

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002924
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
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:	5
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:
27 April 2016 09:30	27 April 2016 19:30
28 April 2016 09:30	28 April 2016 15:00

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 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How evidence was gathered

As part of the inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) and this feedback is included in the report.

Interviews were carried out with staff, the person in charge, the day services coordinator, the programme manager for residential services and the person authorised to act on behalf of the provider.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. The document described this centre as a residential care facility for adults with a mild to moderate learning disability. Day services were also available on site for residents. The inspector found that the service was being provided in line with its description in the statement of purpose.

The centre is a single storey house in Tralee, Co. Kerry. Each resident has a ground floor, single occupancy bedroom. Staff overnight facilities are available. There is a variety of communal space in the building for the residents. The service is available to both male and female residents.

Overall judgment of our findings

Overall, the inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report. The service showed that it was capable of responding to changing needs. For example, staffing levels increased in response to increased resident care needs. The service provided a good model of care, providing support to residents in both their social and health care needs. There was good teamwork in the centre and staff displayed a positive attitude to their work.

Good practice was identified in 17 of the 18 outcomes. Improvements were identified as being required under Outcome 7, Health and Safety. The reasons for these findings are explained under each outcome in the 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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that residents rights and dignity was respected and they were consulted about how the house was run. Feedback was sought and informed practice. Residents had access to advocacy services and information about their rights through the house meetings that took place, through assistance from their key worker and in the easy to read posters available in the house.

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 inspector saw a resident report an issue about a window blind and the matter got immediate attention and the resident was informed of the outcome.

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 encouraged to maintain their own privacy and dignity by being facilitated to lock their bedroom door. One resident had a door bell outside his door which staff pressed if they wished to enter his room.

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, resident gestures were interrupted to good effect and staff knew when a resident wanted them (staff) to leave the room, help them with their work or listen to their story.

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 attended Sunday mass and a number of residents voted in recent elections.

Residents were enabled to take risks within their day to day lives. For example, go for walks, go on holidays and enjoy a social drink.

There was a policy on residents' personal property and possessions. Residents' personal property including monies were kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Residents were facilitated to do their own laundry if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them and which suited their needs, interests and capacities. Individual residents engaged in their own specific interests outside of the centre such as joining a local bingo group, attending local weight watchers and visiting the family home.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents were assisted and supported to communicate. Staff were aware of the different communication needs including non verbal communication. There were systems in place including external professionals input where necessary, to meet the diverse communication needs of all residents. This external professional input included speech and language therapy, audiology screening, communication guidance from experts in dementia care and behavioural psychologist support.

Specialists in dementia care, in conjunction with house staff, were developing a booklet to support fellow residents, families and staff to understand the communication needs of the resident with dementia. Individual communication requirements were highlighted in personal plans and reflected in practice. For example, in living with dementia and apart

from the booklet development, staff had learnt techniques to assist in understanding a resident's mood.

The centre was part of the local community. This St John of God house was in operation for over 20 years. Residents were well known in the locally and around the town. Staff reported that when out walking with residents, local people frequently greeted residents and chatted with them. Residents were involved in a community bingo group, 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 assistive technology such as mobile phones, ipads and laptops. Such aids assisted in promoting residents' full capabilities. For example, one resident remained connected to his family by having a phone call from his sister to his mobile phone each evening.

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):
This was the centre's first inspection by the Authority.

Findings:
The centre provided opportunities for residents to maintain links with family, friends and the wider community. Residents had access to a variety of day services, the main day service being provided in-house. Two people who lived with their own families in the community, attended the day service in the centre and partook in activities in which residents were involved in. This brought the core household group to seven in number. In addition, the house had capacity to accommodate a respite resident in an emergency situation.

The inspector reviewed a number of care plans and noted that family contacts were detailed. Much effort was taken to ensure family members were invited to participate in the personal care plan meetings. For example, one resident's sibling was invited to family meeting and a sign language interpreter was engaged to facilitate these meetings. Relatives told the inspector they were "invited to view all aspects of the service".

Some residents went home at the weekend either for an overnight stay or for a few hours.

Visitors were welcome to the centre. Arrangements were made for residents to meet with friends from another centre including girlfriends and boyfriends. Residents regularly went on outings such as shopping trips, the cinema, concerts and meals in a restaurant or bar.

Attention was given to ensure one resident was assisted to buy gifts for family members and post birthday cards. This had been a lifelong important issue for him and since his diagnosis of dementia staff ensured this practice continued. Birthdays and other special events were celebrated and friends, families and staff were invited to these occasions.

Cognisance was given to ensuring that residents' boundaries were not infringed by other residents. For example, staff closely observed interactions between residents, used distraction techniques if necessary and 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):

This was the centre's first inspection by the Authority.

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, new residents were given as much time as needed to get familiar with their new environment and new routine before they moved fulltime to the centre.

