

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cois Ferraige
Centre ID:	OSV-0005649
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:	4
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 1 day(s).

The inspection took place over the following dates and times

From: 26 June 2017 09:30 To: 26 June 2017 16:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
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 decision on the continued registration of the centre after an application to the Health Information and Quality Authority (HIQA) by St. John of God Community Services Ltd (the provider) to re-register the centre.

The centre was previously inspected in 2014 as part of a larger configuration of two individual units (a house and separate apartment) and was registered with HIQA post that inspection.

However, in 2017 a reconfiguration of the centre was undertaken which resulted in the house becoming a standalone centre supporting four male residents.

The statement of purpose for the centre was updated accordingly and it described the service as one that provides care and support for residents and can

accommodate a maximum of four residents. The centre was located in a town and was in close distance of all local amenities and shops.

Of the 12 outcomes assessed as part of this re-registration inspection nine were found to be compliant, one being assessed with major non compliance and two were found to be substantially compliant.

Overall residents were in receipt of a good quality of service and feedback from both residents and family members spoken with was very complimentary of management, staff and the service being provided.

How we Gathered our Evidence:

The inspectors met and spoke with one staff member about the service being provided to the residents. The person in charge was also spoken with at length over the course of this inspection and the provider nominee and director of nursing attended feedback at the end of this one day inspection process.

The inspectors also met and had coffee with one of the residents and had the opportunity to speak with a family member over the phone.

Feedback from the family representative was very positive about the centre with comments including, "the care is excellent", "I have no complaints", "I am supported to see my relative on a regular basis", "I can speak to staff at any time", "my family member is very contented living there and I am always kept informed about my relative's health and wellbeing". The resident spoken with also reported that they liked living in their home.

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

Description of the Service:

The centre was a large very well maintained, homely, spacious detached dormer bungalow supporting four male residents. Each had their own spacious bedroom (one being en-suite) which were personalised and decorated to their individual likes and preferences.

Transport was provided so as residents had access to local amenities such as churches, hotels, restaurants, barbers, pubs, social activities and shopping centres.

The centre was in close proximity to a nearby town and within driving distance to a larger, busier town.

Overall Judgment of our Findings:

Overall good levels of compliance were found across most outcomes assessed. Of the 12 outcomes assessed nine were found to be compliant including healthcare

needs, safeguarding, governance and management and medicines management.

Contract for the provision of services, premises, use of resources, and documentation were also complaint. However actions regarding risk management, social care needs and workforce were identified during the course of this inspection.

These were further discussed in the main body of this 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 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):

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

Findings:

There were policies and procedures in place for admitting residents to the centre, including transfers, transitions, discharges and the temporary absence of residents. It was also found that the issues identified in the 2014 inspection had been adequately addressed.

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 observed that one resident was soon to transition from the centre and the inspector observed that there was an in-depth transitional plan in place for the resident which identified the on-going continuing support and care required so as the transition would be a success.

It was also observed that family representatives were directly involved in the planned transition as was the resident, staff members and where required allied health care professionals.

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. Daily activities and social care goals were found to be meaningful and supported the residents to use their local communities and amenities.

However, some goals identified by some residents as part of their individual plans were not actioned accordingly and there was little information available as to how such goals would be achieved.

The inspector found that the care and support 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 each resident's likes, dislikes and interests and provided key information related to the resident 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 the sample viewed by the inspector, it was observed that most goals were being documented and a plan of action put in place to support their achievement.

For example, some residents as part of their personal plan had chosen social goals such as going to the theatre, going to concerts, continued family visits and support the neighbours in keeping the local area tidy. All these goals had been actioned and achieved by the time of this inspection.

However, some goals were not being actioned accordingly which meant the inspector could not ascertain if there were plans in place in order for their achievement.

For example, one resident wished to go on a holiday as part of their individual plan.

While the goal was identified some months back, there were no actions documented regarding the steps to be taken to ensure this goal was realised.

Residents also attended a range of various day services where they had the option to engage in activities such as exercise programmes, pottery, body and mind classes, advocacy lessons, personal health courses and social outings.

Staff of the centre also supported residents to frequent local amenities such as pubs, shops, cinema and restaurants.

Judgment:

Substantially 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):

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

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. It was also found that the issues identified on the previous inspection had been addressed satisfactorily.

The centre comprised of a large detached, four bedroom dormer bungalow in Co. Louth and was in close proximity to a number of villages and towns where residents had access to a range of community based facilities such as shopping centres, shops, restaurants, hotels, pubs and parks.

Accommodation comprised of four large single occupancy bedrooms, one of which was en-suite. One resident showed the inspector their bedroom which was very spacious, clean and decorated to the resident's individual choice and preference.

It was also observed that the resident had a comfortable television area with room for a large two seater sofa in their bedroom and a private en-suite facility. There were also personal items such as ornaments and pictures of family members on display in the bedrooms and throughout the centre.

