

**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-0005306
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Caroline Vahey
Support inspector(s):	Ciara McShane
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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 1 day(s).

The inspection took place over the following dates and times

From: 29 September 2015 09:00 To: 29 September 2015 17:45

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

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

Summary of findings from this inspection

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

The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application to register the centre as a centre for four adults with a disability.

The centre is a bungalow on a campus based setting. Male residents are proposed to be accommodated at the centre. In the main there were suitable facilities in the centre to meet the needs of the proposed residents. There were no residents residing at the centre on the day of inspection.

A proposed staffing roster was available for review during the inspection to confirm staffing support over a 24 hour basis.

The person in charge facilitated the inspection.

Policies, personal plan templates and documentation were reviewed as part of the inspection process and discussed with the person in charge. The overall findings are presented in the body of the report.

The application to the Authority was made to register the centre as a centre for four residents with a disability. Inspectors were not assured that sufficient staffing levels were available to meet the needs of four proposed residents. All proposals presented prior to and during the inspection were examined, and will be verified and followed up following an action plan response, and by an inspection when registered and occupied by residents.

The centre was found to be in compliance with nine outcomes and substantially compliant in four of the outcomes. Moderate non-compliances were identified in five outcomes.

Improvements were required in a number of areas. The premises required work to ensure safe and accessible exits, adequate heating and safe outdoor pathways. There was no standard operating procedure in the centre to inform staff of the actions to take to prevent, detect or respond to abuse. Some improvement in staff training was required. Improvements were required in the Statement of Purpose in relation to staffing arrangements, organisational structure and floor plans.

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:

The centre had a complaints policy in place which outlined the procedure to be followed in the event of a complaint being raised. There was a designated person to deal with complaints. There were no residents residing in the centre on the day of inspection, however the person in charge had a user friendly complaints procedure in pictorial format displayed on a notice board in the hallway of the centre.

There is a separate visitors room where it is proposed residents can meet family, friends or representatives in private. There is a visitor's book in place and the person in charge outlined there is an open visiting policy. The person in charge outlined that the centre's visitor's policy is currently being reviewed.

There are arrangements in place for proposed residents to have their own bedroom. Each bedroom is decorated appropriately for residents and the person in charge told inspectors that residents can choose to have rooms personalised if they wish. Bedrooms viewed by inspectors had adequate storage facilities for residents to store personal belongings. There were some areas for improvement identified. One of the proposed bedroom's entrance doors was fitted with a window. Although a blind has been fitted inside the door, the inspectors were not assured that a resident's privacy and dignity can be maintained at all times. Other areas for improvement included, one bathroom did not have a thumb lock fitted and both bathrooms in the centre had keylocks which were not in use, however toilet areas were visible through keyholes.

The person in charge outlined proposals to facilitate choice, for example choice of food /

drink, activities, choice of clothing. Communication of choice will be facilitated through use of pictures, simple language and interpretation of resident's body language. Residents will also be asked as part of transition process if they would like to purchase items of their choice for their bedrooms for example, pictures or duvet covers. The person in charge outlined plans to commence holidays planning once the residents move to the centre.

The person in charge has contacted an external advocacy service to request a link advocate for residents proposed to reside at the centre.

The person in charge had a resident's meeting book prepared for the new residents, to engage residents in consultation about how the centre is planned and run.

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:

There is a policy in place on communication with residents. Arrangements are in place to outline residents' communication needs as evidenced in the proposed personal plan. Residents communication needs will be detailed in the personal plan in three documents i.e. Critical Information About Me, Communication Profile and My Personal Passport. The person in charge also proposed to have information in individual residents behaviour support plan to identify triggers and appropriate communication responses.

Residents can be referred to an external speech and language therapist if required, for communication needs and to access assistive technology, aids and appliances.

The person in charge has made arrangements for internet access to be installed within the centre. TV points were observed in all bedrooms and in the sitting room and conservatory, with plans for televisions to be installed once residents transfer to the centre. Residents will also have access to a radio.

The inspectors observed good evidence of use of pictures and cues for residents throughout the centre, for example, communication passports, accessible information on the notice board in the hallway, pictures on the entrance doorways to rooms and staff photographs.

The person in charge has compiled information on local events in the community which will be made available to residents in the centre.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

The person in charge outlined a policy for visitors are currently being reviewed. As outlined in Outcome 1 there are arrangements in place for residents to receive visitors in private and an open visiting policy within the centre.

