

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Four Winds
Centre ID:	OSV-0003651
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Declan Moore
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
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:
04 April 2017 09:30	04 April 2017 18:00
05 April 2017 09:30	05 April 2017 15:30

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

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

Summary of findings from this inspection

Background to Inspection:

This was an announced registration inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God Community Services Ltd (the provider) to register the centre.

The centre was previously inspected on 15 March 2016, where issues were found with safeguarding, social care needs, risk management and governance and management. However, by the time of this inspection most of those issues had been addressed.

Overall significant levels of compliance were found across most outcomes assessed. This inspection also found that residents were in receipt of a good quality of service, staff understood the needs of each resident and the centre was staffed and managed in a way that promoted each residents autonomy, dignity, privacy and respect.

How we Gathered Evidence:

The inspector interviewed three staff members (two staff nurses and a care assistant) about the service being provided to the residents. The person in charge was also spoken with at length, as was the team leader (who was a clinical nurse manager II) and the director of nursing.

The inspector also met with all of the residents at various times over the course of the two day inspection process. The residents invited the inspector to have dinner with them on day one of the inspection and lunch with them on day two. The inspector found that meal times were relaxed and social occasions and residents chatted with staff about their day and plans for the evening over dinner and tea.

The inspector also had the opportunity to speak with four family members of the residents. All family members were extremely complimentary of the service being provided. Comments included 'this is an excellent service', 'my relative loves it in this house because it is a home', 'the care the residents receive is second to none', 'the care here is brilliant' and 'the staff and management are fantastic, you can approach them about anything and they always make you feel very welcome to the house'.

Residents also reported that they liked their home and they were more than happy to show the inspector around their house. It was observed that the house was personalised to the residents likes and preferences and each resident had pictures of loved ones on display in their rooms.

Policies and documents were also viewed as part of the process including a sample of the residents health and social care plans, complaints policy, contracts of care, health and safety documentation and risk assessments.

Description of the Service:

The centre comprised of a two detached houses located in Co. Louth and in close proximity to each other. One was a large four bedroomed house located in a peaceful rural setting but in close proximity to a large town. Adequate transport was provided so as residents could have ease of access to the town and all local amenities.

The other house that comprised the centre was a short distance away. This was a five bedroomed detached house located in the nearby town and residents had access a range of community based amenities and activities. This house also had the use of private transport for residents to avail of as and when required.

Overall Judgment of our Findings:

Overall significant levels of compliance were found across most outcomes assessed. Of the core outcomes assessed residents' rights was found compliant as were social

care needs, healthcare needs, safeguarding and medication management.

Communication was also found to be compliant as was contract for the provision of services, use of resources, and documentation. Some minor issues were identified regarding Outcome 14: Governance and Management and Outcome 6: Premises.

Of the 18 outcomes assessed 16 were found to be compliant and two were found to be substantially compliant. This was further discussed in the main body of the report and in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that arrangements were in place to ensure the autonomy, rights, privacy and dignity of residents were promoted and residents' individual choice was supported and encouraged.

The inspector observed that policies and procedures were in place to promote and ensure residents were consulted with, and participated in decisions about their care and about the organisation of the centre. For example, there were policies and procedures available on values to practice and rights protection.

These were to ensure that residents' rights were upheld and that their dignity, autonomy and individual choice were respected. This was achieved in a number of ways. For example, residents held regular meetings to discuss any issues in the house, plan weekly menus and decide on what social activities to partake in.

The inspector viewed a sample of the minutes of these meetings and found that residents made choices about what outings to organise and participate in, planned weekly menus and discussed any safety issues in the centre. For example at the last residents meeting on the 23.03.2017 residents met to discuss and plan menus for the week, plan social outings and make arrangements for important upcoming events such as Mothers Day and Easter.

Residents were also informed that an inspector from the Health Information and Quality Authority (HIQA) would be visiting the house on 04 and 05 April 2017. All residents requested to meet with the inspector and staff ensures that this request was respected

and facilitated.

