

**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 John of God Community Services Limited
Centre ID:	OSV-0002977
Centre county:	Dublin 24
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	6

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:
28 May 2015 09:00	28 May 2015 13:00
29 May 2015 09:00	29 May 2015 19:30

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 inspector found the service provided respite care for up to 6 children and 15 adults with an intellectual disability, (referred to as residents throughout the report).

Inspectors met some residents and staff during the inspection. Some family members also completed questionnaires for the inspector. The inspector 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 unit was first floor, accessible by lift. It provided accommodation for up to six children, up to the age of 18. It had four single bedrooms and one double bedroom, large lounge area, a multi sensory room, kitchens and two bathrooms. The second unit was ground floor accommodation. It had the same layout as the first but was presented differently to meet the needs of up to nine adults. It was made up of a large lounge, dining room and two bathrooms, 5 single bedrooms and two double rooms. The third house was a six bedroom house in the community, with garden to the rear. All bedrooms were en-suite with the exception of the staff office used for sleep over staff.

This was the first 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 said they enjoyed visiting the centre and meeting up with friends. For those living in the centre on a longer term basis, they felt they were well located in the community and had access to a wide range of services, and support from a staff team who knew them well.

Feedback in both conversation with, and questionnaires read from residents was one of overall satisfaction with the service and support provided. Most relatives said they found the service a great support to their families.

Inspectors found that residents received on the day of the inspection were receiving 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. Staff and residents were seen to be communicating well together.

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. The social care leaders and staff teams were seen to be knowledgeable of the residents needs, and received training in line with their roles and responsibilities.

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. Some improvement was needed in the implementation of a small number of policies.

The centre met the needs of the residents. Some areas of the centre would benefit from being more homely and other areas needed decoration or maintenance to resolve a small number of issues identified through the inspection. There was good

practice in relation to servicing of fire equipment, and fire drills. Some improvement was needed in relation to exiting one of the premises from the rear if necessary.

Each resident had an assessment of their needs in place, and there was evidence of other professionals being involved where necessary, for example social workers, occupational therapists and psychology teams. 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, there was a plan for ongoing improvement in this area, including training.

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, clarity in the admissions policy, protocols and guidance around managing some medical conditions and the medication prescribed to manage them.

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):

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

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. This is because there was no person nominated to oversee that complaints were recorded and responded to. The provider was aware of this and was working to amend the policy to include this role.

A complaints log was reviewed by inspectors. The records showed that 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. It was noted that the recording system was being amended to incorporate this information.

Residents and relatives did confirm in the HIQA questionnaires they completed that they did know who to complain to in the centre. There was a small amount of feedback from families that complaints had not been acted on.

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 was information up on the notice boards in the houses that gave information about contacting an external advocacy service.

Residents who spoke with inspectors said that the staff were helpful, 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 resident's skills.

Staff were seen to be having a positive relationship with the residents, and enjoying the opportunity to take part in different activities, such as going out for an evening meal, and helping with the setting of tables for those eating in the centre. Residents confirmed they could make choices about a wide range of things, including meal choices, routines and activities.

Where residents were staying in the centre for a long period, they had a single room that was personalised their own taste. This included furniture, pictures and decoration. Residents attending for shorter respite periods were able to bring belongings with them to make room feel more personal.

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 explained the system in place to sign in residents belongings at the beginning of each stay.

For the residents who were living in the centre on a longer term basis, there were arrangements in place for them to vote if they chose. For some it was at their family home location.

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):

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

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 resident's 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.

There were close links with resident's schools and day services to ensure up to date communication documents were in place.

Information available on the notice boards in the centre were easy read with pictures and plain English to support residents to access the information as much as possible.

Some staff did have some sign language, and in one house they were keen to learn more to further improve communication with one of the regular residents.

The centre was part of the local community, and residents had access to radio, television, internet, social media and information on local events. Some residents were visiting on a short term basis, and would access the local community for social activities. Others were using the centre on a longer term basis, and they had links in the community such as local general practitioners and dentists, local clubs and groups.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

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

For those residents visiting on a short term basis there was clear evidence of links with

families, school and day service to arrange visits, and follow through any issues like correct medications being available.

