

**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-0003615
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:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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:
06 July 2016 10:00	06 July 2016 15:30
07 July 2016 09:30	07 July 2016 17:00

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

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

Summary of findings from this inspection

Background to inspection

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God North East Services (the provider). The centre was previously inspected in 2014 as part of a much larger entity. Since then it had reconfigured to a centre in its own right comprising of just one residential house. Thus, this inspection of the centre has been classed as its first inspection.

The centre was found to demonstrate a high level of compliance across many of the core outcomes of social care needs, safeguarding, healthcare, medication management, workforce and governance and management. However, significant issues were identified with health, safety and risk management.

How we gathered evidence

The inspector had dinner with the five residents living in the centre and three staff members. Residents appeared very much at ease with all staff members and the meal was seen to be a relaxed and sociable experience for residents. The Inspector also got to speak with all of the residents throughout the inspection process on both a group and on an individual basis. Feedback from all residents was very positive and they reported that they loved living in the centre and saw it as their home.

The inspector also spoke with the person in charge, the team leader and four staff members (two on an individual basis) over the course of the inspection. Policies and documents were also viewed as part of the process including a sample of health and social care plans, complaints log, contracts of care and risk assessments.

Description of the service

The centre comprised of a large detached house and supported five male residents. It was located in the north east of Ireland in County Louth and was in close proximity to a large town which provided access to a range of amenities such as shops, restaurants, churches, barbers, swimming pool and football clubs. The town also had a regular bus and train service. There was also adequate transport provided by the centre for trips further afield if and when requested by residents.

Overall judgment of our findings

This inspection found very good levels of compliance across most outcomes. Of the 18 outcomes assessed residents rights, dignity and consultation were found to be compliant, as were communication needs, healthcare needs, general welfare and development and family and personal relationships.

Premises, documentation and use of governance and management were found to be substantially compliant while use of resources was found to have a moderate non-compliance.

Health, safety and risk management were found to have a major non-compliance, however, the person in charge and team leader had already commenced addressing the issues found in this outcome prior to the inspection process being completed.

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 inspector found that the centre had arrangements in place to ensure the rights, privacy and dignity of residents were being supported and residents' choice was promoted and facilitated in the centre.

Policies and procedures were in place to ensure residents were consulted with, and participated in, decisions about their care and about the organisation of the centre. For example, residents held weekly meetings to discuss any issues in the house, plan weekly menus and decide on what social activities to participate in.

Residents were also supported and encouraged to be involved and participate in all aspects of their care and support plans. From a sample of files viewed the inspector saw that residents, family members, key workers and where required allied healthcare professionals were actively involved in residents' individual care and support plans.

Access to advocacy services and information about resident rights formed part of the support services made available to each resident. The inspector observed that the identity and contact detail of the external advocate was made available to all residents and was on public display in the centre.

Arrangements were in place to promote and respect resident's privacy and dignity and staff members treated residents with warmth, dignity and respect at all times over the course of the inspection process.

There was a policy on intimate care available in the centre which was approved in February 2016. The purpose of the policy was to safeguard and protect each individual in the centre who required support with their personal and intimate care. The policy was also to provide staff with guidance on the provision of personal care.

From a sample of files viewed, it observed that intimate care plans were informative on how best to support a resident with personal care while at the same time maintaining their privacy, dignity and respect.

Support plans were in place for residents that required assistance in managing their money. On viewing a sample of these plans the inspector observed that they were informative of how best to support each resident to safely manage their finances. Some residents required a lot of support in managing their finances while others were supported to manage their monies on a more independent basis.

A protocol was also in place to ensure that all monies could be accounted for. The inspector checked a sample of residents finance accounts and found that there were robust accounting and checking systems in place to protect the residents from financial abuse.

For example, receipts were required for all purchases made and each resident's financial accounts were checked regularly by two staff members to ensure all monies could be accounted for. Each resident also had an inventory of their personal items kept on their file.

The centre had a complaints policy in place. The aim of the policy was to provide residents with a platform to bring complaints to the attention of the service and to seek a satisfactory resolution. The complaints procedures were also prominently displayed in the centre and an easy to read version made available to residents. A dedicated log book for recording complaints was present.