At the request of the residents the inspector had a meal with them on both days of the inspection. The inspector found that residents' food preferences were respected and on chatting with all of the residents over each meal they informed the inspector that they loved their house.

The inspector also observed that staff were professional, warm and caring in their approach to the residents and all residents were very much at ease in the company and presence of all staff members on duty. All family members spoken with were extremely complimentary of both management and staff and said that all staff went out of their way to ensure that the residents were both happy and safe in the house.

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

It was also observed that staff and family members were very good advocates for the residents and would speak up on their behalf if and when required.

A complaints policy on the management of consumer feedback to include comments, compliments, and complaints was available in the centre. The purpose of this policy was to ensure that any complaint could be brought to the attention of the service and would be investigated promptly with the aim of finding a satisfactory resolution.

The complaints procedures were displayed on the notice board and an easy to read version was also available in each residents file. A dedicated log book for recording complaints was also available in the centre. While the number of complaints made were few and minor, the inspector observed that they were being logged, recorded, and responded to accordingly.

The inspector observed that two complaints were logged in 2017 and both had been dealt with to the satisfaction of the residents.

It was observed that a policy on intimate care was available in the centre. As required by the policy each resident had an intimate care plan in place and on their file. These care plans were informative what each resident could do independently and where they required support.

The inspector found that the intimate care plans were personalised and provided the required information so as to ensure each resident's intimate care needs were supported in a dignified and respectful manner.

The inspector viewed a sample of residents' personal finances. All residents had a financial passport in place which informed the inspector that they all required some staff support in managing their personal finances.

It was observed that all monies could be accounted for and there were robust systems

in place to ensure the safeguarding of residents finances. For example, all purchases were required to have a receipt and two staff checked and signed off that each resident's finances could be accurately accounted for each day.

A recent audit of all residents' finances found that some residents had been inappropriately charged for services such as medical interventions and appliances between 2013 and 2016. However, by the time of this inspection, all residents were in the process of being reimbursed these charges back into their bank accounts.

Overall, the inspector found that the rights, privacy and dignity of each resident living in both houses were promoted and protected, residents were in receipt of a good quality of service, residents felt safe in their home, staff treated residents with dignity and respect and family members were extremely complimentary of the service being provided.

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):

No actions were required from the previous inspection.

Findings:

There was a policy available in the centre on communication with residents and overall the inspector found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

The policy and guidelines on communicating with the residents was called 'Total Communication Approach'. On reading it the inspector observed that it acknowledged each resident had the ability to communicate and staff were to be respectful of same.

Residents' communication needs were identified through an assessment and personal planning process and each resident had a 'Communication Passport' in place.

From a sample of files viewed the inspector observed that the communication passports captured individual communication preferences, abilities and support requirements for each resident.

Assessment documents related to personal plans also included systems and interventions available to meet the diverse communication needs of some residents. For example, some residents used a system of pictures to communicate and the inspector

observed that where required, this system was in place.

It was also observed by the inspector that a lot of the information held in the centre, was provided in an easy to read version to suit the communication needs of some the residents. Residents also had ample access to radios, TV's, computers and newspapers.

Overall the inspector was satisfied that the systems in place to support the residents' communication requirements were individualised, creative and effective. Family members also reported that staff spoke to the residents in a dignified and friendly manner.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged.

There were guidelines/protocols in place which outlined that visitors were welcome to the centre at any reasonable time and from speaking with family members the inspector was assured that they felt welcome to visit the house and their relatives at any time.

From a sample of files viewed, the inspector observed that family members formed an essential and integral part of the individualised planning process with each resident. Family members reported to the inspector that they were regularly kept informed of how the residents were getting on by staff working in the house.

Residents and family members were also invited to attend personal plan meetings and reviews in accordance with the wishes and needs of each resident.