The person in charge outlined the arrangements for informing families of the resident's wellbeing and new developments, mainly through telephone communication or letter if required. The person in charge outlined the process whereby resident's families were invited to be involved in the transition of residents to the new centre.

Families are invited to attend resident's annual Circle of Support meeting. Families are also invited to attend events on campus such as family days or Christmas events.

The person in charge outlined the process whereby resident's families were invited to be involved in the transition of residents to the new centre.

There are arrangements in place to involve the residents in community activities. The person in charge proposed developing social goals for residents based on their individual needs and wishes. It is proposed each resident will have a weekly plan of activities completed, followed by a daily allocation of meaningful 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:

There is a policy in place for admissions of residents including transfers, discharges and the temporary absence of residents.

Inspectors reviewed documentation in relation to the transition of each proposed resident. A comprehensive preadmission assessment and decongregation plan has been completed for residents transferring to the centre, with details in relation residents needs, wishes, likes, dislikes, risk assessment, supports and environmental needs.

A transition plan has been completed for each proposed resident of the centre, with records of phased transition documented in the plan. Each resident also has a pictorial transition plan with photographs of each step of the transition process as it progresses. Some residents have had an opportunity to visit the centre.

There is a proposed Support Agreement for residents however it did not set out the fees and additional charges for proposed residents.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Each proposed resident has had an assessment of need completed in preparation for

admission to the centre. The assessment procedure has been informed by multidisciplinary input such as an occupational therapy environmental assessment, nursing assessment, speech and language therapist dysphagia assessment and dementia assessment.

The person in charge proposes the personal plan will be developed within 28 days of admission of the residents to the centre with an accessible user friendly personal plan made available to residents thereafter.

The inspector reviewed a sample personal plan proposed to be used within the centre. The plan outlines needs and support plans for residents in relation to communication, daily needs, health, intimate care, restrictive interventions and social needs. The plan also details monthly assessments to be completed such as falls risk assessment, Malnutrition Universal Screening Tool (MUST), weight chart, Waterlow risk assessment tool, pain scale assessment tool. It is proposed that each resident will have a personal emergency evacuation plan (PEEP) completed and a behaviour support plan.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The accommodation comprises of a bungalow in a campus based setting. The accommodation is appropriately decorated for the proposed residents.

Residents will each have their own private bedroom and two of the residents have chosen their bedroom. Bedrooms were of a suitable size to meet the needs of proposed residents. Each bedroom is equipped with a wardrobe, chest of drawers and a locker for storage of resident's personal belongings.

All bedrooms are fitted with radiators, however inspectors observed one bedroom had a small electric storage heater. The person in charge turned on the radiator during the inspection and inspectors subsequently checked the room. Inspectors were not assured the radiator provided adequate heat to the bedroom.

There is one bathroom fitted with a toilet, wash hand basin and storage press. A second bathroom / wet room is fitted with a toilet, wash hand basin, shower area and storage. The person in charge outlined that an occupational therapy assessment has been completed for residents, with both bathrooms adapted to meet the identified needs of proposed resident. Handrails have been fitted in the bathrooms. The person in charge also identified a red toilet seat has been ordered to support one resident with a diagnosis of dementia.

Appropriate hand washing facilities are provided throughout the centre.

Appropriate lighting was observed throughout the centre.

There is a large communal space for residents comprising a kitchen area, dining area, sitting area and conservatory. The kitchen is equipped with storage presses with cleaning chemicals being stored in a locked under counter press. Seating will be provided in the sitting room area and the conservatory. There was an additional sitting room in the centre which could be used to accommodate visitors if required. On the day of inspection there was a dining table with three chairs. However the person in charge outlined plans to acquire a new dining table and chairs.

The person in charge informed the inspector that food will be prepared in a central campus kitchen and delivered to the centre.

There is a shed to the back of the property for storage, including mops and buckets.

Garden areas are proposed to be provided to the front and back of the house. The person in charge stated arrangements will be made to have flower beds put into the back garden as well as garden furniture. The garden space to the front of the house required maintenance, as there currently was no suitable area for residents to avail of.

Pathways around the house were observed to be uneven in places. Drain holes to the front of the property were not covered and residents may be at risk of falling.

Ramps to exit the property are installed in three of the four exits. However inspectors were not assured that the exit to the side of the house provided a safe means of escape in the event of a fire. This is further outlined in Outcome 7. In addition the backdoor exit is not accessible to all proposed residents.

