

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0003583
<b>Centre county:</b>	Dublin 24
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Sharon Balmaine
<b>Lead inspector:</b>	Helen Lindsey
<b>Support inspector(s):</b>	Valerie McLoughlin
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	16
<b>Number of vacancies on the date of inspection:</b>	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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
18 March 2015 09:30	18 March 2015 17:30
19 March 2015 08:30	19 March 2015 17:00

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**

Inspectors found the service provided long term residential care for 16 adults with an intellectual disability, (referred to as residents throughout the report).

Inspectors met most residents and staff during the inspection. Some family members also spoke with the inspectors. Inspectors also observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

This designated centre consisted of three houses, based in established communities,

and had easy access to local amenities such as shops, public transport and leisure facilities.

The first house was a six bedded house with a well maintained private garden to the rear of the house. The second house was a six bedded house, also with an accessible garden to the rear. The communal space available to residents was limited to the kitchen and living room, however each resident had their own bedroom. The third house was a four bedroom house. The communal space available to residents was the kitchen/ diner and living room, each with adequate seating for the number of residents should they attend the room together. Resident also had access to private space in their bedrooms.

This was the second inspection by the Authority of the designated centre. Overall, inspectors found the provider demonstrated a willingness 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.

Residents who spoke with the inspectors felt they were making decisions about how they spent their time, and doing things that they liked. Residents spoke of how important the contact with their family and friends was, and that they had regular arrangements in place for visiting, or receiving visitors.

Inspectors found that residents received a good quality service in the centre by staff who knew them well, and supported them to be involved in a range of different activities. Residents were seen to have a positive relationship with the staff, and families also commented how committed the staff in the houses were.

Inspectors found there continued to be a committed management team, who ensured a good governance structure were in place. Inspectors met the chief executive officer, who was also the person nominated on behalf of the provider (to be referred to as the provider in the report), the person in charge and senior management at the inspection. Both the provider and person in charge suitably demonstrated their fitness and commitment to meet the requirements of the Regulations.

Policies and procedures that were in place guided staff practice and many well known by the team. Staff had access to training, and some supervision by their line manager.

The centre was bright, clean and homely. It had a domestic, homely atmosphere. Residents were happy with their rooms and had personalised them to their own tastes. Feedback in both conversation with, and questionnaires read from residents was one of overall satisfaction with the service and support provided. Some relatives expressed concerns at their level of involvement in some of the decisions made in the centre, and the outcomes of some of the complaints.

The provider and person in charge promoted the safety of residents, and the staff had an in-depth knowledge of residents and their needs. Positive support plans were in place for residents if they needed support to manage their behaviour and

communication. Staff were also starting to develop risk assessments to support them to identify and reduce the risk of known areas of concern.

However, there were improvements identified to ensure compliance with the Regulations, these were in relation to fully completing complaint recording, providing residents with a contract of care, bathrooms requiring deep cleaning and improvement in the risk assessment processes. Some improvement was also needed in relation to the positive support plans being more detailed in some cases, returns procedures for medications being returned to the pharmacy and ensuring all policies are implemented in practice.

The actions are outlined in the body of the report and the Action Plan at the end of the 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents were consulted with and did participate in decisions about how the centre was run. However, some improvements were required in relation to the management of complaints.

Inspectors saw there was a complaints policy in place and a pictorial procedure was displayed in the centre. However, improvements were required as the policy did not fully meet the requirements of the Regulations and was not fully implemented in practice by staff. There was no person nominated to oversee that complaints were recorded and responded to.

A complaints log was reviewed by inspectors. The records showed that all complaints logged were reviewed and responded to within an appropriate time. The investigations recorded that appropriate people were involved in seeking a resolution, such as links with day services and allied health professionals where appropriate. While outcomes were recorded, there was no consistency in recording the complainant's satisfaction with the outcome.

Residents and relatives did confirm in the HIQA questionnaires they completed that they did know who to complain to in the centre. All commented that they were confident the staff in the centre would take action if they spoke to them.

The organisation had a resident's advocacy committee. They discussed matters of concern in the different designated centres, and in relation to other community issues. Meetings were videoed so they could be watched by other residents. None of the

residents from this centre were involved in that group. There were links with an advocacy service but residents did not have accessible information about it.

