<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Michael's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001827</td>
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<tr>
<td>Centre county:</td>
<td>Limerick</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Joseph's Foundation</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Catherine O'Connell</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Cora McCarthy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>27 September 2017 10:00</td>
<td>27 September 2017 18:00</td>
</tr>
<tr>
<td>28 September 2017 08:00</td>
<td>28 September 2017 14:00</td>
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</table>

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

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

Background to the inspection:
This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). This inspection was undertaken to inform a decision in relation to an application by the provider to renew the registration of the centre.

Description of the service:
St Joseph’s Foundation provides a range of day, residential and respite services in North Cork and Limerick. The centre provides 24 hour care and support for people with autism and or intellectual disability who present with behaviours that challenge
and who have medium to high dependency levels. This centre was based in a community setting in county Limerick.

The centre comprises a purpose-built single storey-house which can accommodate five residents in single bedrooms. The centre was found to be well maintained both internally and externally. There was a variety of communal day spaces including a large sitting room a visitors' sitting room, a 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.

How we gathered our evidence:
Inspectors met all residents and some staff members during the inspection. In addition, some families members of residents had completed questionnaires for HIQA, prior to the inspection, giving feedback on the centre, which was very positive about the service being provided.

Inspectors spoke with staff during the inspection and observed their interactions with the residents. In addition, inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Overall judgment of findings:
Residents were well cared for and there were examples of excellent coordination of care between the general practitioner (GP) and consultant specialist in psychiatry to ensure the best healthcare outcome for residents.

The centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The St Joseph’s Foundation service had ensured that an unannounced visit to the designated centre to review the quality and safety of care provided had been completed in 2017. This review had evidenced that some issues were identified and addressed.

Improvements were required in relation to:
- the annual review report was not comprehensive as is required by the regulations. Also, behaviour and mental health support plans required review and oversight by a qualified person. Referrals had not been followed up in a timely manner which resulted in the resident not receiving necessary supports. (Outcome 5)
- behaviour support plans were not developed by an allied professional in the area of positive behaviour support and there was no review process of the interventions evident. (Outcome 8)
- there was no assessment evidenced to establish each resident's educational or training goals in order to provide support in this regard. (Outcome 10 )
- there was a staff shortage at certain times for activities the residents wished to engage in (Outcome 17).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Findings:
Residents were consulted with and participated in decisions about their care and about the organisation of the centre. Residents had access to advocacy services and information about their rights. There was a comprehensive complaints management system in place.

Inspectors noted that residents were treated with dignity and respect.

Inspectors viewed minutes of house meetings which outlined the involvement of the residents in the centre. Staff were observed providing residents with choice; for example; offering a choice of breakfast cereal. Staff facilitated residents' individual preferences in relation to their daily routine and assisted residents in personalising their bedrooms. The inspector observed that steps were taken to support and assist residents to provide consent and make decisions about their care and support.

The centre had a complaints policy which was also available in an accessible format. The complaints policy identified the nominated complaints officer and also included a clear appeals process as required by legislation. The policy was displayed prominently on a whiteboard in the kitchen and discussion on complaints, dignity and promoting independence featured regularly in the house-meeting minutes. The complaints process had just been transferred to a new computerised system and the provider had inputted a space to state whether the complainant was satisfied or not. An advocacy booklet for residents had also been developed. A picture of the designated officer was also shown to the residents at the house meeting and the subject of safeguarding was discussed.
Interaction between residents and staff was observed and inspectors noted that staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Residents were encouraged and facilitated to have control over their own possessions. There was adequate space provided for storage of personal possessions. An inventory of personal possessions was maintained and updated regularly in line with the centre-specific policy.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 02: Communication</strong></th>
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<tr>
<td><em>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.</em></td>
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</table>

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a communication policy in place and residents were facilitated to access assistive technology; a resident had procured a computerised tablet and a support plan was being drawn up around the use of it.

Staff were aware of individual communication needs and demonstrated effective communication with those residents; for example; one resident used a form of communication and staff were trained in this method. Inspectors noted that residents had access to televisions and radio in the communal rooms. While communication requirements were highlighted in residents' personal plans, communication assessments had not been completed, however, the person in charge made a referral while the inspector was in the centre.

Residents had access to multidisciplinary professionals such as speech and language therapy, occupational therapy and audiology to assist them in their communication needs.

**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:
Residents were supported to develop and maintain personal relationships and links with the wider community. Completed questionnaires from residents and relatives were also submitted for feedback about the service.