Staff monitored how the resident adapted and settled into their new home. Residents were supported to maintain as much family contact as needed, in particular at the time the resident was adapting to their new house. For example, at the time of inspection some residents were being supported in adapting from being a five day resident to a seven day resident.

Admissions, discharges and transfers to the centre were organised through the organisation's admission, discharge and transfer team (ADT). Users of the onsite day service were part of the household and there was a seamless integration between the

residential services and the day service. The manner in which staff meetings, staff rosters and staff training was conducted facilitated good cooperation between the day and residential services which ultimately helped to ensure a good outcome for residents.

Each resident had a written contract. The contract set out the services to be provided and the fees to be charged. Details of additional charges were also included.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents or their representatives were actively involved in an assessment to identify residents individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, one resident was provided with seating that facilitated him to engage in his writing activities whilst watching television. Providing such activities for this resident supported the resident with his developing dementia.

Residents and their family members were consulted and involved in the review process. For example, an interpreter was organised for one resident's family member so that the relative could be actively involved in the care planning process.

Residents were provided with a social model of care. They were involved in a varied activities programme which included bingo afternoons in a local community centre, swimming in a local swimming pool or at a therapy pool within the St John of God services, art therapy and karaoke sessions.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose. The premises met the needs of residents and the single storey design and layout promoted residents' safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. The premises was free from significant hazards which could cause injury. There was sufficient furnishings, fixtures and fittings. The centre was clean and suitably decorated.

There was adequate private and communal accommodation. There was a kitchen with sufficient cooking facilities and equipment. There were adequate toilets, bathrooms and showers to meet the needs of residents. There was a suitable outside area for residents. Residents had access to appropriate equipment which promotes their independence and comfort. The equipment was fit for purpose and there was a process for ensuring that equipment was properly installed, used, maintained, tested, serviced and replaced. Staff were trained to use equipment and equipment was stored discreetly safely and securely.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. Reasonable measures were in place to prevent accidents.

The risk management policy was implemented and covered the identification and management of most risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. However, the risk of absconsion had not been adequately assessed. In addition, an identified risk had not been adequately reassessed following an incident which occurred in the centre.

There were arrangements in place for responding to emergencies. There were satisfactory procedures in place for the prevention and control of infection. Staff had received training in this area. Appropriate arrangements were in place for the disposal of domestic waste.

Vehicles used to transport residents were in good repair and documentation was available to confirm they had appropriate servicing and certifications of road worthiness.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at three monthly intervals and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment. Emergency lighting was in place; however, different fire service reports resulted in a lack of clarity as to the adequacy of the emergency lighting.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and

procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Staff confirmed this. Residents and their families reported to the inspector that they felt safe in the centre. Staff had received training in understanding abuse especially as it pertained to adults with a disability. There was a designated person on the staff team who took responsibility for following up on allegations of abuse.

Good practices were in place in relation to how residents' financial matters were managed. Receipts of purchases were maintained, two staff signed the lodgement/withdrawal ledger and the person in charge audited practices and residents ledgers.

Efforts are made to identify and alleviate the underlying causes of behaviour that was challenging for residents. If needed specialist interventions were implemented in consultation with the resident and their family through their personal plans. Interventions were regularly reviewed to assess their impact and improving the lives of the resident.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was carefully monitored to prevent its abuse or overuse. If used, family members were informed of the use of restrictive procedures.

The use of medication to manage behaviours that challenged was monitored. Staff were trained in the use and implications of restrictive procedures. Records and staff reports were available to confirm this.

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):
This was the centre's first inspection by the Authority.

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 Health Information and Quality Authority (HIQA) to notify the Chief Inspector of any incident which did not involve personal injury to a resident.

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):

This was the centre's first inspection by the Authority.

Findings:

There was an assessment process to establish each resident's employment or training goals. Residents were engaged in social activities internal and external to the centre.

There was continuity of activities for residents in transition such as those who recently changed from being in residence five days a week to seven days a week. There was good communication and engagement between the centre and relevant day services.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents' health care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Individual residents' health needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health care services which reflected their care needs.

Where expert advice was needed this was obtained. For example, staff were provided with training and guidance around care of residents with dementia as this was relevant for the resident cohort living in this house.

The care delivered encouraged and enabled residents to make healthy living choices. For example, engage in physical activity, avail of appropriate vaccinations and be facilitated to get appropriate health screening.

Residents were actively encouraged to take responsibility for their own health and medical needs. For example, one resident attended a local weight watchers club where she had success at reducing her weight. End of life care was discussed and the inspector was satisfied that, in so far as possible, residents would be facilitated to receive end of life care in their own home.

Food was nutritious, appetising and varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner.

Residents were supported to prepare their own meals as appropriate to their ability and preference. On the day of inspection one resident made soup and scones. The advice of dieticians and other specialists was implemented in accordance with each residents personal plan. For example, some residents needed a diet that was of a modified consistency and this was facilitated. The inspector saw that meal times were positive social events.

