet the needs of residents. Assistive equipment was available, if required, to support and promote residents full capabilities. This included an assisted bath and grab rails in the bathrooms. The kitchen was spacious and there was plenty communal and private space for residents to avail of. There was a well maintained garden and patio area with adequate seating for all residents. The person in charge told the inspector that the centre had purchased a new patio set during the summer and the residents proudly showed the inspector photographs of summer events in the garden.

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 centre had a health and safety statement and it was updated yearly. It identified, assessed and outlined the controls required for certain risks in the centre.

Procedures were in place for the prevention and control of infection. Alcohol hand gels, plastic aprons and disposable gloves were observed in the centre. Alginate bags were available in the laundry room. Staff had training in the correct hand washing technique and there were Health Service Executive (HSE) leaflets on the correct procedure on display. Housekeeping duties were carried out by the staff. There were coloured coded systems in use for floor washing and food preparation. Both the person in charge and the social care worker were aware of safe food practices and food was labelled when opened. There was a large laundry room which was used by both residents and staff and the equipment was in working order. The washing machine was being replaced due to recently reported problems. There was a hot press in the centre and the inspector noted that there was a sufficient supply of clean towels and bed linen stored there. Each resident had an individually labelled shelf for their own supply.

The centre had a risk management policy and a risk register capturing potential risks associated with the centre. This was seen to be updated and was being added to when new risks were identified. The risk management policy outlined the controls in place for the risks specified under Regulation 26 (c).

A fire evacuation plan was in place and a safe placement for residents in the event of an evacuation was identified. Regular fire drill training was documented and there were personal evacuation plans (PEEPs) prepared for the residents. Records reviewed by the inspector indicated that the fire alarm was serviced on a quarterly basis, fire safety equipment was serviced on an annual basis, and fire drills took place on a regular basis. The fire assembly points were identified and there was appropriate emergency lighting in place. There was evidence that arrangements were in place for reviewing fire precautions which included the alarm panel, the fire exits, and the testing of fire equipment. The fire safety certificate was displayed on the wall. Residents, with whom the inspector spoke, were aware of the external fire assembly areas and pointed these out to the inspector. They informed the inspector about their most recent fire drill and they were knowledgeable about the fire evacuation arrangements. Staff informed the inspector that improvements are obvious at each fire drill. The inspector saw the written records which confirmed this. The inspector noted that fire exits were unobstructed. Staff spoken with by the inspector were aware of what to do in the event of a fire and

were aware of the location of the fire exits and break glass panels. They showed the inspector the personal evacuation plans for each resident. The procedure to be followed in the event of a fire was prominently displayed around the buildings. It was available for residents in a pictorial form also. The centre was a smoke free zone and a large 'bucket of sand' ashtray was available outside the backdoor for any staff member who smoked.

Staff had up to date moving and handling training, adult abuse, infection control, fire training and positive behaviour/crisis prevention training among others.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. The inspector viewed training records which confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. The inspector spoke with staff who were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector spoke with a resident who confirmed that she felt safe in the centre and knew who to talk to if she needed to report any concerns. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person. Residents were able to identify this person also when asked by the inspector. They showed the inspector her photograph displayed on the hall table. The inspector reviewed personal plans, plans for positive behaviour support and associated risk assessments and spoke with staff about the system in place for the management of any escalation of behaviour. The inspector found evidence of a positive approach to behaviour that challenges with supports provided to residents and staff. There were clear referral systems in place to the psychologist or the social worker. Residents were involved in discussions and reviews that had been arranged to support them to manage

their own behaviour and consent was documented for the plan where appropriate. The inspector viewed training records which indicated that training in positive behaviour support and de-escalation techniques was updated on a yearly basis. Staff with whom the inspector spoke were aware of the personal behaviour support plans for their residents and told the inspector of the controls that had been put in place to minimise the impact of the behaviour.

Bedrails were not in use in the centre as residents were mobile and self sufficient when using the toilet at night. The person in charge stated that a restraint free environment existed in the centre as the residents' needs were assessed as low dependency. There was one 'sleeping' staff member on duty at night from 11pm. Residents to whom the inspector spoke were able to demonstrate where the staff member slept and how they would get his/her attention if necessary. The inspector reviewed arrangements in place for managing residents' finances and found a transparent system in place. Residents were involved in the management of their own finances, as far as was reasonably practicable.