Residents were also supported to keep in regular contact with family members and from a sample of daily logs/files viewed the inspector observed that the staff in the centre supported each resident to keep in contact with their family members.

A sample of daily logs also informed the inspector that family members rang the centre on a regular basis to see how their relatives were keeping.

The inspector observed that residents were also supported to develop and maintain personal relationships and links with their community. For example, they utilised the local shops, pubs and restaurants. Family members informed the inspector that the residents had a great social life and were known in their local community.

Transport was also provided so as residents could frequent the nearby towns of Ardee, Drogheda and Dundalk to use the local shops and other local community based amenities.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

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

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 shared accommodation and services.

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.

It was also observed that just prior to this inspection one resident had been supported to transition to a new house within the service. The inspector viewed the transition plan and found that the transition was taken at the pace of the resident, family members were consulted and involved in the process and the resident got to visit their new home on numerous occasions prior to moving in.

This provided the resident with an opportunity to meet their new house mates, the staff

team and familiarise themselves with their new surroundings.

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):

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

Findings:

Overall the inspector found that the social care needs of each resident was being supported and facilitated in the centre and the issues identified in the previous inspection had been addressed satisfactorily

The inspector found that the wellbeing and welfare provided to the residents was to a very 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 each resident's likes, dislikes and interests and provided key information on the world to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from a sample viewed by the inspector, it was observed that residents were being supported to go on holidays, go to cabarets, concerts, football matches, engage in arts and crafts courses and to go on train journeys. It was also observed that residents had pictures of their goals and outings on their bedroom walls.

Residents also accessed a range of activities during the day such as social outings, meals out and walks in the community. One resident chose their own day service and there they had a number of activities to engage in such as relaxation therapies, independent living skills, exercise programmes, computer skills and community based activities.

Family members also reported that the residents had a great social life, they were

always out and about and staff supported them to go on regular social outings, trips and nights away in hotels.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that 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 way. However, one house that comprised the centre required some modernisation and updating.

There were appropriate facilities in place in each house that comprised the centre and the layout promoted residents' dignity, independence and wellbeing.

The centre comprised of a two detached houses in Co. Louth, both in close proximity each other and to the nearby towns of Ardee, Drogheda and Dundalk.

One house was in a rural location and accommodation comprised of four large single occupancy bedrooms, of which one was en-suite. There were also large well equipped communal bathroom available which offered the residents the option of having a bath or a shower. A small additional bathroom was also provided in the centre.

There was a separate utility room, a large, very well equipped kitchen/dining room, a separate spacious sitting room and a second sitting room which could be used for visitors and/or relaxation purposes.

The house was warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection. Bedrooms were very much personalised to residents' individual taste and there was ample storage space available throughout the centre.

Additional furnishings and decorations were provided for at the request of residents being accommodated. For example, some residents had their own furniture in their bedrooms, with TV's and music centres.

However, it was observed that this house required some updating and modernisation, the floors required updating and the garden path outside also required resurfacing.

The house had very well maintained gardens to the back and front with adequate parking space available to the front of the house. Garden furniture was available to residents to use if so desired.

The second house that comprised this centre was a large five bedroom detached bungalow. On entering this house there was a large lobby area, a well equipped kitchen and dining area, a separate well equipped sitting room and a separate utility room.

Each resident had their own bedroom (one of which was ensuite) and they were also decorated to individual styles and preferences. There were also two individual bathrooms in the house with the provision of both a shower and bathing facility.

This house also had large well maintained gardens to the front and rear with ample car parking space provided. There was also a Polly tunnel available to residents where they were growing their own fruit and vegetables.

As said above, some modernisation and updating was required in one of the houses that comprised this centre. However, the inspector found that both houses were very much a home and were personalised to the residents' style and taste. This sentiment was comprehensively expressed by all relatives spoken with over the course of this inspection.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected and adequate systems were in place for the management of risk in the centre. An issue regarding suitable emergency lighting was identified however, the director of nursing had this addressed prior to the end of the inspection process.