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):

This was the centre's first inspection by the Authority.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their own medication following an appropriate assessment. At the time of inspection no resident was self medicating.

A system was in place for reviewing and monitoring safe medication management practices. A pharmacist was available to support residents in understanding their medication. Residents frequently went to the pharmacy to collect their own medicines.

All staff had received training in medication management. Records were maintained of this training and staff confirmed it had taken place.

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):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which were to be provided for residents. The underlying principals of the service, as stated in the statement of purpose were hospitality, compassion, respect, justice and excellence.

The statement of purpose contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013. It was kept under review.

It was available in a format that was accessible to residents. Staff were familiar with the statement of purpose. The inspector was satisfied that the vision set out in the statement of purpose was implemented in practice.

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):

This was the centre's first inspection by the Authority.

Findings:

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Such reviews brought about improvements in practice. For example, gaps in training were identified and addressed. There was an ongoing focus on improvement of the service via the use of the quality enhancement plan. This plan was updated once an audit was undertaken or an inspection report was issued.

There was good communication between the day and residential services which was important for the smooth and effective running of the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering. For example, a quality and safety committee was in place which included senior managers. Staff could bring forward ideas for improvement through their staff meetings and escalate as appropriate, through the quality and safety forum.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The person in charge (PIC) could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The PIC provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. Residents could identify the PIC. The person in charge was supported in her role by programme manager for residential services.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider was aware of the need to notify HIQA one month in advance, if the person in charge was to be absent from the centre for more than 28 days at any one time. In the case of an emergency absence the provider was aware to notify HIQA within 3 days of its occurrence.

If the PIC was absent there are suitable arrangements made for her absence.

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):

This was the centre's first inspection by the Authority.

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, 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):

This was the centre's first inspection by the Authority.

Findings:

There were sufficient staff with the skills, qualifications and experience to meet the assessed needs of residents. Staffing levels took into account the statement of purpose and size and layout of the building.

There was an actual and planned staff rota. It was displayed on the notice board in the centre.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence based practice. For example, staff received a number of training updates with regards to dementia care. Staff showed an interest and willingness to learn and develop their skills.

Education and training provided to staff reflected the statement of purpose. For example, the statement of purpose stated care was delivered to residents with an intellectual disability as per their changing needs. The care needs of residents had increased and nursing care was provided to support these increased needs. This was provided.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. The supervision provided improved practice and accountability. For example, extra staff training was provided when identified as being required. Staff reported to the inspector that "they enjoyed work" and felt supported in their roles.

There were effective recruitment procedures that included checking and recording required information. The requirements of Schedule 2 had been met. Nursing staff had an up-to-date registration with the relevant professional body. A good induction system was in place for newly recruited staff. When agency staff were employed there was an emphasis on employing agency staff who were known to residents.

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):

This was the centre's first inspection by the Authority.

Findings:

Complete records were maintained in the centre. Records were accurate and up-to-date. Records were kept secure but easily retrievable. Residents to whom records referred could access them. The tone in which records were written was respectful.

Residents' records and general records were kept for not less than seven years after the resident to whom they related ceased to be a resident 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. For example, following an incident with a resident a few days previously a protocol was drawn up as to how to best manage such an incident.

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

Judgment:
Compliant

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002924
Date of Inspection:	27 April 2016
Date of response:	25 February 2016

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 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk of absconscion was not adequately assessed.

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 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

A risk assessment was carried out on 03/05/16 with the staff team to assess the risk of absconsion for one resident with an identified need. The team assessing this risk consisted of the PIC, Residential Staff, Day Service Staff and the Behaviour Co-ordinator. As there was no previous attempt to abscond from the residence in the past this was not deemed a significant risk. However, additional control measures are in place to prevent this risk.

Proposed Timescale: 25/05/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An identified risk had not been adequately reassessed following an incident which occurred in the centre.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

A risk assessment was carried out on 03/05/16 with the staff team to assess the risk when a resident displays Behaviours of Concern. This risk assessment was carried out post incident and the team assessing this risk consisted of the PIC, Residential Staff, Day Service Staff and the Behaviour Co-ordinator.

Additionally the necessary protocols were put in place in the event of a similar incident occurring. Risk assessments are place in the risk register and have an assigned review date which will be bought forward in the event of a significant incident occurring.

Proposed Timescale: 25/05/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were discrepancies in the fire safety report with regards to the adequacy of the emergency lighting. Please provide an up-to-date assessment with regards to this.

3. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:

Following consultations between a fire safety company who completed the fire safety review of the premises and the company who maintain the fire safety equipment on site, it has been agreed that two additional emergency lights will be installed. Funding is in place to complete this and the procurement process will be finalised in the next 14 days.

Complete quotation and procurement process by 08/06/2016.

Complete the work by 30/07/2016.

Proposed Timescale: 30/07/2016