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 had a policy and procedures in place in relation to risk management with details on identified hazards within the centre, for example unexpected absence of a resident, dysphagia. The procedure includes risk management action plan for the identified hazards.

There is a risk register in place, however not all potential environmental risks had been identified, namely trip / falls risk at the side exit door and the conservatory exit, uneven surface to the side of the house and uncovered drain holes to the front of the house. The exit door to the side of the house had three steps, however no handrails were fitted. Due to the mobility issues of proposed residents, the inspectors were not assured the exit to the front of the house provided a safe means of escape for residents in the event of a fire.

The centre had an up to date site specific safety statement.

All staff have completed training in relation to moving and handling of residents.

The centre had adequate arrangements in place for the prevention and control of infection and the centre was fitted with ample hand hygiene facilities throughout the centre for example, alcohol gel dispensers, soap dispensers, paper towels and a hand dryer. Colour coded chopping board were also available in the kitchen.

Suitable fire equipment is provided throughout the centre including fire extinguishers, fire blanket, smoke detectors, heat detectors and fire doors. The centre is compartmentalised therefore in the event of a fire in the centre there will be three compartments. The centre has a fire alarm installed which was serviced in September 2015. Emergency lighting was installed throughout the centre by a certified contractor in September 2015. All curtains fitted in the centre have been certified as flameproof and the inspectors saw evidence of this certificate in the fire register.

The person in charge has arrangements in place for fire drills within the centre to be completed on a monthly basis. Records of fire drills are to be maintained and include issues / concerns and actions to be taken. There is a site specific plan for evacuation of residents in the event of a fire and an emergency fire procedure within the campus for night time. The fire evacuation plan is displayed in the hallway beside the fire panel. The person in charge plans to complete personal emergency evacuation plans for residents after admission to the centre. The inspector viewed a sample of a personal emergency evacuation plan.

Two staff are rostered to complete site specific fire training on 13th Oct 2015. Remaining proposed staff have completed this training.

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):

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

Findings:

There is a proposed system in place to manage behaviours that challenge. The person in charge outlined plans to link with a clinical nurse specialist in behaviour for review of behaviour support plans if required. There are policies in place in relation to behaviour support and restrictive practice.

The person in charge was familiar with the policy on restrictive practice and should restrictive practice be used within the centre, arrangements are in place for its review three monthly by a local committee.

From review of documentation and discussion with the person in charge the inspectors were assured that residents would be safeguarded. The centre is currently using the HSE Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures. However areas for improvement were identified. There was no local standard operating procedure in place to inform staff of action to take to prevent, detect or respond to abuse. The requirement for a local standard operating procedure was discussed with the person in charge and the person participating in management of the centre during the inspection. This is further discussed in Outcome 18.

There is a designated safeguarding liaison officer and proposed plans for documenting, reporting and follow up in the event of an allegation, suspicion or disclosure of abuse. The person in charge was knowledgeable on actions to be taken in the event of an allegation, suspicion or disclosure of abuse. All proposed staff for the centre have received training in Safeguarding.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The centre had an accident/incident log book.</p> <p>The person in charge was knowledgeable regarding statutory notifications to be made to the Chief Inspector and his / her responsibilities in relation to notifications.</p>
<p>Judgment: Compliant</p>

<p>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></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The centre had a policy on access to education, training and development.</p> <p>Residents have access to a day service which is campus based. There is a proposed plan in place to offer residents social activities through day service programmes and use of service transport to pre scheduled community activities. The person in charge outlined plans to develop social goals for residents with weekly activity plans and daily allocation of meaningful activities.</p>
<p>Judgment: Compliant</p>

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

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

Findings:

Arrangements are in place for residents to have access to allied health professional such GP, occupational therapist, psychiatrist, speech and language therapist (dysphagia), clinical nurse specialist in behaviour, dentist and dietician.

Two of the proposed residents attend a GP in the local community. Residents avail of ophthalmology services in a nearby town. Arrangements are in place for referral of residents to professionals outside the service if required, such as audiologist, speech and language therapist (communication).

As detailed in Outcome 5, proposed residents have had an assessment of need completed in relation to healthcare. Arrangements are in place to develop a personal plan within 28 days of resident's admission to the centre.