This complaint log book was viewed by the inspector and it was found that complaints were being dealt with in an open and transparent manner. For example, one resident had recently made a complaint about an environmental issue affecting the house. This issue had been addressed by the time of the inspection.

Over the course of this two day inspection the inspector observed that management and staff treated residents with dignity and respect at all times. Residents' individual choice was respected and residents were also supported and encouraged to participate in the running of the house.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

There was a policy in place in the centre on communicating with residents and it was found that arrangements were made so that residents were supported and assisted to communicate in accordance with their assessed needs and individual preferences.

The policy on communicating with the residents acknowledged each resident had the ability to communicate and staff were to be respectful of same. Residents' communication needs were also identified through the assessment and personal planning process.

From a sample of files viewed the inspector observed that individualised personal planning documents identified individual communication styles and preferences, abilities and support requirements for each resident. Assessment documents also included systems and interventions available to meet the diverse needs of all residents.

For example, some residents were supported to communicate using pictures and objects of reference. The inspector observed that throughout the centre this style of communication was respected and supported and easy to read information in pictorial format such as menus, staffing rosters and how to make a complaint was readily available to all residents.

Residents also had ample access to radios, TV's and newspapers and where required residents were also supported to use the internet. Some residents also had mobile phones as requested.

Overall the inspector was satisfied that there were individualised systems in place to support each residents' communication needs.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged. There were also guidelines in place which outlined that visitors were welcome at any reasonable time in the centre.

From a sample of files viewed, the inspector observed that family members formed part of the individualised planning process with each resident. Residents, families and representatives of residents were invited to attend personal plan meetings and reviews in accordance with the wishes and needs of each resident.

The centre also had a set of guidelines on interaction between staff, residents and their visitors. The guidelines were to promote the values of respect, dignity and hospitality to all visitors to the centre.

Residents were supported to keep in regular contact with family members and friends and from a sample of files viewed the inspector observed that a number of mediums were used to support family contact. For example, a house telephone was readily available for residents to make contact with their family and friends. Staff also supported one resident to visit their family home on a weekly basis.

From a sample of files viewed the inspector saw that overall where a resident requested, regular contact with family members was supported and facilitated. The inspector also observed that residents had pictures of their loved ones on display in their home.

Residents were also supported to develop and maintain personal relationships and links with their community. Residents frequented the local shops, pubs, restaurants, barbers and football clubs. Designated transport was also provided for trips further afield.

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 were policies and procedures in place for the admission of residents to the centre, including transfers, transitions, discharges and the temporary absence of residents.

There was a support policy in place which was updated in 2016. The purpose of the policy was to ensure an effective and standardised approach to supporting residents that reflects the requirements of relevant legislation, standards and regulations.

Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the house.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre. The contracts of care stated the services to be provided and the fees to be incurred by residents for such services.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the assessed health and social care needs of each resident were being supported and facilitated in the centre. Where required multidisciplinary support and input was provided.

The inspector found that the wellbeing and welfare provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place. Plans were informative of important information relating to each resident such as their background, family members, important people in their lives, hobbies, jobs, likes, dislikes and interests.

The plans identified important social goals that were important to each resident and from the sample viewed the inspector observed that goals were being documented and a plan of action was put in place to support their achievement.

For example, in 2015 one resident as part of their personal plan wanted to go to the United Kingdom to watch their favourite football team play a match. The inspector observed that with careful planning this was facilitated for the resident.

The resident wished to do this again in 2016 and the person in charge informed the inspector that this was being arranged. Other residents were supported to go on holidays as part of their personal plans.

Other residents were supported to attend a range of day service options where they participated in activities of their choosing. For example, from a sample of files viewed residents took part in pottery classes, participated in sports, attended football matches, went swimming and were supported to go on social outings such as trips to the cinema and concerts.

As part of their social care goals some residents also wanted to attend more local community events such as the local bingo hall and music venues. The inspectors observed that these had been facilitated in 2106 for the residents. The residents had also recently attended a dinner dance/ball and were very keen to show the inspector pictures of the event.

Staff also supported residents to use local amenities such as local pubs, shops, credit union, cafes and restaurants. Some residents were also supported in paid employment of which they reported they very much enjoyed and looked forward to.

