

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. John of God Kerry Services - Supported Living
Centre ID:	OSV-0002927
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Claire O'Dwyer
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 October 2017 10:30	23 October 2017 19:00
24 October 2017 10:45	24 October 2017 14:30

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

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

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to inform a registration decision and monitor compliance with the regulations and standards.

How evidence was gathered:

As part of the inspection, the inspector met with seven of the eight residents who were residing in the centre. Overall, residents were satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The inspector noted that since the March 2016 inspection, one resident

changed to another apartment. The old apartment was undergoing a change in ownership which necessitated the resident to move. The new apartment was equally as comfortable as the previous apartment and the resident stated they were very happy there.

The inspector spoke with staff who shared their views about the care provided in the centre. The inspector spoke with the person in charge and gained an insight into her role, her impact on the centre and the challenges she faced in keeping abreast of her responsibilities.

The acting programme manager made herself available throughout the inspection and was present for the inspector's feedback at the end of the inspection.

The inspector examined documentation such as care plans, risk assessments and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which, "is a lovely warm, welcoming service that feels like a family home attributable to the environment created by all people within it". The mission of St John of God, as set out in its statement of purpose, is to be "leaders in the development and delivery of specialist services to people in the area of Intellectual Disability". The inspector found this centre to be a very warm and welcoming environment, created by the persons living and working in the centre. It was a specialist service which provided an integrated community living service where residents directed their own care and life choices. Accommodation was in one and two bed town apartments. Each apartment had a sitting room, kitchen, single occupancy bedrooms, sanitary facilities and laundry facilities. The apartments were well maintained. The service was available to both male and female residents.

Residents were out and about on a daily basis. Residents availed of day services if that was their choice. This included day services provided by St John of God and day services provided within the community. Transport was provided to and from the day services via public transport and vehicles provided by St John of God. A number of residents chose to walk to their day services and other activities.

Overall judgement of our findings:

The inspector noted the good quality of life that residents enjoyed. There was much flexibility around care practices and all practices were aimed at promoting and supporting residents' independence. Providing this level of care required staff flexibility, cooperation and a cultural awareness of how residents' needs were best met.

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents going on outings, being able to spend leisure time together and develop friendships. Residents were offered independence while their security was safeguarded.

The centre was found to be in compliance with regulations. These findings are detailed in the body of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' rights and dignity were respected and that residents were consulted about how the centre was run. Feedback was sought and informed practice. For example, monthly resident meetings took place where decisions around weekend activities were discussed. Also, residents were consulted annually for their views on different aspects of care such as staff approach, involvement in community and standard of accommodation. These views were reflected in word and graphic form in the centre's annual report.

The inspector noted that residents retained control over their own possessions. Four of the residents lived in single occupancy apartments and four lived in two-bedroomed apartments. All residents had a key to their apartment and visitors rang the door bell before entering. Staff did have a key to access the apartments if there was an emergency or they had a concern about the resident. Each resident had their own bedroom with adequate wardrobe space. Apartments were modern and very comfortable. They were decorated in a manner that reflected each resident's individuality. Residents were keen to show the inspector their pleasant living arrangements. Residents with whom the inspector met were very pleased with their accommodation and the service provided to them in order to support their independence. One resident who shared an apartment, was aiming to move to single occupancy accommodation. The person in charge was working with the resident and the housing agencies to secure this.

Residents had access to advocacy services and information about their rights. For example, one resident was active in the advocacy group and reported back to other

residents and staff on matters that arose at these meetings.

There were policies and procedures for the management of complaints. Residents were aware of the complaints process and were confident that complaints would be listened to and addressed. The complaints process was outlined in an easy-to-read format in each resident's file. Complaints were seen to be documented and investigated. For example, a complaint about weekend activities was discussed at the residents' meeting and an agreed solution was found.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Residents were at all times encouraged to maintain their own privacy and dignity by being facilitated to have keys to their own apartments.

Residents were facilitated to have private contact with friends, family and significant others. For example, going out to dinner together. Residents' personal communications were respected. For example, very specific communication profiles were maintained and updated regularly.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents choose what time they got up and went to bed, where they went shopping and who they met.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care. Residents were enabled and supported to take risks within their day to day lives. For example, go for walks, use public transport, go on holidays and enjoy a social drink.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents were facilitated to do their own laundry.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, swimming, bowling, tea parties, outings, attending concerts, attending a day service and chatting with staff.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were assisted and supported to communicate. Staff were aware of the different communication needs of residents. There were systems in place including external professionals input where necessary, to meet the communication needs of residents. This external professional input included speech and language therapy, audiology screening, communication guidance from experts in impaired vision and psychological support. Individual communication requirements were highlighted in personal plans and reflected in practice. For example, staff compiled a communication profile explaining how the resident communicated their feelings, concerns, anxieties, pleasure. This profile was reviewed at least annually.

