

**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-0002963
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Philomena Gray
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	1

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:
08 March 2016 10:00	08 March 2016 18:00
09 March 2016 10:00	09 March 2016 16:30

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

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

Summary of findings from this inspection

The provider is St. John of God Community Services Limited (hereafter called the provider). The designated centre comprised of three locations based in County Kildare owned and operated by the provider.

The purpose of this inspection was to monitor compliance and inform a registration decision under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the standards).

There were 11 residents residing in the designated centre at the time of inspection. This was this designated centres first time to be inspected in its current form however, part of this designated centre had been inspected previously before the centre was reconfigured by the provider.

As part of this inspection, inspectors met with the person in charge, managers, staff, residents and reviewed information submitted by family members of residents. Inspectors observed practice and reviewed documentation such as personal plans, healthcare plans, accident and incident records, risk assessments, medication records, behavioural support plans, meeting minutes, policies, procedures and protocols, governance and management documentation and staff records.

The inspector found that there was a good standard of care provided in this centre. Residents informed the inspector they were very happy with their service. The inspector visited the three locations and had the opportunity to meet the residents from two of these locations. The residents in the third location requested not to meet the inspector. Most residents spoken to were very happy where they lived. One resident highlighted his wish to move out into his own apartment in the future.

Practice that was observed on this inspection was positive. Staff were observed as being respectful and supportive of residents needs, wishes and preferences over the course of inspection.

Of the 18 outcomes inspected on this inspection 14 were found to be compliant with the Regulations and Standards.

Some areas of non compliance that were found on this inspection were regarding the quality and review of residents personal planning, some health and safety arrangements, risk assessment and the management of complex behaviour. In addition there were some areas of the suitability of the premises that required some improvement.

All of these areas will be discussed in further detail in the main body of the report and accompanying action plan.

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 found residents choice, rights, dignity and privacy needs were met in this centre.

Consultation with residents' was on-going with individual and collective mediums utilised within this centre. For example, resident meetings, speak up forums and individual meetings/key-working sessions available for residents who chose not to participate in group forums.

Residents informed the inspector that they were very satisfied with the consultation that occurred within the centre.

Residents had ample and appropriate arrangements in place for their personal belongings and finances. Residents had spacious bedrooms and room for their personal effects. Each resident had their own bank account and supports and safeguards were in place regarding their finances.

There was a complaints policy and procedure in place for the designated centre which identified a complaints officer. Residents were promoted and facilitated to make complaints and the inspector found an instance whereby a residents complaint had been appropriately followed up and managed by the provider. For example, a resident complained of the noise in the centre.

Residents and relatives have access to an advocacy service. The relevant contact information was made available and displayed in the designated centre.

Residents spoken to over the course of this inspection highlighted no concern regarding their rights, dignity or privacy. Residents were very complimentary about the centre and the staff working with them.

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:

The inspector found that residents were able to communicate at all times. Effective and supportive communication methods were observed both in resident's plans and in practice.

The inspector found communication care plans in place for residents in this centre. Plans reviewed gave clear direction and guidance of how residents liked to be supported with their communication support needs. For example, plans referred to resident's individual routines and highlighted words and gestures that assisted in communication with residents. Some residents had been referred for specific communication assessment by the speech and language therapist. There were some pictorial forms of communication offered to residents requiring same such as menus. Residents were observed using these supports on this inspection.

The inspector found residents had appropriate access to communication media such as television, newspaper and radio. Some residents informed the inspector they were very happy with how they were communicated with in the centre.

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 inspector found that residents were well supported and encouraged to get involved in the community and families were welcomed in the centre in accordance with resident's wishes.

The inspector found residents' families were complimentary about the services provided to their loved ones in family questionnaires to HIQA. Families identified the programme manager as who they would go to if they had a problem or complaint. Families who returned questionnaires were very complimentary about the services provided.

Residents were found to have good links to their community and natural supports. For example, some residents were employed in the locality, shopped in the locality and socialised within the wider community in pubs, coffee shops and restaurants. Residents had established good relationships with their neighbours and highlighted the importance of good neighbours to the inspector.