There were large well equipped communal bathrooms available to residents on the first

and ground floors which included both showering and bathing facilities. Where required additional supports such as hand rails and ramps were installed to better support residents with mobility issues.

There was a large separate utility room, a spacious well equipped kitchen inclusive of a small dining area, a separate spacious dining room and a large tastefully decorated sitting room available to residents.

The centre was warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection and there was ample storage space available including access to a separate garage/storage facility.

The house also had well maintained gardens to the back and front with the provision of private parking space to the front. There was also ample on street parking available. Garden furniture was available to residents to use if so desired.

It was observed that there were adequate arrangements in place for the disposal of waste and there was a maintenance system in place to ensure the upkeep of the centre.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

While it was observed that the health and safety of residents, visitors and staff was being promoted and protected in the centre, the process of how risk was being identified, assessed and documented required review.

As part of the previous configuration of the centre, information concerning how some elements of risk were being managed in the centre was received by HIQA. This led to HIQA issuing a Provider Led Investigation (PLI) seeking assurances that risk was being managed adequately. On receipt of that PLI, the service assured HIQA that appropriate risk management procedures were in place and that a number of risk assessments and plans were in place to promote residents' safety.

The inspector observed that for the most part risk was being managed in line with residents' assessed needs under this new configuration. For example, in late 2016 one resident had a fall. A comprehensive falls risk assessment had been compiled and

updated for this resident and a review with an occupational therapist (OT) and physiotherapist had been facilitated.

All recommendations coming from the reviews had been implemented. There were handrails in place where required and mobility aids provided for those assessed as needing them.

However, the way in which some elements of risk was being identified, assessed and documented required review. For example, for some residents there were risks associated with eating and a number of steps documented to mitigate those risks.

On investigating this further, the inspector observed that all mitigating factors required to keep residents safe were not documented. One resident, at risk of choking was on 1:1 staff supervision throughout the day and was never left alone in the house, yet these mitigating factors were not recorded as part of their risk assessment.

It was also found that some residents may be at risk of peer to peer aggression at times. While it was evident that staff were managing this situation so as all residents were safe, no risk assessments had been drawn up to reflect and manage this situation.

The inspector 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 had been serviced by a consultancy company in 2017. The fire alarm system was also serviced in 2017 and there was emergency lighting, smoke detectors and fire signage in place.

Issues regarding the fire doors found in the last inspection had been adequately addressed and there were systems in place for staff to conduct daily, weekly and monthly checks on fire equipment and escape routes in the centre.

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 no issues regarding the evacuation of the residents.

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 however some gaps were identified in manual handling however, this was dealt with under Outcome 17: Workforce.

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):

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 and the issues found in the last inspection had been adequately addressed.

A sample of files also informed the inspectors that most staff had up-to-date training in the safeguarding of vulnerable adults however, a few were due for refresher training. Dates had been set for these staff to attend the refresher training and this issue was dealt with under Outcome 18: Workforce.

There was a policy on and procedures in place for, safeguarding residents which staff had training on. Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse and all corresponding reporting procedures.

Details of the designated person were publically available in the centre as were details on how to contact an independent advocate and the complaints officer.

There was also a policy in place for the provision of personal intimate care and from a sample of files viewed each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

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 included de-escalation and intervention techniques as required.

Of the staff spoken with by the inspectors, they were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to support a resident in line with their positive behavioural support plan.

There were also guidelines in place on the use of restrictive procedures. These guidelines formed part of the policy on positive behavioural support. There were no physical restrictions in use in the centre however, one resident was on PRN medication. It was observed that this medicine had not been used since January 2017, there were strict protocols in place for its administration which had to be adhered to and it was kept

under regular review.

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:

The inspector found there were arrangements in place to ensure that residents' health care needs were supported and regularly reviewed with appropriate input from multidisciplinary professionals as and when required.

Staff 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, chiropodists, opticians and mental health professionals were arranged and facilitated as required.

The designated centre also supported residents with other health related conditions. For example, residents with epilepsy were regularly reviewed by a neurologist and in-depth care plans were on file to support these residents.

Where required, residents had access to psychiatry supports and a clinical nurse specialist in behaviour to support positive mental health and wellbeing. Hospital appointments were also supported and provided for as and when required.

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

Residents were involved in the planning and preparation of some of their meals with the support of staff members. Mealtimes were not observed on this occasion however, the

inspector had a cup of tea with a resident and staff members and observed that staff interacted and chatted with the resident during this time and it was a positive and social experience for the resident.

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.

There was a medicines management policy in place in the centre with the overall aim being to ensure safe and effective administration of medication in line with best practice.

A locked medicine press was in place in each residents' bedroom 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. Medicines were ordered on a weekly basis and were seen to be pre-packed by the local pharmacist.