For those using the service on a longer term basis, some residents were able to maintain contact with their friends and families independently. Others needed the support of staff to make arrangements. Records showed this was happening regularly. Resident who spoke with the inspector confirmed how they would meet with their friends and families and keep in touch.

Relatives who completed the questionnaire were mostly positive about their contact with the centre. The only issues raised were around the transition between the children's and adults respite service, which had been more of a challenge to them.

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.

Residents spoke with the inspectors about the activities they were involved in, both within the organisation and in the wider community. Where residents were living in the centre on a longer term basis they 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.

For those on short term respite, the inspector observed how residents were involved in decision making about meals and activities.

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:

Inspectors found some improvement was required to the admissions policy and the contract of care to reflect the service being provided.

The organisation had an admissions policy in place, however it did not reflect the

arrangements in this service. This service is a respite service only, however some residents have been living in the centre for a long period of time. The policy needed to be amended to reflect how admissions and discharges from the centre were managed.

There was also children and adult using the service, and the transition between the two was not clearly set out as part of the policy. The person in charge confirmed they planned to complete a local protocol to address this gap in the policy.

At the time of the inspection there was no contract in place that set out the service to be provided, however there was a draft that was due to be put in place for all residents using the centre.

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):

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

Findings:

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

The inspector sampled a number of the records relating to the residents in each of the units. In all cases there was a folder with an assessment of residents needs and an overview document providing the key information nursing and care staff needed to know. This was kept up to date by liaising with family, schools and days services as appropriate. All of the information was easy to access, and clearly labelled so it could be easily located by staff.

Where residents were staying at the centre for a longer period the assessments were regularly reviewed and updated. The assessments covered their health, social and emotional needs.

Staff explained the process of checking a resident's most recent assessment prior to

them attending for respite, and ensuring they had the most up to date information available to them. Records showed how this was then recorded for staff on shift to access.

Those residents spoken with confirmed they felt the service supported them well. They explained that they felt their independence was respected and that support was there for them if they needed. The children accessing the centre were seen to be enjoying the company of the other residents and receiving appropriate supervision from the staff team.

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. This is covered in more detail under outcome 11.

For the residents who were staying at the service long term, they were involved in developing their goals for the year and in the reviews of their ongoing needs. Residents chose who joined in the annual planning meetings. Goals were being set. People were seen to be enjoying concerts, sporting events and holidays.

There was a requirement in the centre for children to transfer from the children's respite service to the adults service by the 31st August in the year the resident was 18. The person in charge confirmed that some families felt the adult service had too large an age range in that some residents using that service would be in their 60's. He confirmed the provision of the service was being reviewed to take on board these comments.

Other families reported that the change between the children's service had been difficult for their relative and could have been planned in a better way. The inspector did observe that there were transition plans in place for residents, and staff were aware of the steps in place to support residents with the change.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Overall the designated centre met the needs of the residents, however some improvements were needed in decoration and some areas required some maintenance. Also there was no outside area for children to play.

The centre was seen to be in line with the information provided in the statement of purpose.

The first unit was used by children receiving a respite service. It could accommodate up to six residents, but often it was less due to the individual needs of those receiving the respite service.

The bedrooms all had adequate furniture including beds and wardrobes. Each had been personalised with a mural, and the children using the centre on the day of inspection said they liked choosing which room they would stay in.

There were two large lounge areas that were sparsely furnished, a kitchen diner, a pantry area with seating, a multi sensory room full of games and toys, and two bathrooms. There was plenty of space, and the centre was fully accessible for wheelchair users.

In this unit, some of the flooring needed attention as it could be a trip hazard, some equipment required a deep clean, and an odour in one bathroom needed further exploration in order to resolve it.

There was no outside play area for the children to use, as the unit is based in an apartment complex. Staff explained that they often went out in to the local community, and there was access to a park locally.

The next unit was the same layout as the first centre. It was presented differently, as it was for adult residents receiving a respite service. It could support up to 9 people. Some residents had been staying for a prolonged period. They had decorated their rooms to their own tastes and had purchased furniture of their choice.

The lounge area and dining room were decorated and furnished in a homely way. The room used as a play room in the children's unit was used as a double bedroom in this unit, it provided screening for privacy. There was sufficient space for all of the residents. Storage of equipment was an issue in this unit, with a range of items being stored in one of the bathrooms.