There was a Health and Safety Statement in place which was specific to the centre. 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 centre also had a risk register which was made available to the inspector on the day of inspection.

The inspector was satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it.

For example, a risk assessment for a resident with dysphasia informed that they were to have a specialised diet, be supported when eating, have an assessment by a speech and language therapist and staff were to have training in dysphasia and basic life support. The inspector found that all these supports were in place on the day of this inspection.

There was also good evidence that the centre responded to and learnt from all adverse incidents occurring and there was a system in place to review all incidents and accidents.

The person in charge said that should an adverse incident occur in the centre it would be recorded, reported and discussed at staff meetings so as learning from the incident could be shared among the entire staff team.

For example, a resident experienced a fall last year. This was reported and recorded, steps were put in place to reduce the risk of falling again (such as the addition of hand rails at the door and in bathrooms), the resident's falls risk assessment was updated and all staff spoken with familiar with these updates.

The inspector also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been serviced by a consultancy company in 2016.

There was also emergency lighting, smoke detectors and fire doors installed

Documentation read by the inspector informed that staff would do daily checks on escape routes and fire alarm panel. Weekly checks were also carried out on manual call points, smoke detectors and emergency lighting.

Fire drills were carried out quarterly and all residents had individual personal emergency evacuation plan in place. A recent fire drill informed that there were issues regarding the evacuation of one resident.

However, the CNM II had ensured that their personal evacuation emergency plan was updated and the person in charge also informed the inspector that they were taking further advice on this issue from a relevant consultant.

There was also a missing person's policy in place. The aim of the policy was to ensure

staff knew what steps to take should a resident go missing from their home. However, the person in charge informed the inspector that there was no issues regarding a resident going missing from the centre.

The inspector also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of an adverse incident should it occur.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety, manual handling and dysphasia. Two staff members required refresher training in basic life support however, the CNM II had provided both of them with some training in basic life support and it was also observed that they were both scheduled to attend a full refresher course in the near future.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. A sample of files also informed the inspector that staff had training in the safeguarding of vulnerable adults.

An issue was found in the last inspection concerning safeguarding practices however, this had been adequately addressed by the time of this inspection.

There was a policy on and procedures in place for, safeguarding residents which staff that worked in the centre had training on.

Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation and all corresponding reporting procedures.

They were also able to identify who the designated person was in the centre and make reference to the safeguarding policies and procedures.

It was observed that there was a recent safeguarding issue reported in this centre. However, the inspector observed that it had been reported, recorded and addressed with the involvement of all relevant personnel. Of the family members spoken with as part of this inspection all reported that they felt their relatives were safe and protected in the centre. They also reported that they could speak to the person in charge and CNM II at any time if they had any concern what so ever.

One family member also informed the inspector that staff had gone out of their way to support their relative at a time when they were ill and that one staff member had stayed on duty (long after they were supposed to have finished) to ensure the resident was safe and their healthcare needs were met.

There was also a policy in place for the provision of personal intimate care in each resident's personal plan. Personal intimate care guidelines were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

Staff spoken with were also able to verbalise how best to support the intimate care needs of each resident living in the centre and of a sample of files viewed, the inspector observed that intimate care plans were informative of how best to support the residents while maintaining their independence, respect and dignity.

There was a policy in place for the provision of positive behavioural support. This was to ensure a collaborative and integrative consistent approach in supporting individuals with behaviours of concern. All staff were trained in the management of challenging behaviour that including de-escalation and intervention techniques as required.

Of the staff spoken with by the inspector, they were able to verbalise their knowledge of residents positive behavioural support plan and knew how to support residents in line with policy, standard operating procedures and each residents positive behavioural support plan.

There was also a policy on the use of restrictive practices in the centre. It was observed that there were very little restrictive practices in place. However, where a restriction was used it was only used to support a resident stay healthy or to maintain their dignity, privacy and respect.