Inspectors noted that there was a second sitting room in each house where residents could meet family and friends in private.
Inspectors viewed logs of phone calls, notes of visits and notes of family input in the person centred planning meetings indicating that families were encouraged to be involved in the lives of the residents. Overall feedback from questionnaires was positive.

Residents did engage in community activities; notes in personal files indicated that some residents went to the local pub and restaurants with staff members.

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:
Each resident had an agreed written contract which included the details of the care, support and services to be provided and the fees to be charged.

Each resident had a written agreement in place in relation to the provision of services that had been agreed and signed by each resident and or their families. The contracts provided that each resident would be assured security of service for as long as they wished “unless through changing circumstances the provider was unable to meet the
needs, for example, funding or health”.

**Judgment:**
Compliant

**Outcome 05: Social Care Needs**
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in an individualised personal care plans. Residents and families were involved in person-centred planning meetings and the development of their personal plans. Staff provided a good quality of social support to residents.

The inspector reviewed a number of residents' personal plans. The plans set out each resident's individual needs, aspirations and choices. The person in charge told the inspector that families were involved in the ongoing review of plans; input from families was documented to support this. Support plans were in place for all residents' identified needs; plans were detailed and individualised. They were up-to-date and gave very specific details and instructions as to each resident's preferred routines. There was evidence of referrals to a range of multidisciplinary health professionals and recommendations were reflected in personal plans. However, it was noted that where a recommendation had been made for a resident, it had not been followed up in a timely manner which resulted in the resident not receiving the necessary supports. The person in charge resolved this issue during the inspection and a date for the resident's review was arranged. Individual goals were clearly set out and included the name of the person responsible for pursuing the goals. There was evidence of a review of plans involving family and multidisciplinary team members. However, the annual review meeting was as not comprehensive as is required by the regulations. Behaviour and mental health support plans required review and oversight by a qualified professional; the person in charge made referrals to the multidisciplinary team during the course of the inspection.
The personal plans contained personal profiles of each resident and information about residents’ interests. Each file had an individualised weekly plan of activities. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place.

**Judgment:**
Substantially Compliant

**Outcome 06: Safe and suitable premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that the design and layout of the house was as described in the centre's statement of purpose and met the needs of residents.

The centre was a purpose-built single-storey house. It was well-maintained internally and externally. It was comfortable, clean, warm and homely. Where residents had made complaints for example regarding a shower temperature being too hot, this was rectified immediately.

The house had a variety of communal day space including a large sitting room, a large bright kitchen and dining room and a visitors' room. The rooms were comfortably and appropriately furnished.

The layout of the house promoted residents' independence, privacy and safety.

There were five single bedrooms for residents' use. Bedrooms were bright, well-furnished and decorated in varying colour schemes of residents’ choice. Residents had adequate personal storage space. There was a separate assisted bathroom and shower room with a hoist rail.

There was a utility room with facilities for washing and drying clothes. There were adequate arrangements in place for the storage and removal of domestic waste.

The inspector found the kitchen to be well-equipped and maintained in a clean condition. There was a plentiful supply of foods available, both fresh and frozen, fruits and juices.
Facilities for staff included a separate office, bedroom and en-suite shower room.

Residents had access to a large enclosed paved area and garden at the rear of the centre. The residents spoke about the use they had made of the garden in the summer months.

The centre was secure; all doors were fitted with key pads; all fire doors were connected to the alarm system; the front gates were controlled electronically and kept closed at all times.

**Judgment:**
Compliant

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

**Findings:**
The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected.

There was an up-to-date health and safety statement available. There was a risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the Regulations. Systems were in place for the regular review of risk. The person in charge met with the health and safety officer on a monthly basis to review risks and discuss any incident and or accidents. The inspector viewed a health and safety audit which was carried out in June 2017 which indicated that actions were followed up on.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in 2017. The fire alarm was serviced on a quarterly basis. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. All staff had received up-to-date formal fire safety training and were familiar with what to do in the event of fire. There was a personal emergency evacuation plan documented for each resident. The procedures to be followed in the event of fire were displayed. Regular fire drills took place involving all residents and staff, however a night-time simulated drill had not been carried out; this was completed prior to the end of the inspection. Records were maintained of all monthly fire drills.
There was an emergency plan in place which outlined clear guidance for staff in the event of a fire and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation. The plan required further updating to provide clear guidance for staff in the event of other types of emergencies such as flooding, burst pipe, loss of power, loss of heating and loss of water.