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:

A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided to the Authority and the inspector viewed these prior to the inspection.

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:

Residents' opportunities for new experiences, social participation, training and employment were supported. Continuity of employment was maintained, where possible, for residents in transition to different areas of the service. An assessment of each resident's goals relevant to their general welfare and development and taking into account their abilities had been completed. Goals were developed in accordance with his/her preferences and to maximise his/her independence and sense of achievement. The inspector saw evidence that the educational, sporting and social achievements of the residents were valued and pro-actively supported in the centre. Certificates, trophies and medals were on display and residents were actively encouraged by staff to display their singing, artistic abilities and educational achievements. The social life of the community was of great interest to residents and they told the inspector about their excitement at the upcoming 'socials' which were seasonal and which they would all attend. The coordinator of the residential services informed the inspector about the educational links with many local colleges and with colleges in Limerick also. She spoke about the wonderful support that these provided to the residents. A number of residents participated in off-site activities, such as art therapy, ceramics, music, travel, life skills, swimming, Fetac and Fas training, multi-sensory experience and restaurant work. Some residents were members of the advocacy group for the parent organisation. They explained their work to the inspector and demonstrated that they were aware of the importance of advocacy and how they can use this service for support.

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:

Residents had access to the general practitioner (GP) services and appropriate therapies, such as dentist, psychologist, dietician, occupational therapist, fitness advisor and speech and language therapist. There was evidence in personal plans that residents had availed of allied health care services and consultants. The inspector saw assessments carried out by the speech and language therapist, the dietician and dentist.

Documentation seen by the inspector was detailed and person-centred. Residents were included in reviews of their plans and the inspector viewed these records. The inspector saw that residents had signed their plans and that one resident had written one of her own plans. One resident had wanted to document her advanced care plan and this had been facilitated. Another resident had nominated a person to support her in dealing with her financial affairs.

The inspector noted that residents had access to refreshments and snacks with a selection of drinks and fresh fruit available. Residents showed the inspector their shopping list which they compiled weekly. The inspector observed that there were adequate stores of both fresh and frozen food in the house. Residents, spoken with by the inspector, indicated that there was a choice available to them and that their individual likes and dislikes were taken into account. Staff told the inspector that residents would accompany them on shopping trips and be involved in writing up the shopping list when possible. There was emphasis on a healthy lifestyle and residents were encouraged to go for walks with staff after work. The provider told the inspector that this could be facilitated when an extra staff member was made available for support. This would ensure that residents could walk around the locality, as there is a nearby GAA club, for socialisation.

Staff were knowledgeable about residents' health and social care needs and were observed to provide care as outlined in the personal plans. They gave detailed information to the inspector about each resident and how these needs were met. It was evident to the inspector from talking to staff and residents that each person had ample opportunity to participate in a variety of healthy living pursuits. One resident told the inspector that she enjoyed swimming and another participated in the Special Olympics.

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:

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. The inspector spoke with staff and found that they were familiar with the guidance as outlined in the policy.

The inspector reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process.

Prescription charts and administration charts were generally completed in line with relevant professional guidelines and legislation. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN (as necessary) medications was prescribed and all medications were reviewed six monthly or as required by the personal plan. There were no residents prescribed controlled medications at the time of inspection. None of the residents had chosen to self-administer medications at the time of inspection. Risk assessments had been completed for all residents on the self administration of medications. The centre had a medication fridge which was not in use at the time of inspection. Unused and out of date medications were segregated from other medicinal products, as required by the Regulations and a record of return of medication to pharmacy was maintained. Medication errors were recorded in the medication error book. However, the inspector found that the records of errors lacked sufficient detail and did not contain enough information as to any learning that had occurred as a result of the errors. The inspector noted that an error had been repeated from the beginning of the month and the audit of medication management had not identified the error. The centre had a pictorial system to support safe medication management, however there were no pictures available to identify the medication which was involved in the error. This was a documentation error initially and consequently a recording error by the staff member involved. The Inspector noted that there was lack of clarity around the administration of PRN medication. There were two prescriptions in place for residents, one in the home centre and the second in the daily workshop. The system in place to record if medication was given during the day was not robust. This was being addressed by the provider and the coordinator of residential services.