It was also observed that restrictive practices were regularly reviewed by the organisations 'Guidelines on Restrictive Interventions Committee' (GRIC)

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):

No actions were required from the previous inspection.

Findings:

There were guidelines in place regarding to notifiable incidents occurring in the centre and the inspector found that 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 person in charge and person participating in management 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):

No actions were required from the previous inspection.

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 social skills 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 November 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 inspector observed that where requested, residents were supported and facilitated to attend day services of their choosing which were independent of the centre. A range of meaningful activities and community outings were offered to residents in these day services

The centre also provided a day service to residents that chose not to attend day activation centres. These residents were offered a range of activities including gardening activities (residents were growing their own fruit and vegetables in the garden), arts and crafts (the inspector saw pictures this), social skills training and shopping activities

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 to pop concerts, have meals out, go to the local pub, go for walks and use the cinema.

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):

No actions were required from the previous inspection.

Findings:

As with the previous inspection the inspector found that there were arrangements in place to ensure that residents health care needs were supported and regularly reviewed with appropriate input from allied healthcare professionals as and when required.

The CNM II on duty on the day of the inspection informed the inspector that arrangements for residents to have access to a GP and a range of allied health care services were available.

From a sample of files viewed, the inspector observed that residents had access to a GP as and when required, and a range of other allied health care professionals.

For example, appointments with dentists, clinical nurse specialists, speech and language therapists, occupational therapists, chiropractors, and mental health professionals were arranged and facilitated annually or sooner if required.

Where required, positive mental health was also comprehensively provided for. In this instance residents had access to psychiatry supports and a clinical nurse specialist in behaviour to support and promote their overall mental health and wellbeing.

The inspector also observed that residents with epilepsy were regularly reviewed by a neurologist and in-depth care plans were on file to support these residents.

Of the staff spoke with they were able to demonstrate their knowledge of these care plans and where required all had training in the administration of rescue medication and safe administration of medication. Hospital appointments were also supported and provided for as and when required.

There was a policy available on food and nutrition which was approved in 2016. The purpose of the policy was to provide clear information the importance of good nutrition and physical activity.

The inspector observe that residents were supported to eat healthily, make healthy choices with regard to meals and where required were reviewed by a clinical nurse specialist in health promotion.

It was also observed that physical exercise programmes were supported and encouraged and as part of the personal plans residents were supported to engage in physical activities such as walking.

The inspector also found that arrangements were in place to meet the residents' nutritional needs. Weights were also recorded and monitored on a regular basis.

Menu planning and healthy eating choices formed part of the discussion between residents and staff in weekly meetings. Mealtimes were also seen to be very relaxed and a positive social experience for residents in the centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the medicines management policies were satisfactory and that

practices described by the staff nurse on duty were suitable and safe.

The medicines management policy in place in the centre had been reviewed and updated as required. The overall aim of the policy was to ensure safe and effective administration of medication in line with best practice.

A locked drug press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any drug errors. The inspector observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure. However, the inspector observed that there had been no recent drug errors on record in the centre.

Medications were routinely audited in the centre and from viewing a sample of these audits, the inspector observed that all medications in use could be accounted for at all times.

It was observed that if non nursing personnel were to administer medication, they were suitably trained in the safe administration of medication.

All p.r.n. medicines had strict protocols in place for their use. However, it was observed that p.r.n. medicines were only in use for pain relief or other medical conditions and no resident took p.r.n. medicine for the modification of behaviour.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre

and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspector that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

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):

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

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, the person in charge was responsible for the overall management of four designated centres comprising of seven individual residential houses across a large geographical location (as was found in the previous inspection). Because of this remit, some of the duties of the person in charge were not being met in a timely manner.