The person in charge outlined that meals will be prepared and delivered by a main kitchen within the main campus. Facilities to support residents to prepare and cook their own meals will not be available with the exception of simple snacks. The person in charge outlined that not all staff have received training in food hygiene, and that this would be required should food preparation commence in the designated centre. The person in charge outlined plans for improved communication between the main kitchen in relation to nutritional needs of residents, which will include input from speech and language therapist, staff team and dietician. The inspector viewed a menu plan / healthy option folder, which will outline individual residents nutritional preferences, needs and support. Easy read nutritional information was also available for residents for example, 5 a day, healthy eating guide and drinking enough fluids.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The centre has a policy in relation to the ordering, prescribing, storing and administration of medication to residents.

Arrangements are in place for the safe storage of medication within the centre.

Arrangements are in place for medications to be delivered to the centre by a pharmacy serving the campus. A local pharmacy in the community is available if medications are required outside of delivery times and a 24hour pharmacy is available in a nearby town.

The person in charge plans to carry out medication audits in the centre. Medication incidents are proposed to be documented in the accident / incident report book.

It is proposed that each resident will have their own medication folder containing their prescription sheet, personal information, information on how they take their medication, PRN medication protocols and medication stock records.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

As part of the registration process a statement of purpose was submitted to the Authority. The inspectors reviewed the statement of purpose and in the main it contained the information required in Schedule 1. However areas for improvement were identified namely the inclusion and exclusion criteria for admission of residents to the centre, the age and gender of the residents for whom it is intended that accommodation should be provided, the staffing arrangements in full time equivalents, and the specific care and support needs that the centre is intended to meet.

An updated statement of purpose was submitted to the authority post inspection which detailed the age and gender of residents, the specific care and support needs that the centre is intended to meet and the inclusion and exclusion criteria for admission. However the total staffing complement in full time equivalents did not reflect the proposed staffing rosters, which had been reviewed on the day of inspection. Staffing arrangements are further detailed in Outcome 17 The statement of purpose does not contain a completed organisational structure or details of the size of rooms.

Judgment:

Substantially 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:

There is a person in charge appointed who is fulltime. Proposed residents are familiar with the person in charge as he / she currently works with the proposed residents.

The person in charge was organised and knowledgeable in relation to statutory responsibilities and legislation.

It is proposed the person in charge will have responsibility for four designated centres, with support in each centre from a clinical nurse manager. The person in charge informed the inspectors that recruitment is underway for an additional person in charge for one of the centres currently assigned to him / her. The person in charge proposes to visit the centre one day per week or more frequently if required.

The person in charge reports to the director of care and support with supervision provided. Meetings with the person participating in management, person in charge and staff are scheduled weekly. There is a clear reporting system proposed within the centre.

Staff meetings are proposed to take place every four to six weeks in the centre. The person in charge has arrangements in place for staff supervision.

It is proposed an audit of the quality and safety of care in the centre will take place every 6 months, completed by the service quality team and the person in charge. The person in charge outlined plans to complete a weekly audit of resident's personal plan and to report audit finding to the director of care and support.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre is not yet operational therefore there has been no period for longer than 28 days in which the person in charge was absent. One individual participating in the management of the centre was identified to the inspector as the person who would deputise in the absence of the person in charge.

Both the person in charge and the person participating in management were knowledgeable on the requirement to notify the Chief Inspector of the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

The application was made to the Authority to register the centre for 4 residents. However the inspectors were not assured that sufficient staffing levels were available to support 4 residents. The person in charge informed the inspectors of the proposed plan to admit three residents initially to the centre and the staffing arrangements would be subject to ongoing review to ensure adequate resourcing. While a proposed on call backup system was available for emergencies, the inspectors were not assured four residents could be safely evacuated at night with one staff on duty.

As outlined in Outcome 13 the proposed staffing resources were not accurately reflected in the Statement of Purpose.

Judgment:

Non Compliant - Moderate

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:

Inspectors reviewed a planned roster for the centre. It is proposed that one staff nurse and two recreational personal assistants (care staff) will be rostered on day duty and one staff nurse on night duty.

As discussed in Outcome 16, the inspectors were not assured the proposed staffing can meet the needs of four residents; however inspectors were assured the needs of three identified residents could be met. The person in charge plans to review staffing levels once the centre opens and on an ongoing basis.

The inspectors reviewed staff training records and staff training plan. Most staff had completed mandatory training and training required to meet the needs of the proposed residents. However some staff had not completed training in epilepsy management, dysphagia and behaviour support and this training had not been scheduled in training plans. As outlined in outcome 11, not all staff had completed food hygiene training.

