



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

Name of designated centre:	Galtee View House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	15 January 2019
Centre ID:	OSV-0001826
Fieldwork ID:	MON-0023318

About the designated centre

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

St Joseph's Foundation provides a range of day, residential and respite services in North Cork and Limerick. The centre provides a home to 10 residents and is based in a community setting in county Limerick. The centre mainly provides care and support to residents who have high support needs, while some residents also had changing complex health care needs. The centre is a purpose-built bungalow and found to be well maintained both internally and externally. There was a variety of communal day spaces including a large sitting room, visitors' sitting room and beauty room. There was separate large open plan kitchen and dining room. All rooms were bright, spacious and comfortably furnished. Many of the bedrooms and bathrooms had assistive devices to support residents to transfer more easily. The centre is in a tranquil setting with large garden spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
15 January 2019	10:00hrs to 19:00hrs	Cora McCarthy	Lead

Views of people who use the service

The inspector met with nine residents during the course of the inspection. The residents appeared 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 inspectors their opinions of the service. However, the inspectors observed residents and noted the positive interactions that took place between residents and staff. Staff members were familiar with gestures and vocalisations made by service users and responded appropriately. Other residents who had some communication skills stated 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 throughout the inspection. On arrival the inspector observed residents at mealtime and there were positive interactions throughout and appropriate support provided to residents who required it. 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.

Capacity and capability

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

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

The provider did have an agreement in place which included the support, care and welfare of the resident in the designated centre, details of the services to be provided for the residents and the fees to be charged. However a resident who was recently admitted did not have a compatibility assessment carried out prior to her admission.

There were adequate staff resources and skill mix to meet the residents' assessed needs. The person in charge had obtained all documents required by schedule 2 of the regulations. A training overview demonstrated that the provider ensured their staff had completed training and had access to refresher training.

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. While the annual review outlined actions for service improvement, some of these actions had not been completed at the time of inspection. The residents and staff could raise any concerns regarding the quality and safety of care delivered.

The service being delivered to the residents was observed to be in keeping with the centre's current statement of purpose.

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

Regulation 14: Persons in charge

The provider has recruited a new person in charge although they have not yet started in the position. In the interim the regional manager is acting as person in charge and has the necessary qualifications, experience and skills necessary to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had employed a suitable skill mix of staff and a planned and actual roster was in place. The person in charge had obtained all documents required by schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

A training overview demonstrated that the provider ensured their staff had completed training and had access to refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

A Directory of Residents was in place and contained the information required by schedule 3 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 schedule 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, cleaning rosters, staff meetings and management meetings. The annual review outlined actions for service improvement however some of these actions had not been completed at the time of inspection. The undertaking of supervision and appraisal for all staff was not in place for staff by the time of inspection however it was due to start.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The admission policy states that each resident should have a contract for the provision of services in place. The provider did have an agreement in place which included the support, care and welfare of the resident in the designated centre, details of the services to be provided for the residents and the fees to be charged. However a resident who was recently admitted did not have a compatibility assessment carried out prior to her admission.

Judgment: Not 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 31: Notification of incidents

A review of accidents and incidents within the centre confirmed that the provider was submitting notifications to the office of the chief inspector as required.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had informed the office of the chief inspector in writing of the absence of the person in charge and the arrangements they had put place.

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.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies available for staff, as listed in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

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

The person in charge ensured that an 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. However there was a number of inconsistencies within the personal plan that the inspector reviewed and as such the personal plan required review. Overall the health and wellbeing of the residents was promoted in the centre.

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However communication assessments were required for some residents. 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 were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. There was evidence of review of residents' medical and medicines needs. However a review of medication incidents was required to ensure learning from adverse events. Staff that administered medicines to residents were trained in safe administration and there was evidence of medication audits.

The residents were supported to avail of some community facilities and amenities. The residents required greater access to occupation and recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

Residents said they were happy spending time in the centre. The residents had their own bedroom, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was maintained to a high standard and was warm and homely.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be person centred and positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. Examples of these would be missing persons, injury to a resident, behaviours that may challenge and choking

risks.

A regular comprehensive review of behaviours that challenge, is required by a qualified person to ensure consistency of approach to addressing behaviours that may challenge.