The centre was being managed by a suitably qualified, skilled and experienced person in charge who was being supported in his role by an experienced and qualified person participating in management. Both were qualified nursing staff with significant experience of working in and managing services for people with disabilities.

From speaking with the person in charge and the CNM II it was evident that they had an in-depth knowledge of the individual needs and supports of the resident who lived in the centre.

They were also aware of their statutory obligations and responsibilities with regard to

the role of person in charge and person participating in management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector also found that appropriate management systems were in place for the absence of the person in charge. A qualified person participating in management (clinical nurse manager II) supported the person in charge and there was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

It was observed that there were a team of nursing staff, social care workers and care assistants employed in the centre.

An annual review of the Quality and Safety of Care for 2016 had been facilitated in the centre. The inspector observed that where an issue was being identified it was being actioned and addressed. For example, it was observed that some staff were not signing off correctly on some residents finance sheets. This has been actioned and addressed by the time of this inspection.

The inspector noted that announced and unannounced visits and audits of the centre were being facilitated by the organisations quality enhancement team. A sample of these audits informed inspectors that the centre was proactive in identifying areas of non compliance with the Regulations and actions to address non compliance.

However, the remit of the person in charge required review as he was working across a large geographical location managing four centres comprising of seven residential houses. Because of this remit some of the responsibilities of the person in charge were not being met in a timely manner. For example, the process of staff supervision (while very good) was not up to date in the centre.

Throughout the course of the inspection the inspector observed that all the residents knew the person in charge and person participating in management very well (as did their family members and representatives) and were very comfortable chatting with them.

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):

No actions were required from the previous inspection.

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.

It was also observed that suitable arrangements were in place for the management of the centre in her absence. There was a qualified and skilled CNM II working as a house manager and there was also an on call system in place 24/7 for all staff to avail of 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):

No actions were required from the previous inspection.

Findings:

The inspector observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs, activity, dependency and occupancy levels.

For example, where a resident (or group of residents) wanted to go to a late night concert or have an overnight in a hotel, staffing arrangements could be adjusted to facilitate this.

The inspector also observed that there were adequate equipment and appliances in the centre, such as mobility aids in order to support residents with their mobility needs.

The centre also had the use of a two vehicles for social outings. These vehicles were maintained and insured as required.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents living in the centre.

There was a team of nursing staff, social care workers and care assistants working in the centre. From a sample of files viewed all nursing staff had up to date registration with their relevant professional body.

It was also observed that the social care workers and health care assistants had undergone extensive training so as to enhance their skills in supporting each resident.

All staff were supervised on an appropriate basis, and 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.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff it was evident that they were competent to deliver the care and support required by the residents.

Feedback from all family members was extremely complimentary about all staff working in the centre and family members requested that their views be represented in this report.

The CNM II met with her staff team on a regular basis in order to support them in their roles. A sample of supervision notes were viewed by the inspector. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

An issue regarding supervision was identified in this inspection however, it was discussed and actioned under Outcome 14: Governance and Management. ,

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to maintain complete and accurate records in the centre.

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

A residents' guide was 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.

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:

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 Company Limited By Guarantee
Centre ID:	OSV-0003651
Date of Inspection:	04 and 05 April 2017
Date of response:	04 May 2017

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:

Some parts of the centre required updating and modernisation. The pathway in one of the houses also required resurfacing.

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 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The premises concerned are in the process of being purchased by the Organisation and when this is finalized the outstanding works required will be addressed.

Proposed Timescale: 30/10/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The PIC was in charge of four centres comprising of seven individual residential houses across a large geographical location. As a result some of the duties of the person in charge were not being met in a timely manner.

2. 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. An electronic system is being developed which will improve the process and enable the PIC to have more immediate oversight of all outstanding action requiring updating or addressing in the Designated Centre.
2. A Schedule of Staff supervision meetings has been drawn up for the year

Proposed Timescale:

1. 30.06.17
2. 21.04.17

Proposed Timescale: 30/06/2017