Arrangements are in place to provide supervision to staff. It is proposed that all staff will also have an annual performance development review completed. Staff meetings are planned to take place every four to six weeks.

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:

The inspector reviewed policies and procedures, as outlined in Schedule 5, Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. While most of the policies were in place, there were areas for improvement identified. There was no policy on the provision of information to residents and the policy on the provision of personal intimate care was out of date. As outlined in Outcome 8, a standard operating procedure for the prevention, detection and response to abuse was not maintained at the centre.

The person in charge had a residents guide for proposed residents.

A certificate of insurance has been received by the Authority as part of the registration process.

Judgment:

Non Compliant - Moderate

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:

Caroline Vahey
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-0005306
Date of Inspection:	29 September 2015
Date of response:	23 October 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 privacy and dignity of residents cannot be maintained at all times. One bedroom door is fitted with a window. Toilets are visible through keyholes.

1. Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The bedroom door window will be replaced with frosted glass & a blind attached.

Toilet Keyholes are being replaced with thumb turn locks which will ensure privacy & Dignity

Proposed Timescale: 02/11/2015

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:

The proposed support agreement does not set out the fees or additional charges for proposed residents.

2. 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:

Support agreements have been completed establishing fees and additional charges and forwarded to the Inspectorate

Proposed Timescale: 02/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was inadequate heating facilities in one bedroom.

3. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Heater thermostat in this room has been adjusted to ensure the room is always at an ambient temperature

Proposed Timescale: 12/10/2015

Theme: Effective Services

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

The backdoor exit is not accessible to all residents.

Pathways around the house were uneven in places. Drain holes to the front of the house were uncovered and posed a risk of residents falling.

4. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The area at the back door will be levelled off and fitted with railings to ensure it is accessible to all residents.

All drains will be fitted with protective covers.

There will be a secure fenced off area adjacent to the house with appropriate garden furniture provided.

Proposed Timescale: 09/11/2015

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:

Not all risks have been identified in the centre.

5. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Risk assessment will be completed in relation to the conservatory exit door, all other identified risks will be eliminated on completion of works

Proposed Timescale: 02/11/2015

Theme: Effective Services

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

The exit to the front of the house does not provide adequate means of escape for residents.

6. 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:

The exit door at the front of the building will have hand rails fitted to support resident evacuating the building. The PIC will carry out simulated fire drills with the residents once admitted and update their individual Personal emergency evacuation plans accordingly. This will also be reflected in the overall Risk register.

There is emergency lighting directly outside the front door; there is also a street light which provides direct light onto the front door.

Proposed Timescale: 02/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

In the proposed plan residents would not be supported to prepare and cook their own meals with the exception of snacks.

7. Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

Residents will be supported on an individual basis to develop their skills in food preparation in accordance with their wishes.

Staff supporting residents will receive basic food hygiene training.

Proposed Timescale: 30/11/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose does not reflect the proposed staff requirement for the centre.

The statement of purpose does not contain a completed organisational structure.
The statement of purpose does not detail the size of rooms within the centre.

8. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:

The statement of purpose has been amended to reflect the staff required for the centre. The statement of purpose will also be reflective of the organisation structure and will have detailed room sizes.

Proposed Timescale: 22/10/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Staff resources were not sufficient to meet the needs of the proposed residents, as outlined in the Statement of Purpose.

9. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The statement of purpose has been revised based on the occupancy of the home reduced to three residents

Proposed Timescale: 22/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Training for all staff in epilepsy management, dysphagia and behaviour support is not complete. As outlined in outcome 11, not all staff had completed food hygiene training.

10. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

A programme has been established to meet the training needs of staff in Epilepsy Management, Dysphagia, Behaviour support & Food hygiene.

Proposed Timescale: 30/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no policy on the provision of information to residents.

11. 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:

The policy for the provision of information for residents is in place

Proposed Timescale: 19/10/2015

Theme: Use of Information

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

The policy on the provision of personal intimate care to residents is out of date.

12. 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:

This policy for personal intimate care has been reviewed and updated.

Proposed Timescale: 12/10/2015

Theme: Use of Information

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

There was no standard operational procedures in place, for the prevention, detection and response to abuse.

13. 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:

A standard operational procedure for the prevention, detection and response to abuse will be developed.

Proposed Timescale: 23/10/2015