This unit was a house in a residential area, with access to local shops, transport and leisure amenities. This unit could support six people, but at the time of the inspection was supporting 4 people on longer term basis, and one room was being used for short stay respite.

The bedrooms were all en-suite. Two were downstairs, and the others were on the first floor, where there was also a staff office used for sleep over staff and a bathroom. Downstairs there was a lounge, a dining room/ sun room and a large kitchen and utility. There was an enclosed garden to the rear, and the residents were working with staff to get it planted for summer.

Residents who spoke to the inspector said they house worked well for them. It was wheelchair accessible to the front of the property.

In this unit some areas needed to be painted, including the utility. Bathrooms, specifically showers needed a deep clean to ensure they provided a clean bathing environment. This house did not have fire doors, and the emergency exit through the back of the property would not be suitable to meet the needs of wheelchair users.

In each house there were sufficient toilets and bathrooms to meet the needs of the residents. Each unit was suitably lit and ventilated. Kitchens were well maintained and contained all the equipment necessary to prepare and cook meals, snacks and drinks.

Judgment:

Non Compliant - Moderate

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 has policies and procedures relating to health and safety and these were seen in practice. Some improvement was needed in the implementation of the risk policy, provision of fire doors in one premises, and the emergency exit of one premises.

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.

There were a range of risk assessments seen in the different units. Some were detailed and set out the hazard that had been identified and the actions put in place to reduce the risk, and the inspector noted it was positive that practice was developing in this area. However, some examples were seen that did not provide sufficient detail to guide staff in managing the risk. For example in relation to some of the know behaviours of residents. Staff were clear of the need to regularly check residents. Further examples were discussed with the person in charge following the inspection.

Also the re-assessment process was not comprehensive, and did not indicate if the steps

taken reduce the risk had been effective, and resulted in a lower risk level for the identified hazard. The person in charge confirmed the template was being reviewed to ensure this information was included.

The inspector read the local infection control protocol, and staff were seen to be implementing it, for example ensuring protective equipment such as gloves were available, and also hand washing practice.

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.

The inspector reviewed the incidents and accidents for the centre. Staff were clear on their role in reporting incidents and the person in charge was clear in their role of notifying HIQA of any incident that was set out in the regulations. There was a system in place to review incidents across the service, and check for any trends or areas of practice that needed to improve to reduce the risk of reoccurrence. Evidence was seen that practice had change in one area following the outcome of an investigation in to an incident in the centre.

The inspector observed that fire equipment, alarm and emergency lighting were provided in each service unit. Inspectors reviewed records which showed that this was 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. All 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.

It was observed by the inspector that the emergency escape to the back of one of the premises would not currently be fit for residents who were not fully mobile, or where wheelchair users. Action was needed to confirm if this would be an issue for the residents using the centre.

It was also noted that in one house there were no fire doors to ensure fire was contained for a period of time if it were to break out.

The safety statement and emergency plan were in place for each unit, and the information they provided was known by staff.

Judgment:

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:

There were arrangements in place to safeguard residents and protect them from the risk of abuse. A review of behaviour support plans was needed to ensure all known behaviours were addressed.

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 and children. Further training was planned to include the new national policy.

The policy on safeguarding residents from abuse contained guidelines on how any allegations of abuse would be managed, and covered the processes in place for adults and children. The provider had appointed a designated adult protection officer and designated person for children. The responsibilities for these people were clearly set out in the policy, and the individuals were a resource to staff should they need to discuss any concerns they had.

Residents who spoke with the inspector were knowledgeable of who they could talk to if they needed to report anything, or had any concerns about their safety.

Each resident had an intimate support plan in place that set out their needs, and staff were familiar with the information contained in these documents. Where support was needed, it was seen to be provided discreetly.

Staff were seen to have a good relationship with the residents, and residents appeared to be engaging with staff, asking for support or generally enjoying their company.

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. Records were seen that showed staff were to receive updated training.

For many of the residents, their families were very involved in the delivery of their needs, and they linked with any other services as needed. This often included liaising with school or day services.