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:

There were measures in place regarding the admissions in this designated centre. The centre was based across three locations and had one vacancy on the dates of inspection. Residents informed the inspector that any new residents moving into the centre would be discussed with them by staff and expressed no issues with this area.

Residents chose their own rooms which were all found to be an appropriate size and standard. The inspector found residents had contracts in place that outlined the service provision within the designated centre and detailed the individual fees/charges to residents. These included residents rent costs, utility costs and a tenancy agreement was also in place for residents.

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:

Overall the inspector found good examples of social care provision across the locations in this designated centre. Residents spoken to were stated they were very happy with the levels of activity and socialisation available to them. Individualised assessment and social care planning was found to be of a good standard in many cases however there was inconsistency found in this area when reviewing a number of plans. This required improvement in terms of the standard of goal setting, follow up and collaborative and up to date personal planning with some residents.

The inspector spoke to a number of residents about their plans and their social lives. Some residents stated they were very happy and enjoyed going to work, going on outings, shopping, golf, basketball, bocce, going to musicals and dining out in restaurants. Some residents attended the gym regularly while others completed various courses such as computer courses.

Residents personal planning was completed in an accessible format and residents showed the inspector their plans and weekly activities schedules which were busy with activation, courses and leisure. Some residents went to their home at weekends but viewed the designated centre as their home and talked to the inspector about relationships with their neighbours and how they were part of their community.

Personal planning and individualised assessment was found to be well reviewed in some resident's plans but not in others. For example the inspector reviewed a plan whereby goals and objectives had not been appropriately completed or progressed. Review meetings occurred but there was no action taken to move residents identified goals forward to a satisfactory standard in 2015/2016. Improvement was required in this area and the effective review of same.

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):

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

Findings:

The location, design and layout of this centre was meeting residents needs. However the inspector found that there was notable difference in the standard of accommodation provided in the three locations. For example, one location was a very modern large detached house while another was a relatively small and older terraced house which required some attention. However most residents highlighted they were very happy with where they were living. The inspector found the majority of areas across this designated centre to be in compliance with the regulations and standards. There were some areas that required improvement from a premises perspective.

The inspector found that parts of this centre were very modern and spacious. Residents all had their own bedrooms which were individually decorated and well maintained. Residents showed the inspector their bedrooms and were very proud of their rooms and had good space and storage for personal belongings.

There were adequate areas for dining, communal space for activities and suitable ventilation, heating and lighting. The inspector found functioning baths, showers and toilets of a sufficient number and standard within this designated centre. Suitable arrangements were in place for the safe disposal of general and clinical waste.

The inspector found that improvement was required to an area in one location whereby laundry facilities and toilet facilities were located at an inappropriate close proximity. The person in charge stated building work had been tendered and would be completed to improve this part of the centre. One proposed bedroom (located off a kitchen) in one

location had double doors to a communal sitting room which was found to be inappropriate from a privacy perspective. There was an emergency evacuation door in place in this bedroom.

There was not emergency lighting in all parts of this designated centre. For example, downstairs in some locations (Areas of the premises pertaining to fire safety will be highlighted under Outcome 7 of the Action Plan). The functionality of a door lock required attention, the provider stated this would be addressed immediately as the residents that resided in this location did not have staff with them at all times. In addition, a deep clean was required in one location that was not staffed full-time.

Judgment:

Non Compliant - Moderate

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 inspector found that while the health and safety of residents, visitors and staff was promoted and protected there was further improvement required in areas of the risk management of behaviours and certain components of fire safety.

The inspector found good systems in place regarding the assessment and management of many risks. There was comprehensive policy in place that governed the area of risk and hazard identification, assessment and management. Components of this policy were going to be further reviewed in March 2016. The centre assessed and managed risks such as medication errors/variance, slips, trips and falls, fire, residents who smoked, epilepsy, residents who displayed challenging behaviour and dysphagia. There was a risk register in place regarding all of these risks which was reviewed by management on a two monthly basis in accordance with accidents, incidents and near misses that occurred in the centre.

