



## Office of the Chief Inspector

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

Name of designated centre:	Morenane House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	11 June 2019
Centre ID:	OSV-0001819
Fieldwork ID:	MON-0023313

## 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 was based in a rural setting near to a large town in county Limerick and consisted of one large house and two separate apartments. Five residents lived in the house and one resident lived in each of the apartments. The centre provides a residential service for 7 people, who are over the age of 18 years, both male and female, with a diagnosis of intellectual disability. Staff support is provided by social care workers/leaders and support workers. The centre is open on a full-time basis and a staff presence is maintained at all times. Residents are encouraged to maintain family and community links.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
--	---

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
11 June 2019	09:00hrs to 06:30hrs	Cora McCarthy	Lead

## Views of people who use the service

The inspector met with five of the residents during the course of the inspection. The staff provided individualised support and this was evident from observing their interactions. One resident required support with their activities of daily living and the staff supported them in a caring and dignified manner that was individual to their needs. The inspector also noted an interaction between a resident and staff member where the resident was engaging in self injurious behaviour, the staff member was observed to follow the residents person specific support plan and support the resident in a respectful manner which clearly indicated that they knew the residents needs very well. During the inspection the inspector observed the residents in their home environment and they appeared to be happy and engaged well with staff.

The inspector spoke with one of the residents who spoke positively about the staff and person in charge. The resident knew who to talk to in the event that she had a concern and was very clear that she happy in the centre. The resident told the inspector that the staff were very caring and that they felt very safe. Examples were given to the inspector by the resident of how they their independent living skills were maintained and promoted by staff. The resident told the inspector of their goals and wishes and how staff were supporting them to realise their goals. In particular a concert that the resident had been supported to book tickets for and had made arrangements to go shopping for new clothes for an overnight stay. The inspector continued to note throughout the inspection the respectful manner in which the staff carried out their interactions with the residents.

## Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that overall, effective governance systems were in place. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The registered provider had ensured the appointment of a person in charge in the designated centre. This person held the necessary skills and qualifications to carry out the role.

The registered provider had ensured that an annual review of the quality and safety of care and support in the designated centre had been carried out. The review had not provided for consultation with residents and their representatives. It was noted that consultation with residents was carried out within the six monthly unannounced visits to the designated centre. The provider committed to developing and implementing a new template which included consultation with family members.

The registered provider had prepared in writing a statement of purpose which contained all of the information set out in Schedule 1 of the regulations.

The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. The person in charge had ensured that staff had access to appropriate training, as part of a continuous professional development programme. Staff within the designated centre had identified the requirement for Irish Sign Language communication training for staff as one resident used this method of communication. This training was currently being sourced to support the resident in line with their assessed needs. All mandatory training for staff was in date.

Notifications had been received relating to a number of incidents that had occurred in the designated centre, in line with regulatory requirements.

The registered provider had ensured an effective complaints procedure was available to residents in an accessible and age appropriate format. A complaints log was maintained within the designated centre. It was evident that residents were supported to make a complaint.

#### Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had a planned and actual roster in place and had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents and the statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training and refresher training was also available as

part of a continuous professional development programme.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that an annual review of the quality and safety of care and support in the designated centre had been carried out. However, the review had not provided for consultation with residents and their representatives

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured that prospective residents were provided with the opportunity to visit the designated centre, before admission to the designated centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge notified the office of the chief inspector of incidents that occurred in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured an effective complaints procedure was available to residents in an accessible and age appropriate format.

Judgment: Compliant

## Quality and safety

The inspector reviewed the quality and safety of care and support in the designated centre and found that overall; the quality of services provided to residents was of a good standard. A comprehensive assessment of the health, personal and social needs of residents had been completed. The person in charge had ensured that a personal plan had been developed for each resident which reflected the residents' assessed needs.

The registered provider had ensured that appropriate health care was provided for each resident, having regard to that individuals personal plan. However one resident required a referral to be followed up for an audiology review. Residents had access to allied health professionals in line with their assessed needs.

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs. Residents were supported to attend further education in line with their interests. One resident spoke to the inspector about their current job in the local community.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive and were reviewed regularly. Inspectors noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. The premises were clean, warm and suitably decorated. The registered provider had facilitated each resident to receive visitors in accordance with the resident's wishes.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. There were records to show, and the person in charge confirmed, that all staff had received training in fire safety management. Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation.

The registered provider had ensured that staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to



abuse.

### Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. Training in Irish Sign Language was required for staff as one resident used this method of communication. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

### Regulation 11: Visits

The registered provider had facilitated each resident to receive visitors in accordance with the resident's wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Overall the residents had access to a broad range of meaningful activities and community engagement; this was evident from records seen and from practice on the day of inspection. Residents were supported to maintain and develop personal relationships with peers, family and the wider community.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises was laid out to meet the needs and objectives of the service and the number and needs of residents. The premises were clean, warm and suitably decorated.

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. There were arrangements in place for the investigation of and learning from adverse events.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place regularly.

Judgment: 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 6: Health care

The registered provider had ensured that appropriate health care was provided for each resident, having regard to that individuals personal plan. However one resident required a referral to be followed up for a audiology review.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had ensured that staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Morenane House OSV-0001819

Inspection ID: MON-0023313

Date of inspection: 11/06/2019

## 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
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with Regulation 23: Governance and management, the Registered Provider will ensure that: a)The annual review template utilised in the service will be reviewed and amended to ensure consultation with residents and their representatives.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: To ensure compliance with Regulation 10: Communication, the Registered Provider will ensure that:  IT based ISL training programme available to all staff within the centre on a service computer. External support through Deaf Association / Qualified Irish Sign Language Tutor. Resident with ISL delivering informal training to staff in relation to the common signs she requires and uses on a regular basis.	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: To ensure compliance with Regulation 6: Health care, the Registered Provider will ensure that: One resident required a referral to be followed up for a audiology review. Resident attended ENT the 3rd April, 5th April and was discharged at that time. Referral made for ENT review by the GP on 18th June 2109. Awaiting appointment.</p>	

## 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	23/08/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	06/05/2019
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	18/06/2109