Of the residents spoken with by inspectors, they stated that they were very happy with the supports provided by staff in the centre with regard to their social care needs.

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 location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. However, an issue with regard to a bathroom/toilet was identified and required attention.

The centre consisted of a detached two story house in close proximity to a big town in County Louth. It was in walking distance to shops, restaurants, pubs, barbers, hairdressers, churches and cafes however, transport was also provided by the centre if and when required.

All five residents had their own individual bedrooms which were decorated to their individual likes and preferences. Communal facilities included two sitting rooms, a well equipped kitchen cum dining room, a separate dining area off the kitchen, a utility room, two bathroom/shower room (one downstairs and upstairs) and a separate downstairs toilet.

However, while the centre was clean and in a good state of repair the inspector observed that the downstairs bathroom/toilet did not have adequate equipment installed for hand washing. This in turn meant that residents, staff or visitors did not have adequate hand washing facilities.

The fixtures and fittings were modern and the centre was well ventilated, bright, warm and spacious throughout. Generally it was well maintained with spacious corridors and adequate storage space throughout.

The centre had front and back gardens which were kept in a good state of repair. The front garden was small but well maintained. The back garden was spacious and provided ample space for residents to use as they wished.

For example, one resident had their own large shed which they worked in and maintained themselves. The same resident also kept pet rabbits of which they were very happy to show the inspector. Another resident had their own trampoline in the back garden. The inspector observed that there was also ample garden furniture available for all residents to use and a large swinging chair.

Although the centre was close to a large town, its location was private and it provided adequate space for the residents living there. The inspector spoke with all five residents and all of them appeared very happy and content in the centre. Some said that they loved living there and very much saw it as being their home.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted in the centre. However, documentation regarding how risk was being managed required urgent review and updating.

There was a Health and Safety Statement in place which was specific to the centre and was developed in January 2015. The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management which had been reviewed in 2016. The risk management policy was comprehensive and met the requirements of the Regulations.

The inspector was satisfied that where a risk was being identified it was being appropriately addressed and actions put in place to mitigate it. However, and as stated above, some risk assessments were not completed sufficiently and did not include the measures and actions in place to control specific risks identified.

For example, the centre had employed a range of strategies in order to support the residents and promote their health, safety and well-being. These strategies were also to promote the safety of all visitors to the centre and to promote the safety of the general public. While staff could verbalise these strategies to the inspector, no risk assessments or documentation informing the strategies had been completed.

This was brought to the attention of the person in charge and the team leader and both acknowledged that this situation would need to be addressed as a priority. The inspector also observed that on day two of the inspection, the person in charge and the team leader had commenced addressing this issue.

The inspector also reviewed recent incidents and accidents occurring in the centre. Although there were very few incidents occurring in the centre, it was observed that where or when an incident does occur, it was recorded, reported and discussed at the next staff meeting so as learning from the incident could be shared among the staff team.

The inspector also found that the fire register was up to date having last been checked and signed off by an external fire consultancy company in November 2016. Fire equipment such as fire blankets and fire extinguishers had also been checked in 2016.

Documentation read by the inspector informed that staff did daily checks on the alarm panel and checked that escape routes were clear. Weekly checks were carried out on fire doors and smoke alarms. The inspector observed that some of the residents supported staff in carrying out these weekly and daily tasks.

Fire drills were carried out quarterly and from viewing the relevant documentation the inspector observed that it took three minutes to evacuate the residents and no issues were identified with the last drill carried out in March 2016. Each resident also had an individual personal emergency evacuation plan in place.

There was a missing person's policy in place which had been reviewed in 2014. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from their home. The person in charge informed the inspector that he would be updating some risk assessments to ensure that all staff were aware of how to respond to a situation if and when a resident might go missing.

It was observed that there was adequate hand sanitizing gels and warm water available throughout the centre. An issue was identified with a downstairs bathroom/toilet however, this was discussed and dealt with under Outcome 6: Safe and Suitable Premises.

Of a sample of files viewed, all staff had the required training in fire safety and manual handling.

Judgment:
Non Compliant - Major

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:

Overall this inspection found that there were adequate systems in place to protect residents from all forms of abuse across the centre.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff. Staff had up-to-date training in safeguarding of vulnerable adults and from speaking with two staff members the inspector found them to be knowledgeable in relation to what constitutes all forms of abuse and on the related reporting procedures.