The inspector reviewed risk assessments and management plans for residents who were assessed to remain in the centre unsupported and found control measures were continually reviewed in these cases. There were annual protocols for falls assessments and manual handling assessments with all residents to ensure the continual review of these areas.

There were individual risk assessments and guidance in place for some residents around areas such as; independently using the cooker, horse-riding, being left unsupervised and travelling independently.

There were no issues pertaining to infection control found on this inspection.

The inspector found some areas of behavioural risk were not appropriately assessed and understood by all relevant parties in this designated centre. There was one quite specific risk that while extensive work had been completed (in the past) was not found to be appropriately assessed and sufficient guidance was not available regarding this behaviour to all staff. The provider addressed this issue on the second day of inspection by completing an up to date risk assessment and undertaking that appropriate guidance would be provided to all staff regarding this behaviour going forward.

Regarding fire safety, the inspector found some good systems in place regarding fire management and safety policies and procedures. Fire monitoring systems were in place, appropriate fire fighting and detection equipment was in place and regularly serviced. Fire evacuation drill records indicated all parts of the centre were subject to evacuation drills and could be evacuated in a safe and timely manner. However, not all required areas had emergency lighting in this designated centre. For example, emergency lighting was not present downstairs in some buildings.

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:

Measures were in place to ensure residents were protected from harm and abuse. However a more robust approach to disseminating relevant information to staff regarding safeguarding concerns, risk, and the management of 'known behaviours' that pertain to protection issues was required in this designated centre.

The inspector found systems in place regarding the prevention, detection and response to abuse. There was organisational policy in place and mechanisms for staff to report abuse. There were designated liaison persons in place and evidence that allegations and disclosures were investigated and followed up. Staff training was provided in the area of the protection of vulnerable adults and training records reviewed were up to date. Staff were aware of the different types of abuse and how to manage and report same.

The inspector found evidence of behavioural support planning in place with some residents and good systems in place to support some residents with complex support needs. Specific care planning and guidance was reviewed in addition to multidisciplinary review by psychological and psychiatric clinical support services. However, this was not in place for all residents requiring same. For example, the inspector found one instance whereby a protection issue was previously identified. Regarding behaviours of concern the inspector found there was not sufficient information and therapeutic and behavioural guidance for staff regarding the management of such behaviours.

Judgment:

Non Compliant - Moderate

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 was maintained of all incidents occurring in the designated centre. The inspector found this system had been recently changed by the provider. All staff were aware of how to report and record incidents in line with policy. The inspector found a log was in place and the incidents that were required to be notified to HIQA were completed and submitted within the required timeframe.

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.

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found very good examples of the promotion of new experiences, education and training and employment in this designated centre.</p> <p>One resident informed the inspector that they recently completed a degree programme in a local university and remained employed as part of the student union. Another resident discussed a long and successful career with a local supermarket. Many residents were very independent and enjoyed attending leisure centres, cinema and social outings to the theatre and musical/entertainment events. Special Olympics and sports activities were also a feature in some resident's lives.</p> <p>The inspector found good evidence of key worker support for residents in many of the aforementioned examples. Residents were very proud of their achievements and detailed many of them for the inspector.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that there was good support offered to residents regarding their healthcare needs. Residents were found to be well supported on an individual basis to achieve and enjoy best possible health.</p> <p>The inspector found that health assessments and annual medical check-ups featured in the resident's personal plans reviewed. Resident's medical information was up to date and contained important information such as allergies to medication. Hospital passports accompanied residents to the hospital which highlighted up to date and important medical information pertaining to residents.</p>

The inspector found care plans in place regarding residents that required support with epilepsy management, arthritis/mobility, hyperthyroidism and anxiety/mental health support needs.