The centre was part of the local community. Residents were well known in the locality and enjoyed good relations with their neighbours. Residents were involved in community groups, attended local leisure centres and shopped locally.

Residents had access to radio, television, social media, newspapers, internet and information on local events. Residents were facilitated to access, where required, assistive technology such as mobile phones, ipads and laptops. Such aids assisted in promoting residents' full capabilities.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The centre provided opportunities for residents to maintain links with family, friends and the wider community. Residents had access to day services provided by St John of God and community day services. Residents also engaged in part-time paid employment.

The inspector reviewed a number of care plans and noted that family contacts were laid out. Much effort was taken to ensure family members were invited to participate in the personal care plan meetings, in so far as that was the wish of the resident. Families were very positive in their feedback about the centre and made remarks such as, "X

loves coming home and loves going back". Relatives commented on the many outings their family members had. One relative stated, "there are lots of outings organised - parties, horse racing, soccer matches, shows and overnight trips to Dublin and Cork".

Relatives told the inspector via the completed questionnaires that they were "invited to view all aspects of the service". Some residents went home at the weekend either for overnight stays or for a few hours. Many were facilitated to travel by public transport independently.

Visitors were welcome to the centre. Arrangements were made for residents to meet with friends from another centre including girlfriends and boyfriends.

Cognisance was given to ensuring that residents' boundaries were not infringed by other residents. For example, staff observed interactions between residents and if necessary explained in a sensitive and respectful manner to residents how their actions impacted on others.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Residents' admissions were in line with the centre's statement of purpose. The admissions process considered the wishes, needs and safety of the individual and the safety of other residents living in the service. For example, one relative stated, "X decided to move into an apartment and was helped to make this decision and supported when the decision was made".

Admissions, discharges and transfers to the centre were organised through the organisation's admission, discharge and transfer team. Residents were supported to maintain as much family contact as needed, in particular at the time the resident was adapting to their new house. One resident who moved recently stated., "When I was moving everyone was very helpful and gave me lots of information with the move".

Each resident had a written support agreement. It was detailed, easy to read and understand and signed by the resident. The support agreement included desired

outcomes and the measures or actions required to achieve these desires.

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):

No actions were required from the previous inspection.

Findings:

Each resident had a comprehensive assessment of their health, personal and social care needs. The plan was divided into nine sections under the following headings:

- 1) individual supports and care
- 2) accessible communication
- 3) relationship and social networks
- 4) meaningful day
- 5) best possible health
- 6) privacy and dignity
- 7) continuity and security
- 8) safety and protection
- 9) rights protection and promotion

Residents had a pictorial format of the plan which was a synopsis of the more detailed plan. It was set out in an easy-to-read format. It was written in the first person and pictures or single words described the things that mattered to the resident, things they liked and disliked.

There were arrangements in place to meet identified social needs. For example, psychiatric support was sought to assist with mental health issues. The personal plans were reviewed annually with the participation of the resident and, where appropriate, with his or her family. Goals were set. For example, one resident had a goal of going on a short break with their friend. This was facilitated in a safe manner.

As discussed under Outcome 1, each resident had opportunities to participate in activities appropriate to their individual interests. Residents told the inspector of the varied activities available to them. As noted on a previous inspection, the social network

group was of particular importance to residents. This was supported by staff from St John of God's and the activities were decided on by the members of the group. Both day and evening activities were held and members visited places of interest, went for walks and attended numerous shows and events. Part of the activities included cooking dinner for each other.

The inspector reviewed the systems in place relating to the transfer of residents within the service and found that the systems were robust. As discussed under Outcome 4, admission to the centre was via the admissions, discharge team (ADT). At the time of this inspection one resident had expressed a wish to transfer from a two bed apartment to a single occupancy apartment. This was supported by the provider and medium term plans were in place for this to be achieved.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre accommodated eight residents in two, two-bedroom apartments and four single occupancy apartments. All apartments were in the same housing estate. In addition, the centre had a separate apartment and office for staff where they slept overnight. The apartments were well maintained, attractively decorated, spacious, warm and comfortable. Residents expressed their satisfaction with their living arrangements, albeit one resident was aiming for a single occupancy apartment as opposed to a shared apartment.