Residents who spoke with inspectors said that the staff were kind, and supported them when they needed it. Inspectors observed that staff supported residents in line with their care plans, and encouraged independence in line with the residents skills. Staff were seen to speak respectfully to residents, knock on doors before entering their personal rooms and treat them with respect.

Each resident had a single room that was personalised their own taste. This included furniture, pictures and decoration. There were communal rooms in each of the houses, and residents could choose how to spend their time, either in their own rooms, or with company in the communal rooms.

There was a policy in place that covered resident's personal possessions, and records were in place of their belongings.

The staff confirmed arrangements were made for residents to vote when there were elections, where they were able. Residents were able to practice their religion. Some residents attended local churches and services as was their choice.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Residents were assisted and supported to communicate, appropriate to their identified needs.

There was a policy in place that set out the importance of communication, and assessing residents needs.

Staff were aware of the communication needs of residents and these were clearly described in the communication care plan maintained on file for each resident. Residents were seen to be speaking and communicating well with staff and other residents throughout the inspection.

Some residents had glasses and records showed residents had eye tests at regular

intervals. Records also showed residents had hearing tests where required.

The centre was part of the local community, and residents had access to radio, television, internet, social media and information on local events. The residents participated in local services and had links with the neighbourhood, through employment, work experience, leisure and social activities and the day services.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents were supported to develop and maintain personal relationships and links with the wider community, where needed.

Some residents were able to maintain contact with their friends and families independently. Others needed the support of staff to make arrangements. Some residents informed inspectors of their holidays and weekend trips to stay in their family home and that they were supported by staff to prepare for this.

Relatives spoken with and those who completed the questionnaire were positive about the close relationships they had been able to maintain with their relative.

The visitor's policy made it clear residents could have visitors at times that suited them. Residents who spoke with inspectors said people were able to visit at times that suited them, and they would see them in their room, or the communal parts of the house if they were free. Relatives spoken with said were made very welcome by the staff in the houses.

Residents spoke with the inspectors about the activities they were involved in, both within the organisation and in the wider community. Each resident had their own plan in place, that had been set up around their interests. There was flexibility in this where residents may decide to do something else, or where for health reasons they preferred to stay at home.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found the provider ensured admissions and discharges to the service were in line with the organisation policy. However, improvements were required in relation to the contract of care.

There was a comprehensive policy and procedures in place for admitting and the discharge of residents. The residents were admitted in line with the Statement of Purpose. There had been no new admissions or discharges to or from the centre since the last inspection.

Inspectors reviewed a draft copy of the contract for services which dealt the care and welfare of residents. However the contracts were still in draft format and at the time of inspection the residents did not have contracts in place that set out the fees to be charged.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

Care and support provided to residents reflected their assessed needs and respected

their wishes, and residents had the opportunity to participate in a range of activities that were of interest to them.

The personal care plans set out the residents' assessed needs, including how they would be met. They also set out residents skills and areas for improvement, with goals to focus on in a range of different areas that were of interest to them. For example, moving in to a new apartment, using the front door independently, and attending social events. The documents showed that residents had been involved in the assessments to identify their needs and to help them make choices about how they would spend their time.

Speaking with residents, and observing the activities in the houses it was evident that the care plans were put in to practice.

Residents who spoke with inspectors said they enjoyed the things that they did in the week and at weekends. Examples were given where peoples routine had changed where they wanted to try different things.

Some residents were accessing the community independently, and were identifying activities in the community to take part in, for example classes in the local college. There was a plan to expand on this approach in one house to improve residents involvement in their local community.

Where residents required involvement of other professionals, records showed that this had been supported. For example mental health services, health care specialists and occupational therapy.

Staff reported that plans were reviewed four monthly, and a full review was carried out annually. The information in the documents was seen to be current, however they documents were not always signed or dated making it difficult to confirm they were up to date.

Examples of plans were seen that residents were developing with staff, using photographs and pictures to make them meaningful to their own interests.

There were plans in place for residents who were moving within the service. These were seen to be detailed, and covered the needs of the resident, and how those needs may change in the new environment. Evidence was seen that the resident had been preparing for the move, for example choosing new furniture.

**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:**

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

No actions were required from the previous inspection.

**Findings:**

The location, layout and design of the designated centre met the needs of the residents.

This designated centre consisted of three houses.