Staff had undergone training in relation to medication management in 2013. The coordinator of residential services outlined her plans to the inspector for centre specific training which would include learning from the medication errors. The person in charge said that the pharmacist was responsive to the centre and provided a prompt service. There were plans for the pharmacist to come to the centre to talk to the residents and staff.

Judgment:

Non Compliant - Moderate

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 statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which was to be provided for residents. It contained all of the information required by Schedule 1 of the Regulations. The statement of purpose was kept under review and was last reviewed in April 2014. It was available to the residents in an accessible format. The inspector found that the statement of purpose was clearly implemented in practice. Staff with whom the inspector spoke were familiar with its contents.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, the inspector found that there was an effective management system in place and there were clearly defined management structures. The person in charge had the required skills, qualifications and experience to manage the designated centre. The inspector spoke with staff and found that they were clear in relation to lines of authority. Staff confirmed that they were well-supported by management including the person in charge and the provider. The inspector spoke with residents who were able to identify the person in charge. There were systems in place to support the role of the person in charge. On an informal basis, the provider outlined how he visited the centre regularly and was available every week day. In addition, the provider, the coordinator of residential services and person in charge meet monthly at management meetings. The person in charge confirmed such arrangements were in place and that she was well supported by the coordinator and the provider. The post of the person in charge was full-time. There was a social care worker on duty who told the inspector that she worked opposite the person in charge and that they communicated with each other by diary, by phone and in person. The inspector interviewed each of these personnel and found that they had the experience, skills and qualifications required by the Regulations.

There was a range of audits in place to monitor the quality and safety of the service in

the designated centre. These included audits of infection control/hygiene, medication management, health and safety and risk management and audits on the requirements of the schedules defined in the Regulations. Detailed incident analysis was carried out on a monthly basis by the Health and Safety Officer. However, a more formal process for communicating the findings of incident analysis and audits to staff teams was required, with a system put in place to identify and record the learning from errors and incidents. The provider confirmed that an annual review of the quality and safety of care in the designated centre would be completed this year and a copy of this will be made available to the residents. The provider informed the inspector that the required six monthly unannounced visits to centres were commencing and records of these will be kept in the centre. The provider outlined the types of arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss issues relating to safety and quality of care and that staff could exercise their responsibility for the quality and safety of the service that they delivered. These included monthly health and safety meetings and monthly household meetings. The inspector reviewed minutes that confirmed that such meetings took place.

Systems were in place to ensure that feedback from residents and relative was sought and led to improvements. Family and representatives' satisfaction surveys and service user satisfaction survey forms were available in the centre. These results were to be collated at the end of the year and the results used to inform practice and improvements.

Judgment:

Non Compliant - Moderate

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:

There had not been an occasion where the person in charge was absent for 28 days or more. Suitable deputising arrangements were in place for the management of the designated centre in the absence of the person in charge. A social care worker had been identified to deputise in the absence of the person in charge. The provider was aware of his statutory duties to report any such absence.

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 found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The provider and the centre coordinator informed the inspector that a regular review of resources in the designated centre takes place in consultation with the person in charge. The inspector spoke with the person in charge and staff members who confirmed that activities and routines are not adversely affected or determined by the availability of resources. The person in charge and staff also confirmed that there had not been instances where they had been unable to meet residents' goals due to lack of resources. Management had been responsive in recent weeks to requests from staff to provide extra staff to support with paperwork and to take residents out in the evening if required. The inspector found that the facilities and services available in the designated centre reflected the Statement of Purpose. Staff confirmed that there was a household budget that could be used to meet the day-to-day running costs of the centre and that any extra requirements were met by the management.