The design and layout of the centre was in line with the statement of purpose which was to provide an environment that promoted independence. The apartments were free from significant hazards which could cause injury. There were sufficient furnishings, fixtures and fittings. There was adequate private and communal accommodation. There were well equipped kitchens in each apartment with sufficient cooking facilities and equipment. There were adequate toilets, bathrooms and showers which were adapted to meet the needs of residents. There were suitable outside areas for residents.

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:

Overall, the inspector found that there were adequate arrangements in place with regards to health, safety and risk management including robust policies and procedures relating to such matters. The health and safety statement was kept under review. There was a risk management policy in place that met the requirements of the regulations. Hazards had been identified and assessed. These assessments were seen by the inspector and were found to be comprehensive. Each resident had assessments in their file notes of risks which pertained specifically to them. Control measures were put in place to minimise the hazards. The control measures included personal alarms, phone watch, monitor in showers, telephone with large buttons for a person with visual impairment, a spare key in a resident's bag in the event of being locked out of the apartment.

A list of phone numbers of maintenance personnel was available and the person in charge confirmed maintenance matters were attended to swiftly. An emergency plan was in place and details of emergency accommodation was available. There were satisfactory arrangements in place for the prevention and control of infection.

Suitable fire equipment was provided and there were adequate means of escape. Evacuation times were approximately 45 seconds and took place both during the day and during the night. Residents confirmed these evacuation fire drills took place. Fire extinguishers, fire blankets, fire detection systems and emergency lighting were in place in all apartments.

Vehicles used by residents were in good working order and had up-to date road worthiness certification.

A missing person drill took place at regular intervals so that if any of the residents who lived semi-independently were missing, staff would know how to react without delay. Residents told the inspector they felt safe in the centre and made comments such as, "I know staff are close if I need them"

Judgment:

Compliant

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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):
No actions were required from the previous inspection.

Findings:
The inspector found that systems were in place to protect residents from being harmed or suffering abuse. This was a restraint-free environment. Staff had specific training and considerable experience in the care of residents with an intellectual disability.

Policies were in place in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate with. Residents told the inspector, "I feel safe". There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

The inspector reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable. This included residents collecting their own social welfare payment and attending to their own banking needs.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within three days of occurring. A quarterly report was provided to the Health Information and Quality Authority (HIQA) to notify the Chief Inspector of any incident occurring in the centre as required by regulation.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The educational achievement of residents was valued and proactively supported by practices in the centre. There was a robust assessment process to establish each resident's educational, employment and or training goals. Residents were engaged in social activities internal and external to the centre.

Most of the residents had part-time paid employment. For example, one resident worked in a large local supermarket, another worked at a leisure centre and another resident worked with a charity. A job coach was available to support residents in gaining employment. One resident was visiting family abroad at the time of the inspection and had travelled on their own (with assistance from airport staff).

Arrangements were in place for residents to undergo training or attend college. The inspector saw resident certificates for moving and handling training, gym programme and certificate for physical activity. The developmental outcomes for residents were similar to their peers; for example, residents lived in comfortable apartments, socialised in the community and worked in the community.

There was good communication and engagement between the centre and day services. Both day service and the centre had access to computerised daily notes for each resident.

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 saw that a comprehensive holistic assessment was used by staff in conjunction with the resident to assess each resident's needs. From the assessments, plans of care were devised. Staff spoken with were knowledgeable and informed as to each resident's needs and aspirations.

Residents confirmed there was good medical attention provided for them. There was evidence of referral and access to the general practitioner (GP), psychiatrist, dentist, ophthalmologist, chiropodist and optician. Where other specialist services were required, these were facilitated and staff attended hospital appointments with residents if required. A record was maintained of all such appointments and these were seen by the inspector in residents' files. The original of this record was kept in the main day centre by the organisation's health care nurse. The health care nurse ensured each resident's health care needs were attended to.

Reviews of care plans took place annually or more frequently if required. The resident, their family, day service staff, key worker and centre staff were involved in the care planning meetings.

Residents prepared their own meals. Two residents received assistance with preparing the main meal of the day.

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 was satisfied that there were systems in place to ensure that medication management practices were safe. Practice was guided by policy. Policies in place included detailed self medication assessment guidelines.