The first house was a six bedded house. On the ground floor there were two bedrooms. One of these was en suite, and there was an additional toilet on the ground floor. There was a kitchen diner with a large kitchen table and a large lounge suitable in size for the number of residents. Upstairs there were four bedrooms, and office (with staff sleeping accommodation) and a bathroom. This house had suitable laundry facilities for the residents. It was suitably decorated, cleaned and maintained for the most part, however the bathroom, toilet and en suite all required attention to address issues of mildew and odour. It was noted that for the en suite was small and resident transfers were completed in the bedroom space, however the resident and staff said this worked in practice. There was a well maintained private garden to the rear of the house.

The second house was a six bedded house. On the ground floor there were two bedrooms (one en suite), a kitchen, a living room and a wet-room. The laundry facilities were located in a garden style shed within a private garden. Upstairs there were four bedrooms, an office (with staff sleeping facilities), a large store room and a bathroom. This house was suitably decorated, cleaned and maintained for the most part, however the bathroom required attention to address issues of mildew, while the en suite required work on the drain cover to make it safe. There was a private garden with BBQ facility available to residents located to the rear of the house. The communal space available to residents was limited to the kitchen and living room. Inspectors did not see the house when all residents were present, however staff confirmed the kitchen was very full when residents and staff were having a meal, and that moving round the room was limited. The lounge area had a range of chairs to meet the needs of residents, but again it appeared the room would be very full if six residents chose to use it at the same time. However each resident had a single bedroom.

The third house was a four bedroom house. On the ground floor, there were two bedrooms, a staff office, a kitchen/ diner, lounge and shower room. Laundry facilities were available in a separate utility. Upstairs there were two further bedrooms and a bathroom. This house was suitably decorated, cleaned and maintained for the most part. Some maintenance was planned when one bedroom was vacated by a resident moving to another service. There was a private garden available to residents located to the rear of the house. The communal space available to residents was the kitchen/ diner and living room, each with adequate seating for the number of residents should they attend the room together. Resident also had access to private space in their bedrooms.

Throughout the three houses that make up the centre there were many examples of personalisation with photos and other personal articles belonging to residents.

Resident's rooms were also decorated according to the residents' own preferences and several residents showed inspectors their rooms and the items/colours that they chose to individualise their rooms.

The designs and layout of each house matched the purposes laid out in the Statement of Purpose, and catered for the mobility needs of residents. Each house had suitable lighting, heating and ventilation. It was suggested to the provider that the temperature of the water in the houses was assessed to ensure the safety of residents, as taps were noted to be dispensing water that felt hot to the touch in some areas. Each kitchen had appropriate cooking equipment.

There was one hoist. Service records for this showed that it was serviced annually and kept in working order.

**Judgment:**

Substantially 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):**

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

**Findings:**

The centre has policies and procedures relating to health and safety and these were seen in practice. However improvements were needed to the risk assessment process. Fire response equipment in use in the centre was also seen to be serviced on a regular basis and kept in good order.

There was a risk management policy in place, and inspectors saw that it covered the requirements of the regulations. The person in charge explained it had been recently developed and was in the process of being rolled out to all the centres.

At the time of the inspection, staff said they had not received any training on the policy, but that it was planned. A number of individualised risk assessments completed for resident were seen, and they related to issues such as self administration of medication, travelling independently, unsupervised eating, and slips getting in and out of the bath.

Some examples were seen that did provide sufficient detail to guide staff in managing the risk. However there were examples seen where they had not been completed, and some examples did not provide a detailed response to reducing the risk. For example risk of residents being physically or verbally aggressive.

Inspectors reviewed the risk registers. These contained risks for individual residents and individual service units. These were dated, and scheduled for review twelve months later. While these were adequate they would benefit up-dating after risk control measures were implemented. In some instances they also would benefit from more detail on of the risk being assessed.

At the time of inspection there was no infection control policy available to inspectors. While the risk was noted on the risk registers inspectors found there was an absence appropriate measures, such as hand sanitizer, within the service units.

There was an emergency plan available to inspectors. This detailed the procedure for evacuation, contact numbers and the location of mains valves for electricity, water and gas (where applicable). The plan also included the location of alternative accommodation and means of transport should these be needed.

Inspectors reviewed the incidents and accidents for the centre. Social Care leaders advised that some review was completed locally for any themes or recurring events, and that the quality assurance team also did a review of the information. Inspectors saw that discussions were held on these issues in quality assurance meetings, but could not see evidence of how they influenced the way the service was provided.