There was a system in place to record any medication errors. The inspectors 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.

A recent drug error had occurred in the centre however, it was observed it was reported, recorded and managed in line with the centres policies and procedures and a protocol had been developed and discussed at a staff meeting to ensure this type of error did not re-occur.

The person in charge had recently audited all medicines kept in the centre and from viewing a sample of this audit, 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.

As required (p.r.n.) medicines had strict protocols in place for their use. From speaking with staff members the inspectors were assured that they were familiar with and could vocalise these protocols for the use and administration of p.r.n. medicines. However, i p.r.n. medicine had not been administered in this centre for the last six months. .

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):

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

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations, it had been adequately updated to reflect the recent changes in the centre and the issues identified on the previous inspection had been addressed.

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 inspectors 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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

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 monitoring, provision and quality of the service delivered. It was also observed that the centre was to be provided with an on-site local manager in order to support the person in charge as of from July 2017.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. From speaking with the person in charge at length over the course of the inspection it was evident that she had an in-depth knowledge of the individual needs and support requirements of each resident living in the centre

She was also supported in her role by a Director of Nursing (DON). The inspector met with the DON on day one of the inspection and observed that she was also familiar with the centre and residents living there.

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

The inspectors found that appropriate management systems were in place for the absence of the person in charge. There was a qualified nurse working in the centre who would take charge of the day to day operations in the absence of the person in charge and as identified above, an on-site local manager was to commence working in the centre in July 2017.

There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual audit of the safety and care provided in the centre was completed for 2016. The inspector viewed a sample of this report and found more detail was required regarding where the centre was meeting regulations and areas that required review.

However, the systems of auditing, announced and unannounced visits along with the quality enhancement plan were thorough in explicitly identifying where the centre was compliant with regulations and what actions were required for areas identified as being non-compliant.

A sample of staff supervision records informed the inspector that the person in charge was providing supervision, support and leadership to her staff team. The person in

charge worked on a full time basis in the organisation and was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was committed to her own professional development, was a qualified nurse and engaged in all required staff training in the centre.

Throughout the course of the inspection the inspectors observed that the residents were familiar with the person in charge and staff nurse and appeared very comfortable in their presence.

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):

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

Findings:

The inspector observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre and the issues as identified on the previous inspection had been addressed.

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 and social care needs.

Some residents were also supported to attend day activation centre, have days off from such centres and to visit family members on a regular basis.

The inspectors also observed that there were required adaptations had been made in the centre. For example, ramps and handrails had been installed at the front and back of the centre in order to support some residents with their mobility needs.

The centre also had the use of a vehicle for social outings. The vehicle was insured appropriately and had an up to date NCT certificate.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there was sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents however, as with the previous inspection some gaps were identified in staff training.

There was a team that consisted of a person in charge (registered nurse), qualified registered nurses and qualified health care assistants working in the centre.

From a sample of files viewed nursing staff had up to date registration with their relevant professional body. The inspector spoke with one of the nursing staff and found him to have an intimate knowledge of the residents needs and he spoke very positively about the residents he supported

It was also observed that some of the health care assistants held relevant qualifications in a health and/or a social care discipline.

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 small 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 in action it was evident that they were competent to deliver the care and supports needs required by the residents. Feedback from one family member spoken with was also positive about the service provided.

The person in charge 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.

From viewing a sample of staff files the inspectors observed that some staff required

refresher training in manual handling and safeguarding.

However, the person in charge assured the inspector that this training was scheduled to take place in the near future and the inspector saw the schedule of training for the centre which confirmed what the person in charge told the inspector.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

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-0005649
Date of Inspection:	26 June 2017
Date of response:	05 September 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 05: Social Care Needs

Theme: Effective Services

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

Arrangements were not in place to meet some of the social care goals of some residents.

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 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

1. All Social Goals will be checked to see that they are actioned accordantly
2. If there is no documentation to support that actions have been taken the goal will be reviewed and actioned
3. Progress on achievement and documentation evidence to be audited quarterly.

Proposed Timescale:

1. 30.09.17
2. 30.10.17
3. 30.01.18

Proposed Timescale: 30/01/2018

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 risks were not being adequately identified, assessed or documented in the centre.

2. Action Required:

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

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

1. Risk assessments will be reviewed to ensure that all mitigating factors required to keep residents safe are documented.
2. A Risk assessment & Action plan will be drawn up for any resident who may be at risk of peer to peer aggression.

Proposed Timescale:

1. 31.08.17
2. 04.09.17

Proposed Timescale: 04/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff members required refresher training in manual handling and safeguarding.

3. Action Required:

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

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

1. Staff members requiring refresher training in manual handling and safeguarding will be scheduled for training.
2. All staff training will be complete by 07.11.17

Proposed Timescale:

1. 31.08.17
2. 07.11.17

Proposed Timescale: 07/11/2017