Regulation 10: Communication

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

Judgment: Substantially 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. However the service users had not been assessed to determine their needs and abilities in terms of occupational and recreational activities. The residents opportunities to participate in activities in accordance with their interests, capacities and developmental needs were limited and this required review. The residents were supported to develop and maintain personal relationships in accordance with their wishes.

Judgment: Not 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 20: Information for residents

The provider had prepared a residents guide outlining the services provided and the terms and conditions relating to residency.

Judgment: 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 ensured that there was a system in place in the centre for responding to emergencies. However a review of medication incidents was required to ensure learning from adverse events.

Judgment: Substantially 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. The inspector noted that in line with the previously submitted compliance plan there were appropriate personal evacuation plans for the service users,

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that an 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. However there was a number of inconsistencies within the personal plan that the inspector reviewed and as such the personal plan required review.

Judgment: Not compliant

Regulation 6: Health care

Overall the health and well being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. However one resident required monitoring of bodily functions as these were a known trigger of her epilepsy and were recommended to form part of her epilepsy management plan. Inspectors received assurances on the day of inspection that this monitoring would start immediately. End of life care plans were in place for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported

by a plan of care to ensure that consistency of care was provided to the resident. However the behaviour support plans were being completed by care staff and an assessment was required by a qualified behaviour specialist for residents whom exhibit behaviours that challenge. The provider assured the inspector that a psychologist and a behaviour specialist were being recruited currently.

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. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of 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	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Galtee View House OSV-0001826

Inspection ID: MON-0023318

Date of inspection: 15/01/2019

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. Person in Charge has commenced on February 4th 2019. Completed 4th February 2019 2. The Person in Charge will ensure that all residents personal plans will be updated Date for completion February 28th 2019. 3. Positive Behaviour Support plan is to be reviewed by Psychologist. Principal Psychologist commenced on February 18th 2019. Recruitment continues for other grade Psychologists. Interviews have been held for Senior Psychologist and position has been offered to successful candidate. Date for completion March 15th 2019. 4. Recruitment process ongoing to recruit permanent 3 staff nurses. Positions advertised locally and nationally and recruitment agency Interviews have been held but recruitment process has not yet been finalised. 5. All incidents and accidents to be reported to On Call Manager and recorded on Xyea as they occur. Incidents to be discussed at team meetings on an Ongoing basis. Commenced 22nd February 2019 6. All medication errors to be reported on Xyea and discussed at monthly team meetings on an Ongoing basis. Commenced 22nd February 2019 7. Supervisions are arranged to begin from 1st March 2019 and scheduled 4 – 6 weeks thereafter. Commencement 1st March 2019 	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ol style="list-style-type: none"> 1. Social Work Department commenced Compatibility Assessment. Completed on February 13th 2019. 	

2. Conditions of Residency to be signed on Thursday March 7th 2019 Completed 7th March 2019	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Staff have commenced Communication Passport Information Sheet for all residents. Speech and Language Therapist have arranged to review all residents communicationl passports with Person in Charge and staff on March 28th 2019.	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Residential Area Manager has submitted referrals to Psychology Department for Occupational Assessments for all residents on January 16th 2019. Principal Psychologist commenced on February 18th 2019. Recruitment continues for other grade Psychologists. Interviews have been held for Senior Psychologist and position has been offered to successful candidate. Completed by 31st August 2019 Person in Charge is reviewing recreational activities currently available to residents and will ensure that additional activities which reflect the interests and preferences of the residents will be made available to them. Completed 11th February 2019	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person in Charge has ensured that a medication has been completed	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge will ensure that the residents personal plans will be updated by February 28th 2019.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge will ensure that the residents bodily functions will be monitored and recorder appropriately	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge will ensure that Positive Behaviour Support plan will be reviewed by a Psychologist. Principal Psychologist commenced on February 18th 2019. Recruitment continues for other grade Psychologists. Interviews have been held for Senior Psychologist and position has been offered to successful candidate.	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	28/03/2019
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Yellow	11/02/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/03/2019
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement	Not Compliant	Yellow	07/03/2019

	of purpose.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	25/02/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Yellow	28/02/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	16/01/2019
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	Yellow	15/03/2019