The staff members were also aware that there was a designated person to deal with any allegations of abuse.

There was a policy in place for the provision of intimate personal care. Personal and intimate care plans were in place and provided comprehensive guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to each resident.

There was also a policy in place for the use of restrictive practices in the centre however, the only restriction in place was a locked press under the kitchen sink. This press contained chemicals such as bleach and other cleaning agents.

The use of p.r.n. medication was required for one resident and there were strict guidelines and protocols in place for its administration in the residents file and positive behavioural support plan. The inspector observed that it was rare the resident in question required the medication, having only taken it twice in 2016.

There was a policy for the provision of behavioural support and where required residents had a positive behavioural support plan in place. From a sample of files viewed, positive behavioural support plans were found to be informative on how best to support a resident with behaviours of concern.

For example, one resident could present with challenging behaviour their routine was changed or any new activity (such as maintenance work) was happening in the centre.

The positive behaviour support plan was informative as to how to proactively manage such a situation. The resident at times required a one-to-one staff support and over the course of the inspection the inspector observed this support in place.

From a sample of files viewed positive behavioural support plans were last reviewed by a clinical nurse specialist on an annual or as when required basis. Support was also provided from other allied health care professionals such as psychiatrists.

The inspector also observed that all staff (with the exception of one) had the required training in managing challenging behaviour. The one staff in question was to attend this

training in July 2016.

Residents' monies were found to be kept safe through robust record keeping procedures. Records and receipts were kept of all financial transactions and from a sample viewed, the inspector observed that financial balances were correct and all purchases could be accounted for.

Monies were also audited by an external auditor to ensure accuracy and transparency of all residents' income and expenditure. Inspectors checked a sample of audits and found that they informed that all residents' monies were being accurately accounted for.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The provider nominee, clinical and the person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

The inspector found that arrangements were in place to ensure that the welfare and development needs of residents were promoted and residents were provided with social inclusion activities and education and training experiences based on their interests and assessed needs.

There was a policy on access to education, training and life skills development which was reviewed in 2015. The purpose of the policy was to recognise that training and education opportunities could promote the self esteem and self worth of the individuals living in the centre.

The inspectors observed that where requested, residents were supported and facilitated to attend day services, jobs and/or training courses. For example, some residents were supported to be in paid employment while others attended courses such as pottery classes.

On the day of inspection one resident had just completed a life skills training course and was very proud to show the inspector their Certificate of Achievement.

Social activities, internal and external to the centre were also available to residents to promote their general welfare and development. For example, some residents liked to go swimming and this activity was facilitated by the centre. Another resident liked sports and athletics and they were also supported on a weekly basis to participate in these events.

Residents were also supported to use their local community such as shops, shopping centres, barbers, restaurants, public houses and local church if and when requested.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector found that arrangements were in place to ensure that residents health care needs were regularly reviewed with appropriate input from allied health care professionals where and when required.

The person in charge and team leader informed the inspector that arrangements were in place in relation to residents having access to the local GP and a range of other allied health care services as and when required.

From a sample of files viewed the inspector observed that healthcare plans were informative of how each resident were supported to experience best possible health regarding personal hygiene, dental care, mobility, skin care, eye care, foot care and positive mental health.

The inspector found that monitoring documents were available and maintained in the centre. From a sample viewed, these files informed the inspector that GP check-ups were facilitated as and when required and clinical observations and treatments were provided for.

Consultations with the dentist, optician, dietician, dental hygienist and chiroprapist were also provided for on an as and when required basis. Where required residents also had regular blood samples taken.

Positive mental health was also provided for and where required residents had access to clinical nurse specialist and psychiatry supports. The inspector observed that care plans promoting best possible mental health had recently been reviewed in 2016.

Health care plans were informative of how best to manage special conditions such diabetes. One resident was being supported with a special care plan promoting a healthy diet with the input of a staff and a dietician when required.

The inspector found that arrangements were in place to ensure residents' nutritional needs were met to an acceptable standard. Weights were recorded and monitored on a monthly basis. Menu planning and healthy choices formed part of discussion between residents and staff in weekly meetings.