The house was found to be maintained in a clean and hygienic condition throughout. Infection prevention and control guidelines for community disability services were in place and being implemented. Hand sanitisers were located at the front entrance. All staff had attended recent training in relation to hand hygiene; training for staff in safe moving and handling practices was up-to-date.

Judgment: Compliant

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 measures were in place to protect residents from being harmed or abused. However, the review of residents' positive behaviour support plans and subsequent interventions required attention.

The inspector reviewed the policy on the safeguarding of adults with a disability from abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations or suspicions of abuse. It also included the name and contact details of the designated contact person; this information was also prominently displayed in the centre. Staff spoken with confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area.

The inspector viewed policies on responding to behaviours that challenge, management of aggressive behaviours and use of restraint as the last resort. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. Positive behaviour management support plans...
were in place for residents who displayed behaviours that challenged. However, these were not developed by an allied professional and there was no review process of the interventions as part of the personal planning process. All staff had attended crisis prevention intervention training and some staff had attended training on managing actual and potential aggression. The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. The inspector was told that there were no restrictive measures in place.

The inspector observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

The inspector was satisfied that residents’ finances were managed in a clear and transparent manner. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two persons. Receipts were maintained for purchases. The financial administrator carried out regular audits of all files and no discrepancies were noted.

**Judgment:**
Substantially Compliant

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**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:**
The person in charge and management staff of the centre were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents and a record of same was maintained.

The inspector reviewed the incident book and noted that comprehensive details of all incidents were maintained. Systems were in place to forward a copy of the incident record to the health and safety officer and another copy to the provider. The health and safety officer met with the person in charge on a monthly basis and discussed all incidents.

**Judgment:**
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 inspector was satisfied that residents were supported to and given opportunities for new experiences, social participation and information. However, there was no assessment evidenced to establish each resident’s educational or training goals although this was being reviewed by the provider.

All residents attended the provider’s day services where they could partake in a variety of activities such as swimming, attending the gym, use of the walking track, cycling, multisensory room, music therapy and go for social drives.

Residents attended in-house information discussions covering topics such as complaints procedure, advocacy, rights and respecting one another’s privacy.

Long term and short term goals were clearly set out in residents' personal plans. Documented support plans were in place and risk assessments had been carried out to assist each resident achieve their goals.

Judgment:
Substantially 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:
While the inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied health services, two referrals to services were not followed up.

All residents had access to their own general practitioner (GP) and an out-of-hours GP service was available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals including physiotherapy, OT, speech and language therapy, psychology and psychiatry. However, the inspector noted that two referrals to allied health professionals were not followed up. It was noted that the person in charge followed this up immediately.

Residents were supported and encouraged to eat healthy balanced diets. The inspector was satisfied that residents were supported to choose, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Residents had access to drinks and snacks throughout the day and the inspector saw residents being offered a choice of drinks by staff. Minutes of house meetings evidenced residents making meal choices.

**Judgment:**
Compliant

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### 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 noted that the policies and procedures for medication management were generally comprehensive.

There was a comprehensive medication management policy guiding practice. Staff spoken with were knowledgeable regarding medication management policies and practices. All staff had attended medication management and rescue-medication training.

The inspector reviewed a sample of prescription and administration charts and noted that they contained all the information required to enable staff to safely administer medications. However, the date of birth and the residents' medical card details were left blank on medication recording sheet which the person in charge assured inspectors...
would rectified before the end of inspection. All medications were individually prescribed. The inspector noted that the maximum dosage of medications taken as required (PRN) was prescribed and all medications were regularly reviewed by the GP.

There were no medications requiring refrigeration at the time of inspection.

Systems were in place for checking medications on receipt from the pharmacy. However, the system for return of medications to pharmacy required reviewed. A new system to address this matter was put in place while inspectors were in the centre which provided assurance that safe practices were in place. Systems were in place to record medication errors and staff spoken with were familiar with them.

Regular medication management audits were carried out by the area manager. Staff confirmed that the results of audits were discussed with them. The inspector noted that issued identified in the most recent audit had been addressed.

**Judgment:**
Compliant

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**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 consisted of a statement of the aims of the centre and the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by schedule 1 of the regulations. It accurately described the services provided and this was demonstrated in practice.

**Judgment:**
Compliant

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**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 quality and care of the residents was monitored and developed on an ongoing basis. Effective management systems were in place that supported and promoted the delivery of safe, quality care services.

The provider had established a clear management structure and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included an adult services manager, also the provider representative and a deputy person in charge who facilitated the inspection as the person in charge was away. The provider representative visited the centre regularly, was knowledgeable about the service and was well-known to staff and residents. There were established weekly management meetings to discuss issues of concern in the centre. There were formal meetings of all persons in charge from centres in the group to discuss common areas of interest and share their learning.