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:

A sample of staff files reviewed by the inspector complied with 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. The inspector viewed the policies on staff recruitment and saw that staff had fulfilled the required vetting procedures. Records reviewed indicated that staff had attended a range of training to include the mandatory training required by the Regulations. The person in charge told the inspector that training needs of the staff were attended to in October each year and that training could also be provided on an individual basis if the need arose. However, the findings under outcome 14 indicated where were insufficiencies in this regard in relation to responsive training and identifying learning outcomes for staff. Staff were supervised according to their role and the organisation had recently responded to the needs of residents and staff by augmenting the staffing levels on two afternoons in the week. While the inspector was present residents received attention and care in a respectful and caring manner. The daily care notes viewed by the inspector indicated that the night staff member was also responsive to any care and welfare issues which occurred on that shift. The inspector spoke with the staff member who was on the night shift and she was aware of how to recognise and respond to abuse. She had the required registration details from her professional body on file. Rosters were arranged to meet the needs of residents. The inspector viewed the roster and the planned roster for the following week. The inspector found that staff had a good understanding of the responsibilities of their role and of the needs of the residents. The staff were interested in the residents and in their welfare and achievements and were found to be committed to the ethos of the centre. Residents were familiar and relaxed with the staff on duty during the inspection. Staff were able to demonstrate an awareness of the centre's policies and had access to the Health Act 2007, a copy of the relevant Regulations, and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

Judgment:

Compliant

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 noted that records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. A directory of residents was maintained in the centre and this contained all of the items required by the Regulations. A record of residents' assessment of need and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. Resident's files were found to be complete and were kept in an accurate manner and were up to date. For example, a record was maintained of all referrals/appointments and residents' notes were updated accordingly when the outcome of the referral appointment was known. Records relating to communication needs, money or valuables, complaints, incidents, notifications, fire safety and staff rotas were maintained, stored securely and were easily retrievable. Staff with whom the inspector spoke were aware of how long records were to be retained as set out in the Regulations. All of the policies required under Schedule 5 of the Regulations were in place such as: medication management, the prevention of abuse, approaches to challenging behaviour and the provision of information to residents, among others. The policies were detailed, centre specific and informed by input from personnel from the service.

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 O'Mahony
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-0001825
Date of Inspection:	28 August 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 02: Communication

Theme: Individualised Supports and Care

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

One resident had not been referred to the speech and language therapist for a communication support plan. This had been identified in the personal plan as a requirement, to aid communication, because of changing needs.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all

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

times to communicate in accordance with the residents' needs and wishes.

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

Under Regulation 10 (1) the Person in Charge will ensure that a referral is made to the Speech and Language therapist for a communication support plan to aid the communication of a resident with changing needs.

Proposed Timescale: 08/10/2014

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 reviews of the personal plans and the goals set were not documented in sufficient detail in all cases and the objectives and timescales were not recorded.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Under Regulation 05 (7) the Person in Charge will ensure that all personal plans will be reviewed to ensure that residents goals will be documented in detail with clear objectives and definite timescales.

Proposed Timescale: 28/11/2014

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:

The dosage of medication prescribed on the prescription of a resident did not correspond with the correct medication dosage supplied by the pharmacist. This dose was entered in the medication administration chart. The medication was administered from the medication administration chart and not from the prescription as required by the An Bord Altranais agus Cnaimhseachais na hEireann Guidance on medication Management 2007. The error was not noticed on audit and when it was rectified the error was repeated as a documentation error.

Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered

as prescribed to the resident for whom it is prescribed and to no other resident.

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

Under Regulation 29 (4) (b) the Person in Charge will ensure that all medications will be administered from the prescription chart and that more frequent medication audits will be carried out particularly after the prescription charts have been amended.

Proposed Timescale: 24/10/2014

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 system in place to identify the learning from errors was not robust particularly as errors were repeated.

More effective processes needed to be put in place to support, develop and performance manage staff to enable them to exercise their personal and professional responsibility for the quality and safety of care which they deliver.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Under Regulation 23 (3) (a) the Registered Provider will provide staff retraining to support and develop staff and to ensure that staff are enabled to exercise their personal and professional responsibility for the quality and safety of care which they deliver. The Registered Provider has also put in place a process where a qualified pharmacist will carry out independent medication audits and provide training to staff.

Proposed Timescale: 21/11/2014