Inspectors observed that fire equipment, alarm and emergency lighting were provided in each service unit. Inspectors reviewed records which showed that this is appropriately serviced and maintained in good working order. Records also showed that staff had completed regular checks on this equipment and the escape routes from the units.

Inspectors reviewed records that recorded drills as having taken place on a regular basis. These were conducted with both staff and residents and the outcome of these were recorded. Drills were conducted during both day and night hours. Both staff and residents were knowledgeable about evacuation when asked by inspectors.

Inspectors also saw that there was a personal evacuation plan available for each resident, and residents were familiar with these. Inspectors observed that there was an evacuation procedure displayed within each service unit.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were arrangements in place to safeguard residents and protect them from the risk of abuse. However, some improvement was needed to ensure all residents support needs were documented.

Staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. All staff had received training on safeguarding vulnerable adults. Further training was planned to include the national policy.

The policy on safeguarding residents from abuse contained guidelines on how any allegations of abuse would be managed. The provider had appointed a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had. Residents who spoke with inspectors were knowledgeable of who they could talk to if they needed to report anything.

There was evidence that incidents of all allegations of abuse were appropriately investigated and managed in accordance with the centres policy. It was noted that some families commented that they did not fully understand the procedure followed, and the decisions reached.

Throughout the inspection, inspectors noted that staff interacted with residents in a kind, caring, respectful and patient manner.

Inspectors observed that staff maintained resident's privacy during the delivery of personal care. All residents had an intimate care plan in place, and they did sent out the residents needs and preferences where they were known.

Inspectors read the policy on the management of behaviours that challenged, and it was observed that it was being used to guide the care delivered. Training had been provided in this area and staff said that further training was being planned to cover the national policy.

There was evidence that the General Practitioner (GP), psychology and Psychiatric services were involved in the care as required, and assessments resulted in clear guidance for staff to support residents to manage their behaviour.

Where behaviour support plans were in place for residents, they were very detailed, and set out any agreed interventions. The included different stages of arousal and the appropriate way to communicate and engage with the individual resident in those circumstances. However, examples were seen where the plans did not specify the behaviour the plan related to, and so would not guide the practice of staff.

Minutes of meeting showed that each resident was reviewed regularly at the positive behaviour supports committee, and recommendations were made. The

recommendations reviewed by inspectors were seen to have been followed up.

There were no restrictive practices in use in the centre.

**Judgment:**

Substantially Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be notified and the timescales in which they must be completed. They had also provided three monthly notifications as required

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Residents had opportunities for new experiences, social participation, education, training, development and employment. These opportunities appeared to be supported and facilitated by staff.

Residents spoke with inspectors about the range of activities they were involved in. Their choices were seen to be reflected in their care plans, with individual weekly schedules in place for all residents.

Individuals explained to inspectors what they liked to do, and showed pictures of

attending shows and community events, and also holidays. All residents spoken with said they enjoyed the opportunities that were available to them.

Staff explained the different ways they supported residents in engaging in a range of activities including identifying events they think would be of interest, and organising trips to different venues.

**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):**

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

**Findings:**

The inspectors found that there were arrangements in place to assess the health care needs for each resident.

Records showed that residents had good access to general practitioners (GP's). All health needs that had been identified were followed up, and there was a record that logged the medical interventions and appointments residents had.

There was a document available for each resident that contained the information of a health review. This document had been recently updated, and gave a clear picture of resident's current needs.

There was evidence that residents accessed other health professionals such as physiotherapy, psychology and psychiatry. Letters and medical reports were available as part of the residents records. Where recommendations by professionals had been made, these were seen to be in place, for example following a specific diet.

Where a specific health need was identified for a resident, this was detailed in their care plan with clear guidance for staff on how that need was to be met.

Resident's healthcare needs were being discussed in other meetings such as the multidisciplinary meeting. The minutes of these meetings were available on the residents files, and recommendation reviewed by the inspectors were seen to have been put in place.

The inspector spoke with staff who were aware of a healthy diet when supporting residents. Some residents liked to cook or support the cooking of meals. On the day of the inspection residents were seen to be making choices around their meals. In some



houses residents had the same meal, in others people chose different meals. Residents showed inspectors the pictorial menus available in the houses, and were clear of their own meal choices for that day.