The inspector was invited to have dinner with the residents on the 2nd day of the inspection process. Mealtimes were observed to be relaxed, person centred and taken at the residents pace. They were very much a social experience for residents and staff were observed interacting and chatting with residents before, during and after dinner.

The inspector observed that individual choice was respected with regard to each residents' individual preferences for food. For example, for residents that didn't like rice, potatoes were offered as an alternative. There was also varied range of vegetables to choose from.

It was observed that once dinner was over both staff and residents had tea and/or coffee together and chatted about their day and what they would do in the evening. Residents were very happy to chat away to the inspector as well and were observed to

be very much at ease with staff during the course of their meal.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector found that the medication management policies, which were reviewed in 2015 were satisfactory and that practices described by the person in charge were suitable and safe.

A locked drug press secured in the staff office was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. The inspector observed that only nursing staff or staff trained in the safe administration of medication administered medication in the centre.

However, it was also observed that all staff had training in the use of rescue medication for a resident with a diagnosis of epilepsy. (The resident in question had been seizure free for six years at the time of this inspection).

The inspector went through the process of how medication was managed in the centre with a staff member and found the processes for handling medicines was safe and that staff adhere to the appropriate medication practices.

There were no controlled drugs in use in the centre. Medicines were routinely audited in the centre and from viewing a sample of these audits the inspector observed that all medications in use in the centre could be accounted for at all times.

Systems were found to be in place for reviewing and monitoring safe medicines management practices. For example, the inspector observed that there had been two drug errors made in 2016.

These errors were reported to the person in charged and were also recorded in the centre. Once recorded the person in charge and/or team leader would review the information and then arrange to discuss the issue with the staff team at the next team meeting.

This was to ensure that the error did not re-occur and that learning has taken place and was shared among the staff team as a whole.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

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

Findings:

The centre had a statement of purpose which outlined the aims, objectives and ethos of the centre and the services and facilities to be provided to residents. However, it was found that some of the information in the statement of purpose required review and/or updating

The statement of purpose had recently been reviewed and arrangements were in place for it to be reviewed annually or sooner if required. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013.

While the statement of purpose was found to be a comprehensive document, detailing the services to be provided to the residents, some parts required updating. For example, the age range that the centre provided support for required review.

Once this was brought to the attention of the person in charge and the team leader they set about reviewing the statement of purpose and reviewing and updating it as required.

Judgment:
Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. However, it was also observed that the person in charge did not have adequate protected hours to complete all of the duties required for this role.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was to be supported in his role by an experienced and qualified team leader. The team leader had just recently commenced working in the centre and was a qualified social care professional.

From speaking with the person in charge it was evident that he had an in-depth knowledge of the individual needs of each resident living in the centre.

She was also aware of his statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to his remit to the Health Act (2007) and Regulations.

The inspector found that the person in charge provided good support, leadership and direction to the staff team. However, some of the duties required of the person in charge were either in progress or had yet to be commenced.

For example, as identified earlier in this report certain documentation such as risk assessment required review and updating. It was also observed that the process of regular formal supervision had not been commenced in the centre.

From speaking directly with the person in charge the inspector became aware that he has direct responsibility of four designated centres overall, comprising of seven houses.

These houses were spread across the geographical location of County Louth to County Monaghan. The meant that person in charge did not have adequate protected management hours to carry out some of his duties in this designated centre.

A new team leader had recently been deployed to the centre to support the person in charge. However, it was observed that the team leader was only provided with 6 hours protected time per week to support the person in charge.

Inspectors found that appropriate management systems were in place for the absence of the person in charge. A qualified team leader had just commenced working in the centre and there was an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual review of the Quality and Safety of Care had been undertaken in the centre in 2015. This was a comprehensive review and identified areas of compliance and areas of non-compliance in the centre. When an area of non compliance was identified it was actioned accordingly.

For example the review identified issues with the complaints procedures in the centre. These issues were actioned and addressed by the time of this inspection

The person in charge had also undertaken announced and unannounced internal audits. These audits were thorough and also identified areas of good practice and areas that required review.

Again for example, the audit identified a concern with how some residents monies were being managed in the centre. Along with input from the residents this issue was addressed by the time of this inspection.