For those residents staying in the centre for a prolonged period, there was evidence that the General Practitioner (GP), psychology and psychiatry services were involved in residents care as required. 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, there was one example of an incident that occurred and there was no guidance available to staff to advise them how to manage the situation if a similar incident was to occur. There were also records of individual incidents so that any changed could be reported back to professionals overseeing the residents care.

The inspector checked the financial records for a number of the residents and found that they system was effective at recording how much money residents had, and what they were spending it on. For some residents they managed this independently.

The use of restrictive measures such as bedrails and lap belts for some residents was fully assessed and monitored. The assessment included whether the intervention was the last restrictive possible.

There was a restrictive practice committee in place, and they reviewed and gave approval for any restrictive practice that was proposed in the centre. They met regularly and gave oversight to ensure practice in the centre was in line with national guidelines.

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):

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

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 <i>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.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.
Findings: Inspectors were satisfied that each resident had opportunities for new experiences, social participation and activities that matched their preferences. Many people using the centre lived with their families and so were involved in their local communities. They attended school or day services and had social lives with those who were important to them. Those residents who spoke with the inspector said they enjoyed meeting different people when staying for respite and doing a range of different things, including going out to the local park, out for a drive, or out for meals. Residents who were staying in the service long term also had the opportunity for a wide range of meaningful day time activity. Some accessed the community independently, and others had plans of support in place to ensure they were able to engage in activities of their choice.
Judgment: Compliant

Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.

Findings:

The inspectors found that there were arrangements in place to assess the health care needs for each resident. However some improvement was needed in ensuring there were clear instructions for staff in how to meet those needs.

Many of the residents accessed general practitioners (GP's) through their families as they did not live in the service. For those who were staying in the service for a longer period, there was clear evidence resident had access to GP's when they needed them.

There was a document available for each resident that contained the information of a health review. For some residents this had been completed in 2013, it was not clear which sections had been updated since that time, but there were records of recent medical appointments for all health 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 for those who were staying at the service long term. 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, there were some examples seen where there was clear guidance in how to meet that need. However, there were a small number of examples where the information would not guide staff practice, and the risk was that residents needs would not be met. For example managing some possible scenarios associated with Percutaneous endoscopic gastrostomy (PEG).

Where there was a need, resident's healthcare was being discussed in other meetings such as the multidisciplinary meeting either through school or through day services. The minutes of these meetings were available on the resident's files, and recommendation reviewed by the inspectors were seen to have been put in place.

Where residents had specific dietary needs staff were aware of this, and information was available to clarify what their needs were. On the day of the inspection some residents were going out for a meal, others were eating a meal cooked by staff.

Residents explained to the inspector how they chose meals, and how they could access snacks and drinks either independently or with support from staff.

Residents explained they were involved in shopping and the preparation of meals as much as they were able.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found there were policies and procedures around the safe administration of medication. However some improvement was needed in the instruction available for administering some medication.

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.

As this was a respite service, it was regular for residents to arrive with medication, and then leave after a short stay. Staff were very clear about the criteria for accepting the medication and medication record, and there was a robust system for medication travelling to and from home, school and day services.

Staff did report there had been a number of errors of people not having the correct medication with them, or the medication record not providing the required information. Records showed these seen errors had been responded to in line with the organisations policy.

Nursing and 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. However there were two examples seen where for 'as required' medication (PRN) there was either no protocol in place for how it was to be administered, or the protocol was not in place at all.

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

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. Evidence was seen that this had reduced for some residents as other supports were put in place.

Some residents were self administering medication, and the inspector read a thorough assessment that assessed their ability to manage their medication including reading labels and managing the packaging. This was also regularly reviewed.

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):

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

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):

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

Findings:

Inspectors found there was an established management structure in place, with the roles of staff clearly set out and understood. The provider needed to produce an annual report and make it available to the 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 supervisor's 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 programme manager who was supported by the residential coordinator. He was appropriately qualified and had continued his professional development. He was full time in the role and met the requirements of the regulations.

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

The individual units were overseen by social care leaders who were very knowledgeable about the resident's needs, the staff team, and the operating systems of the service. Both people in this role were able to provide information requested by the inspector, and had well organised systems in place to ensure all information about residents was easy to access and up to date.

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. An action plan had been produced, and progress was being made in meeting the requirements set out.