Residents were involved in shopping and the preparation of meals as much as they were able. Those spoken with said they enjoyed that. There was a party planned in one house on the day of inspection and residents were enjoying the preparations.

For those with specialist and modified diets, detail was available in the service to ensure those needs were met. Snacks and drinks were available to the residents at all times in line with their dietary requirements.

**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):**

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

**Findings:**

The inspector found there were policies and procedures around the safe administration of medication. However some improvement was needed in the system for the receipt and return of medication in to the centre.

There was a policy in place for the administration of medication which did cover key areas such as receipt, safe administration, storage, audit and disposal of medication. The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration and disposal.

Care support staff carried out the administration of medication, and they confirmed the process of training and supervision they completed before they were approved to undertake this role.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete.

The inspector observed that the medication storage was in the office in the houses. It was either a cupboard or medication trolley that locked securely. A staff member kept the keys at all times.

It was noted that there was not a clear system for the return of medication in all of the houses that made up the designated centre, which introduced a risk of medication not

being fully accounted for in the centre.

Staff reported that the pharmacist was available to provide support if they needed it, and were available locally.

The management team reviewed the audits, and also undertook an audit of the use of any of the psychotropic and 'as required medication' (PRN) to ensure use was in line with good practice. It was noted for two residents clearer information on when to administer PRN medication would improve the consistency of their use, although staff spoken with gave consistent answers.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the Statement of Purpose met the requirements of the Regulations.

The Statement of Purpose accurately described the type of service and the facilities provided to the residents. It reflected the centre's aims, ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found there was an established management structure in place, with the roles of staff clearly set out and understood. However the annual report needed to be made available to residents.

There was a management system in place on the day of the inspection which supported the delivery of services. The provider had established monthly regional management meetings, quality and safety committee, residential quality improvement and the supervisors forum meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The role of the person in charge was carried out by the residential coordinator who was supported by the programme manager. She was appropriately qualified and had continued her professional development. She was full time in the role and met the requirements of the regulations.

Inspectors found that there were appropriate deputising arrangements in place and there were robust on call arrangements in place.

The person in charge explained that they were working to improve the frequency of supervision for the social care leaders in the houses, but that it was still not as regular as they would like. However, they confirmed they did visit the houses, and had regular phone and email contact with the staff.

Social care leaders explained to the inspectors that they had regular staff meetings in the houses, and shared relevant information about policies, or any pertinent information about the residents.

An audit on the service was completed by the quality and safety department within the organisation. These were un-announced visits and took place up to twice a year. Inspectors reviewed the audits and the action plans which included risk and quality. These were comprehensive audits, and took in the requirements of the Regulations. The audit report read included interviews with residents, staff, along with detailed reviews of resident personal plans and files, accidents-incidents, complaints and so forth. A comprehensive report and action plan was devised by the audit team, which was implemented by the person in charge, who in turn developed her own action plan to implement the changes.

However, an there was no overall report encompassing the results of the safety audits along with the quality of the service, and therefore not available to residents. This was discussed with the person in charge and regional services manager, who was aware of the requirement to do so, and to provide a copy of same to residents.

**Judgment:**

Non Compliant - Minor

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place through the availability of the team leader and residential services manager to cover any absences of the person in charge. These arrangements were formalised and staff were aware of them.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that sufficient resources were provided to meet the needs of residents.

On the day of the inspection there was sufficient staff to meet the needs of each resident. They were involved in a range of activities, including supporting residents to travel to day services, going on outings to the shops and arranging a birthday party.

The person in charge was planning for the changes to staffing on one hose when a resident moved, to ensure the needs of the other residents continued to be met.

Records of maintenance being carried out in a timely manner were seen.

**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):**

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

**Findings:**

Inspectors found that there was appropriate staff numbers and skill mix to meet assessed needs of residents and safe delivery of services. Staff files were up to date. Where staff training was required inspectors observed that it was scheduled. While staff supervision was not up to date management were aware of this need.

Inspectors reviewed the staff rosters and found that there was an adequate number of staff, with appropriate qualifications and skills, rostered to reflect the needs of residents. Where resident needs were changing management was aware and were seen to be reviewing staff numbers. The number of staff rostered reflected the layout of the premises, and the care as set out in the Statement of Purpose.