At the time of this inspection a number residents had been assessed as having the capacity to safely manage their own medication. A number of residents liaised directly with the pharmacist and collected their own medication. Collection of medicines usually took place on a weekly basis. The pharmacist prepared the medication in such a manner to enable ease of administration. Staff assisted residents with their medication if required.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose was updated in October 2017. It affirmed the aims and objectives of the centre along with the services and facilities available to the residents. It was available to residents. All of the items required under Schedule 1 of the regulations were contained in the statement of purpose. The inspector was satisfied that the services provided at the centre were reflective of what was outlined in this document.

The inspector was satisfied that, as provider, St John of God had been successful in facilitating residents to exercise the maximum amount of control over their own lives. In doing so they helped residents to develop their self esteem, develop positive and safe relationships and enjoy a safe and healthy environment.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She worked full-time in the centre. She was knowledgeable regarding the requirements of the regulations and standards and had very clear knowledge about the support needs of each resident. The inspector observed that she was well known to staff and residents. The person in charge was committed to her own personal development through regular attendance at courses including mandatory training. In addition, the person in charge had completed training courses in mentoring, train the trainer and being a designated officer. An experienced member of staff deputised in the absence of the person in charge.

The provider had established a clear management structure and the roles of managers and staff were set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. The designated person to act on behalf of the provider visited the centre regularly as did the programme manager.

Monthly management meetings took place to discuss issues of concern in the centre. The person in charge had ease of access to any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

A copy of the regulations pertaining to disability services and a copy of the disability standards were available to staff in the centre. A six monthly unannounced inspection of the centre was carried out by the provider. A comprehensive, concise informative annual report was written in which residents views were clearly captured.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated

centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the centre for more than 28 days at any one time. The provider was aware of the need to notify HIQA one month in advance if such an absence was expected. In the case of an emergency absence the provider knew to notify HIQA within three days of its occurrence.

There were suitable arrangements in place in the event that the person in charge was absent.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

There were sufficient resources to support residents achieving their individual personal plans. There was transparency in the planning and deployment of resources in the centre. For example, staffing levels were adjusted as needs dictated, equipment was provided and regularly serviced, the premises were well maintained and the vehicles in use were in good working order. The facilities and services in the centre reflected the statement of purpose.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that at the time of the inspection, the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of the residents. There was a low staff turnover which helped to avoid situations where residents were not familiar with the staff on duty and vice versa. The inspector found there was a staffing roster showing staff on duty including the hours they worked. The person in charge was satisfied with staffing levels and if needed, extra staff would be provided. At least one staff member was on duty at all times with the night shift being covered by sleep over staff.

Staff were supervised by the person in charge who carried out annual staff performance reviews. Monthly team meetings were held.

A well considered system was in place to ensure residents and staff were able to contact each other at all times and at the same time respecting each resident's autonomy. All residents had a mobile phone with emphasis placed on ensuring it was with the resident at all times and charged. Each house had a landline to contact staff if need be. Some residents wore personal alarms. Residents told the inspector that such alarms gave them a sense of security.

The staff apartment (adjacent to the residents' apartments) had access to computer facilities. Staff in this apartment received an electronic handover. This included receiving a report from the day services staff and the social network staff. Likewise day services staff and social network staff received a handover from the staff working from the apartment. Staff reported this to be a successful way of communicating with each other and ensuring residents' needs were identified and addressed.

Staff visited each resident every morning and evening. Residents also called to the staff apartment throughout the day. Most residents attended a day service. Others met the social network group two days a week. Some residents needed support with taking their medication and staff assisted with this. If residents were out late, staff checked they were home safely before they (staff) retired for the night.

Overall, the inspector was satisfied that the education and training provided to staff enabled them to meet the holistic needs of residents. The management team demonstrated commitment to providing ongoing education and training to staff relevant to their roles and responsibilities.

There was a comprehensive staff recruitment policy based on the requirements of the regulations. On a previous inspection to another of the organisation's centres, the inspector reviewed a number of staff files and found them to contain all the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Complete records were maintained in the centre. Records were accurate and up-to-date. Records were kept secure and easily retrievable. Residents to whom records referred to could access them.

Residents' records and general records were kept for not less than seven years after the adult to whom they related ceased to be in the centre. There were centre-specific policies which reflected the centre's practice. Staff indicated they understood policies by signing once they had read them.

Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

Compliant

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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:

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

