



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Blossomville
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	10 December 2018
Centre ID:	OSV-0001822
Fieldwork ID:	MON-0023316

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The provider's vision for the quality of care in this centre is that residents are provided with a nurturing home where their ever changing needs are met by staff who support each other to make this a reality.

The centre is a purpose built single storey bungalow. Accommodation comprises six bedrooms, two sitting rooms; a spacious well equipped kitchen and utility room; a bathroom and a shower room; storage cupboards for linen and household equipment and an office with overnight accommodation for staff.

The bungalow is set in mature and secure grounds, which is planted with shrubs, trees and flowers and a generous paved area with patio table and chairs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
10 December 2018	10:00hrs to 18:30hrs	Cora McCarthy	Lead

Views of people who use the service

The inspectors met with four residents on their return from their chosen day activity. The residents were very comfortable in the presence of staff and with the support they were providing. Some residents communicated in a non-verbal manner and therefore could not tell the inspector their opinions of the service. However, the inspectors observed residents and noted the positive interactions that took place between residents and staff. Other residents communicated very clearly that they were happy residing in the centre and with the care and support received. Residents were seen to be relaxed in the company of staff and there was a calm atmosphere in this home throughout the inspection. Residents were observed at mealtime and there were positive interactions throughout. Staff on duty in the centre interacted with residents in a warm and caring manner.

The centre was decorated with the residents' personal items such as photos of family members. There was a large photo montage in the hallway of the centre of residents enjoying activities and holidays with staff.

Capacity and capability

The inspector found the capacity and capability of the provider supported the delivery of a safe quality service.

The provider had ensured that there was a clear governance and management structure in place to ensure that a safe service was provided to the residents. The person in charge provided good leadership and governance and was knowledgeable regarding the regulations and their statutory responsibilities.

There were adequate staff resources and skill mix to meet the residents' assessed needs and staff were appropriately trained and competent. A staff training matrix was available for the inspector to view. The inspector identified some gaps in staff training in the positive management of behaviours of that challenge.

The inspector reviewed quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance's with the regulations. In addition, the annual review and the unannounced six-monthly audit completed by the provider, of their assessment of the quality of care and service provision in this centre evidenced that actions had been taken to address identified issues. The unannounced inspection report outlined that all the actions were complete.

The required policies to inform and guide staff practices when supporting residents and their needs were available for the inspector to view.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was employed on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had employed a suitable number and skill mix of staff. A planned and actual roster was in place. The person in charge had obtained all documents required by schedule two of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

A training overview demonstrated that the person in charge ensured their staff had completed training and had access to refresher training, however the inspectors did identify gaps in training for the positive management of behaviours that challenge

Judgment: Compliant

Regulation 19: Directory of residents

A Directory of Residents was in place and contained the information required by schedule three of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in scheduled 2 were available for the inspectors to view.

Judgment: Compliant

Regulation 22: Insurance

Suitable insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

Systems were in place to ensure the effective delivery of care and support. These arrangements included an annual report, two annual unannounced inspections by the provider, medicines audits, cleaning rosters, staff meetings and management meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

A suitable statement of purpose was in place. The contents of this was seen to match practices observed within the centre during the inspection.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in use in the designated centre currently.

Judgment: Compliant

Regulation 31: Notification of incidents

After reviewing records within the centre inspectors found that notifications had been submitted to the office of the chief inspector, as required.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The person in charge was aware of their obligations in regards to giving notice in writing to the chief inspector of the management arrangements in the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

A suitable complaints policy and process was in place. Where complaints were made they were seen to be followed up. The person in charge audited the complaints log in order to maintain oversight of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

A list of policies and procedures were available to staff to guide best practice.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was good.

The inspector found that the assessments of the residents' health and social care needs were completed to a good standard, were effective in meeting the needs of the residents and that the health and wellbeing of the residents was promoted in the centre. There was a staff member identified to support each resident and

specific goals had been set with all residents.

The residents had communication plans in place and were supported to communicate in accordance with these. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Throughout the inspection process staff were observed to interact positively with residents and to provide person centred support. There were systems in place and supports available to manage behaviour that may challenge in the centre and positive behaviour support plans were in place and were reviewed regularly. Restrictive practices were in place in the centre and were reviewed regularly in line with best practice and the organisations policies and procedures. There was a risk management policy in place to address the risks present to the residents, visitors and staff. There was an organisational risk register available for the inspector to view which included behaviours that challenge and choking risks.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of a training service and community facilities. The residents had access to facilities for occupation and recreation and opportunities to participate in activities in the local community. There were supports in place for residents to develop and maintain personal relationships.

The inspector observed that the centre was maintained to a good standard and was warm and homely.

Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. All residents had access to television, newspapers and radio.

Judgment: Compliant

Regulation 11: Visits

The person in charge had ensured that residents were free to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents had access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the resident's home was maintained to a high standard and was warm and homely.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences. Residents who were assessed as requiring dietary assistance were supported with this.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had failed to ensure that all relevant information about the resident was obtained from the person responsible for the care, support and wellbeing of the resident on their discharge from the hospital.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider had ensured that all risk management plans had been regularly reviewed. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate arrangements were in place for good fire safety management. This included fire training, as well as suitable checks and fire detection and alarm systems and emergency lighting.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP whom they were happy with. The inspector observed that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. Each service user had an individualised protocol to support staff in the administration of medication. The administration record required review in order to address the inconsistency in information regarding sensitivities to medication. This is to ensure safe and suitable practices in relation to the administration of prescribed medicines to the resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where therapeutic interventions were necessary for the management of behaviours of concern, these were implemented however the inspectors did identify gaps in training for the positive management of behaviours that may challenge.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the each resident in accordance with their wishes consented to decisions regarding their care and support. All residents had exercised choice and control over their daily life and there was evidence that service user were facilitated to vote if requested.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blossomville OSV-0001822

Inspection ID: MON-0023316

Date of inspection: 10/12/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: <ul style="list-style-type: none"> • The Person in Charge and Service Manager will compile a written report following the discharge of a resident from acute hospital setting. • Following any discharge from acute hospital the service has developed a MDT transition checklist form for residents post hospitalisation to improve communication/handover. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none"> • The Person in Charge will ensure that all Medication Kardexs are reviewed and updated and that any known allergies are recorded on both the regular and PRN drug kardex. 	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:

- Staff requiring MAPA training have been scheduled on training and will complete same by February 5th 2019.
- Training for the 2019 has been scheduled and staff will be offered training prior to their current training expiring.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 25(2)	When a resident returns from another designated centre, hospital or other place, the person in charge of the designated centre from which the resident was temporarily absent shall take all reasonable actions to ensure that all relevant information about the resident is obtained from the person responsible for the care, support and wellbeing of the resident at the other designated centre, hospital or other place.	Substantially Compliant	Yellow	19/12/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable	Substantially Compliant	Yellow	11/12/2018

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant		28/02/2019