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:

The person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

The person in charge of the centre had not been absent at any time for a period longer than 28 days, however he was aware of the statutory obligation to inform HIQA should this be the case in the future.

It was also observed that suitable arrangements were in place for the management of the centre in his absence. There was a team leader for the centre and an on-call system in place 24/7 as a support to staff if and when required.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

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

Findings:

The inspector observed that at times there were insufficient resources available to meet the assessed social needs of some residents.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. However, it was also observed that only one staff was on duty from 9 pm in the centre.

This meant that no social activities could be planned after this time as two staff would be required to be on duty to facilitate late night social events and outings.

Some residents had requested to partake in social activities later in the evenings, such as going to the pub to watch a match. The person in charge and some staff members said that while requests like this could be facilitated it required a lot of advanced notice and planning to try and secure the staffing cover needed past 9 pm.

This in turn meant that there was limited opportunity available to residents to socialise past 9 pm.

The person in charge confirmed that the centre had the resource of a vehicle on a full-time basis to support residents transportation needs/wishes. The inspectors observed that all documentation regarding the vehicle, such as servicing road tax and NCT were up to date.

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:

The inspector was satisfied that there were appropriate staff numbers and skill mix in place to support each resident and to provide for the safe delivery of services.

The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation. From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support. (One staff required training in the management of positive behavioural support however the inspector observed that this training had been scheduled for the end of July 2016)

All staff were recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

It was observed that the person in charge met with his staff on a regular basis and undertook annual appraisals with them. However, a system of regular formal supervision was not in place.

This was due to the fact that the person in charge was responsible for four designated centres, comprising of seven houses across the counties of Louth and Monaghan. He did not have adequate designated hours to complete all of the duties of the person in charge for this centre. This issue was discussed and actioned under Outcome 14: Governance and Management.

The inspector observed that there was good continuity of care in the centre and where on-call staff were used, they were regular on-call staff and knew the needs of the residents very well.

At all times throughout the inspection it was observed that all staff treated the residents with warmth, dignity and respect.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspectors found that systems were in place to maintain complete and accurate records in the centre. However, some minor issues were identified with regard to the updating and filing of some records and individual plans.

A copy of insurance cover was available in the centre and there were written operational policies that were required and specified in schedule 5.

A residents' guide was also available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspector found that records that related to residents and staff, were comprehensive and maintained and stored securely in the centre. However, some records required review and/or updating.

For example, it was not easy to retrieve some information pertaining to residents' health records. It was also observed that some information pertaining to risk assessments needed further review and/or updating.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements. A directory of residents was available which also met 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:

Raymond Lynch
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-0003615
Date of Inspection:	06 July 2016
Date of response:	12 August 2016

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 06: Safe and suitable premises

Theme: Effective Services

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

A downstairs bathroom/toilet did not have adequate equipment in place such as a sink or facilities to wash hands.

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

1. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

1. Sink and towel dispenser will be put in downstairs toilet/bathroom

Proposed Timescale: 30/09/2016

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:

Some risk assessments were not completed sufficiently and didn't include the measures and actions in place to control the specific risks identified.

2. 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. All risk assessments have been completed and measures and actions have been put in place to control the risks identified.

Proposed Timescale: 15/08/2016

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:

Because the person in charge had responsibility for four centres comprising of seven houses across a wide geographical location, he did not have sufficient protected management hours to oversee and implement some of the requirements of person in charge

3. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

1. The number of Designated Centres the Person in Charge has responsibility for will be review and reduced.

Proposed Timescale: 30/09/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not adequately resourced to meet some of the assessed needs of the residents.

4. 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:

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. However, it was also observed that only one staff was on duty from 9 pm in the centre.

This meant that no social activities could be planned after this time as two staff would be required to be on duty to facilitate late night social events and outings.

1. Additional hours will be allocated to the house. These hours will be used to facilitate residents to have social activities after 9pm

Proposed Timescale: 08/08/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some documentation and standing operating procedures such as healthcare plans and risk assessments required updating and/or complete review

5. 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:

For example, it was not easy to retrieve some information pertaining to residents' health records. It was also observed that some information pertaining to risk assessments needed further review and/or updating.

1. All resident's health records and risk assessments will be reviewed and updated, where necessary.

Proposed Timescale: 30/09/2016