At the time of the inspection an overall report of the quality and safety of care and support in the designated centre was not in place, or available to residents.

It was evident from this inspection that there was learning happening from other inspections taking place within the service, and improvements were being made to the policies and procedures to give staff clarity. Also training needs were being addressed and areas such as risk assessment and medication were being targeted for internal audits to evaluate what action was needed to bring about improvement, better outcomes for residents and to meet the regulations.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the

designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

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):

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

Findings:

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

The centre was intended for respite, but due to a range of circumstances was providing longer term care for some residents.

It was the long term plan was to focus on short term respite, but until that was possible, those residents who were attending the centre were having their needs met.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there was a caring staff team in place, who knew the residents needs and preferences well. One example of a staff member not having a relevant garda vetting was seen.

In each house there were sufficient staff available at the time of the inspection to meet the needs of the residents. The social care leaders explained the process for assessing the staffing needs in relation to the residents who would be using the centre, and the person in charge confirmed that appropriate staffing levels were always a priority. In some cases extra funding had been provided to ensure all residents' needs were met.

Where staff training was required inspectors observed that it was scheduled. There was a well organised system to ensure staff kept up to date with all mandatory training.

A system of supervision had been rolled out to the social care leaders, and was going to be expanded to other staff. This had started recently, and the arrangements for meetings were seen by the inspector.

There were clear staff rosters in place, and the number of staff rostered reflected the layout of the premises, and the service set out in the Statement of Purpose.

Induction training was also reviewed. This had three elements; induction to the Providers' service and ethos; introduction locally to the particular service unit; participation in the training days centrally scheduled. This appeared sufficient to meet resident's general needs, and to deliver the care outlined in the Statement of Purpose.

Some agency staff were being used, but staff reported that they attempt to gain consistency in obtaining the same agency workers. Complete training records for agency staff (and /or a service provision agreement) were held in the human resources department of the centre.

Most 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. One example was seen where there was no Irish Garda Vetting in place, but this was averted during the inspection.

Judgment:

Substantially 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:

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 1).

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 report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002977
Date of Inspection:	28 and 29 May 2015
Date of response:	19 June 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 the complainants satisfaction.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a

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

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:

1. Each complaint will now record whether or not the complainant, resident or their representatives (as applicable) were satisfied with the outcome of the complaint

Proposed Timescale: 31/07/2015

Theme: Individualised Supports and Care

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

There was no nominated person to ensure complaints were recorded and responded to as per the Regulations

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:

1. The CMN2/SCL will ensure that all complaints are logged and resolved at a local level where possible. Where this is not possible, the complaint will be escalated to the complaints officer. The progress of the complaint will be communicated to all stakeholders.

2. A local complaints procedure will be drafted to include the nominated person.

3. The Statement of Purpose will be updated to include all recommendations including a clear guide to the complaints policy.

Proposed Timescale:

1. 31st August 2015
2. 31st August 2015
3. 31st July 2015

Proposed Timescale: 31/08/2015

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:

There was no agreement in place setting out the terms and conditions of the placement, including services to be provided and fees.

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:

1. Support Agreements will be put in place for all residents setting out the terms and conditions of the placement, including services to be provided and where appropriate the fees.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

The admissions policy needed detail that reflected the respite service offered in the designated centre

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

1. The admissions draft policy will be reviewed to reflect a detailed and accurate description of the respite service offered and our inclusion and exclusion criteria.
2. This policy will be circulated to all families wishing to avail of respite within our service.

Proposed Timescale:

1. 31st August 2015
2. 30th September 2015

Proposed Timescale: 30/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some areas of the designated centre needed attention to assure they were clean and suitably decorated, and well maintained.

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:

1. The CNM2/SCL will conduct a review of all cleaning schedules for the designated centre to ensure all areas are clean.
2. The Person in Charge will ensure a revised schedule of improvement and decoration is developed for the designated centre.

Proposed Timescale:

1. 30th June 2015
2. 31st July 2015

Proposed Timescale: 31/07/2015

Theme: Effective Services

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

There was no outdoor recreational area provided for children using the service.

Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

1. Interim arrangements for the use of a local Community based recreational area for children will continue to be used.
2. A review will be conducted to identify appropriate recreational areas for children respite.
3. The outcome of this review will feed into the overall Regional Development Committee, which will identify options for the provision of children's respite.