There were two houses with residents who needed the support of two people to move between their bed and wheelchair. At night, these houses only had one member of staff. Staff explained the arrangements in place if a second member of staff was needed during the night, and there was no evidence of this having a negative impact on the residents at the time of the inspection.

Inspectors observed staff interaction with residents and found that they offered care and assistance in a timely, dignified and safe manner. Staff appeared to inspectors to be familiar with the needs of residents and comfortable in how they interacted with them. Staff were seen by inspectors to respond to residents, when they requested assistance, with knowledge of residents' needs. Examples of this include arranging to go out for a walk with a resident who did not enjoy visitors in the house, and supporting residents to go through their morning routine.

Training records were reviewed by inspectors. There were some gaps in these within the mandatory training (fire response training, moving and handling of residents and prevention and awareness of abuse). However the provider was aware of these gaps and the inspector reviewed a schedule of training which responded appropriately and in a timely fashion.

Staff files met with the requirements of schedule 2 of the regulations, demonstrating that staff were recruited in accordance with best practice. These included records of

work history, references, Garda vetting and evidence of identity.

There were systems in place for annual appraisal and on-going supervision of staff. As noted in outcome 14, the person in charge was working to improve the frequency of supervision meetings, but was in regular contact with the social care leaders and staff team.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that all policies required by Regulations were in place, and overall, records were accurate and, up-to-date.

The provider had ensured the designated centre all of the written operational policies as required by Schedule 5 of the Regulations. However, staff required additional education and training to ensure all policies were implemented in practice. For example, the medication policy (see outcome 12), the risk management policy (outcome 7) and the complaints policy (outcome ).

Inspectors reviewed the records listed in Schedules 2, 3 and 4 of the Regulations which were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An up-to-date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations

**Judgment:**

Substantially 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:***

Helen Lindsey  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0003583
<b>Date of Inspection:</b>	18 and 19 March 2015
<b>Date of response:</b>	11 May 2015

### Requirements

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

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

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The records of complaints did not contain information of the complainants satisfaction.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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



maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The complaints form will include a section to determine the satisfaction of the person making the complaint.

**Proposed Timescale:** 30/06/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no person nominated to oversee that complaints were recorded and responded to.

**Action Required:**

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The complaints policy will reviewed and a local procedure will be developed.

**Proposed Timescale:** 24/07/2015

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Residents did not have a contract of care that set out the service to be provided and the fee to be charged.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

A contract of care will be provided for all residents in this designated centre in conjunction with families.

**Proposed Timescale:** 30/06/2015

### **Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Bathrooms in the designated centre needed to be cleaned to ensure a pleasant bathing experience.

**Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

All bathrooms will be cleaned and personalised

**Proposed Timescale:** 08/05/2015

### **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:**

Improvements were required in the documentation of controls to manage assessed risks.

**Action Required:**

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

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

1. The Person in charge will review the risk management policy and ensure risk assessments for these areas have adequate and clear control measures for the risks identified.

2. Refreshers training will be undertaken with staff on the risk management policy

**Proposed Timescale:** 1. 14/05/2015 2. 30/09/2015

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Not all positive support plans covered all known areas of residents needs.

**Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

All positive behaviour support plans will be reviewed with the residents, their keyworkers and the psychologist to ensure the plans specify the behaviour the plan is related to.

**Proposed Timescale:** 13/08/2015

**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:**

There was not a clear process in place for the disposal of medication in the centre, including return of medication to the pharmacy.

**Action Required:**

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

- (1) A procedure will be written that details the disposal of medication in the centre.
- (2) All staff will be inducted into this procedure

**Proposed Timescale:** 16/07/2015

**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 annual quality and safety report was not completed and therefore not accessible to residents.

**Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

(1) The quality and safety committee will compile an annual report on the care and support on residents in the service. This will happen every year and will be released in January every year.

**Proposed Timescale:** 31/01/2016

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all policies were being implemented in practice.

**Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

1. The person in charge will ensure staff are inducted into the all the policies in the designated centre.
2. Local procedures relating to residents finances, medication and complaints will receive immediate priority for induction of staff.
3. The orders policies will be reviewed at the staff meeting to ensure all staff are familiar with and implementing the policy.

**Proposed Timescale:** (1) 30/07/2015 (2) 30/06/2015 (3) 28/05/2015