The deputy person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service. However, the person in charge had a limited number of protected hours; the adult services manager assured the inspector that the person in charge role and their protected hours were under review currently.

The inspector viewed the annual review of the quality and safety of care in the centre. However it had been carried out when a different group of residents lived in the centre and therefore did not review the quality of care for the current residents. The adult services manager assured the inspector that a new review was due to be undertaken now that the residents were six months in the centre. A number of audits had been completed including medication management, medication errors, incidents and or accidents, residents' finances and cleaning. The deputy person in charge stated that the results of all audits were discussed with staff to ensure learning and improvement to practice. All actions were appropriately followed up on.

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 and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge and there were arrangements for a member of management to act in their absence.

**Judgment:**
Compliant

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**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:**
The inspector was satisfied that there were sufficient resources to support residents achieve their individual personal plans.

Management staff told the inspector that all residents had agreed residential placements funded by the Health Services Executive (HSE). The facilities and services in the centre reflect the statement of purpose.

**Judgment:**
Compliant

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**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 noted adequate staffing levels to meet the needs of residents at the time of inspection. However, there was a staff shortage at certain times for activities the residents wished to engage in; this was noted in minutes of meetings.

There was a comprehensive staff recruitment policy based on the requirements of the regulations. 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.

The management team were committed to providing ongoing training of staff. Staff spoken with confirmed that they had attended on-going training and records of training were maintained in staff files. Recent training included safe administration of medications, epilepsy and rescue medication, hand hygiene, complaints management and management of actual and potential aggression.

Judgment:
Substantially Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that records as required by the regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available and up to date. The person in charge had put systems in place to ensure that staff read and understand policies.

**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:**

Cora McCarthy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Joseph's Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001827</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>27 &amp; 28 September 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 November 2017</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was evidence of review of plans involving family and multidisciplinary team members. However the annual review report was not as comprehensive as is required by the regulations. Also behaviour and mental health support plans required review and oversight by a qualified person.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
- The annual review for 2017 will be completed comprehensively as required by the regulations.
- The behaviour support plans are under review reviewed by the psychology team.
- One mental health plans has been reviewed by the Consultant Psychiatrist on 06/10/17 and the remaining plans will be reviewed by 3rd December 2017.

**Proposed Timescale:**
- 06/11/2017 and to be completed by 22nd December 2017.
- 03/12/17

**Proposed Timescale:** 22/12/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
It was noted that where a recommendation had been made, it had not been followed up in a timely manner which resulted in the resident not receiving necessary supports.

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

**Please state the actions you have taken or are planning to take:**
A review of the residents needs has taken place and all necessary supports are now in place to meet their assessed need.
- Dietician Appointment 06/12 2017
- Psychology Assessment 06/10/2017

All future assessed needs will be followed up by the Person in Charge on a regular basis to ensure all supports needs identified are in place for the resident in a timely manner.

**Proposed Timescale:** 06/12/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Positive behaviour management support plans were not developed by an allied professional in the area of positive behaviour support and there was no review process of the interventions evident.

3. Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
All positive behavioural supports are currently being reviewed by the psychologist and will be reviewed on a six monthly basis going forward.

Proposed Timescale: 22/12/2017

Outcome 10. General Welfare and Development
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no assessment evidenced to establish each resident's educational or training goals in order to provide support in this regard.

4. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
• An assessment tool recommended by Psychology will be completed to establish the resident’s education and training needs.
• A Senior Clinical Psychologist will provide information & training to all Persons in Charge prior to commencement of completion for all residents.
• A schedule of assessment will be devised, rolled out within the organisation and completed by 31/03/2018.

Proposed Timescale: 30/04/2018

Outcome 11. Healthcare Needs
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two referrals to allied health professionals were not followed up although person in charge did attend to this immediately when it was identified by the inspector.
5. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
Referrals were made to the relevant allied professionals during the inspection and appointment dates have been received:
- Psychology Assessment 06/10/2017
- Dietician Appointment 06/12 2017
Referrals for all future services required by the resident from allied health professionals will be made and followed up by the Person in Charge on a regular basis to ensure all services required by the resident are accessed in a timely manner.

Proposed Timescale: 06/12/2017

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Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a staff shortage at certain times for activities the residents wished to engage in.

6. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
- Where a resident identifies a specific activity or interest, the organisation will endeavour to support this activity by ensuring that staff are available to facilitate the resident.

Proposed Timescale: 03/12/2017