Proposed Timescale:

1. April 2015
2. 31st October 2015

3. 31st March 2016

Proposed Timescale: 31/03/2016

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 identified risks.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

1. The person in charge in conjunction with the CNM2/SCL will review the risk management policy for the designated centre to ensure they are up to date and include the measures and actions in place to control the risks identified.
2. Risk assessments will be updated to accurately reflect the policy.
3. A schedule of training will be compiled for all staff in risk management.

Proposed Timescale:

1. 31st July 2015
2. 31st August 2015
3. 31st August 2015

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

The emergency exit at the back of one premises would not provide residents with mobility issues or wheelchair users with a suitable means of escape.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

1. An assessment of the emergency exits will be undertaken in consultation with Occupational Therapy and Physiotherapy, to identify ramping necessary for a safe and suitable means of escape for residents with mobility issues and wheelchair users.
2. Recommendations from this assessment will be scheduled for completion by the Person In Charge.
3. No resident with mobility issues will be accommodated in this location until the assessment of the emergency exits have been undertaken and remedied.

Proposed Timescale:

1. 30th September 2015
2. 31st December 2015
3. 19th June 2015

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

One house did not have appropriate arrangements to contain fires.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

1. A review of all fire procedures within the designated centre will take place to ensure there are adequate arrangements for fire containment and to outline the number of fire doors required.
2. Designated rooms on the ground and first floor identified in this review will be fitted with fire doors to ensure adequate arrangements for fire containment.

Proposed Timescale:

1. 30th June 2015
2. 31st July 2015

Proposed Timescale: 31/07/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was one example of a behaviour support plan not setting out how interventions would be implemented for an individual.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1. Behaviour support plans will be reviewed by the multi-disciplinary team to ensure that all recommendations are included in plans.
2. The person in charge will coordinate a review meeting with the staff team to ensure all staff members are aware of how to implement agreed behaviour supports.

Proposed Timescale: 31/07/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all personal plans provided sufficient detail to ensure staff were clear about how to meet residents healthcare needs.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

1. The person in charge in conjunction with the clinical nurse manager will ensure that a critical information document is in place for each resident. This will incorporate any recommendations from all relevant allied health professionals. The document will ensure that all staff members are aware of the required support needs of each resident.
2. The person in charge will coordinate a review of the personal planning format.
3. A revised personal plan will be put in place for each resident to ensure their assessed health needs are met & where required recommendations of allied health professionals are comprehensively incorporated into these plans.

Proposed Timescale:

1. 31st August 2015
2. 4th June 2015
3. 31st December 2015

Proposed Timescale: 31/12/2015

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:

Not all medication had clear guidance about how it was to be administered.

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. All local operational procedures relating to medication management will be reviewed and updated.
2. Kardex's will be reviewed to include the route of the medication is clearly stated by the prescriber.
3. A full medication audit will be coordinated by the person in charge with a corrective action plan put in place regarding ordering, receipt, prescribing, storing, disposal and administration of medication where required.

Proposed Timescale:

1. 31st August 2015
2. 31st July 2015
3. 30th September 2015

Proposed Timescale: 30/09/2015

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:

There was no annual review of the quality and safety of care and support in the designated centre, and therefore it is not available to the residents.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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.
2. An accessible version of this report will be produced and shared with residents.

Proposed Timescale:

1. 28th February 2016
2. 31st March 2016

Proposed Timescale: 31/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

An example was seen where there was no garda vetting in place for a staff member.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

1. The Person in Charge in conjunction with Human Resources will ensure that Garda vetting is in place for all staff working in the designated Centre.

Proposed Timescale: 30/09/2015

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 as set out in schedule 5 were fully implemented on the day of the inspection

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. A review of the schedule 5 policies will be coordinated by the person in charge to ensure that all policies are available in the designated centre and staff know how to access them.
2. Individual policies will be discussed in detail at staff meetings as a mechanism of education and training around that policy.
3. Specific policies such as Risk management, Medication Management and Complaints will be prioritised for discussion.

Proposed Timescale:

1. 31st August 2015
2. 30th June 2015
3. 31st October 2015

Proposed Timescale: 31/10/2015