Residents were found to have appropriate access to allied health professionals and appointments were logged in residents' personal planning documentation. The inspector noted residents having access to regular checks and visits regarding general practitioner, blood tests and electrocardiograms in local hospitals, psychology, speech and language therapy and chiropody.

Residents spoken to stated they felt well supported regarding their healthcare needs.

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:

The inspector found that each resident was protected by the designated centres' policies and procedures for medication management. Staff demonstrated good knowledge of the medication policies and protocols and had good systems in place to monitor medication practices.

For example the inspector found:

- There was a clear policy for medication management.
- There were clear and effective procedures for prescribing and administration of medication.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription and administration of medications within the designated centre.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.
- Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- There were PRN (as required) guidelines for medications requiring same.
- There was clear information regarding all medication so as staff and residents (insofar

as possible) were clear in terms of what the medication was and possible side effects.
- There were regular reviews and audits of medication and a system for managing medication errors was in place. For example, daily and weekly checks and medication counts and a detailed medication audit was also reviewed.

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 inspector reviewed the statement of purpose and found that it contained the information required by the Regulations. The Statement of Purpose detailed the three locations within this designated centre and clearly outlined the services provided that was evident over the course of this inspection.

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:

Overall the inspector found that the quality of care and experience of the residents was monitored and developed on an ongoing basis in this designated centre. The inspector found that effective management systems were in place that supported residents. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation. The person in charge was met and interviewed on this and other inspections and was found to meet the requirements of the Regulations.

This person in charge had appropriate experience with the organisation in a variety of roles/locations and had considerable experience in the provision and management of residential services for people with intellectual disabilities. The person in charge possessed appropriate qualifications in psychology and social care and demonstrated a good understanding of the Regulations and Standards. The inspector found the centre was managed by suitably qualified, skilled and experienced persons with authority, accountability and responsibility for the provision of the service. The person in charge managed four designated centres and evidenced that with good management support structures that she was effectively overseeing and monitoring the quality of care provided in the centre.

The inspector found audits carried out in the designated centre in areas such as health and safety, fire safety, complaints, medication and records and documentation. The inspector found evidence of unannounced visits and quality audits and action plans devised by the provider's management team. For example, work was seen in areas such as implementing care planning and risk assessments and updating staff training. The inspector found that quality enhancement planning was leading to action plans that were being monitored and implemented. A new annual review template was also provided which included resident questionnaires and resident focus groups. The quality of management was found to be of a good standard in this designated centre.

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 inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a deputy person in charge identified in addition to a management support structure that was located in close proximity to the designated centre.

Residents were very aware of the different managers available to them if they required support in the person in charges absence.

The inspector found no instances whereby the person in charge was absent for 28 days or more and she was aware of regulatory to notify the Chief Inspector in such instances.

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:

The centre was found to be resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There was diversity in the residents assessed needs across the locations within this centre. For example, some residents lived in houses that were not staffed at night and lived to very high levels of independence. Other residents in other locations required higher levels of clinical assessment and social support.

The inspector found good evidence of resourcing being adapted for residents needs. For example, changing and supplementing rosters and staffing provision. The inspector found adequate arrangements in place regarding funding and transport. While some residents identified (to the inspector) they would like their own transport vehicle, the inspector found that the provider was appropriately resourcing all residents to access services and activities through the provision of transport.

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 appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Residents received continuity of care by a competent staff team. Staff were found to have up-to-date mandatory training and access to appropriate education and training to meet the needs of residents.

The inspector found that:

- Staff were continually provided with training and refresher training in mandatory areas such as first aid, fire safety, safe manual handling practices, safeguarding vulnerable adults, safe administration of medication and recent training in personal planning and personal outcome measures regarding the development of residents personal planning.
- Staff meetings were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster that reflected the staffing levels. Rosters were reviewed and the inspector found consistent and continuity in terms of service provision.
- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.
- Residents spoke about staff in a very complimentary manner and told the inspector they were very comfortable with the staff who supported them.
- The inspector saw evidence of staff performance appraisals, probationary reviews and practice development workshops.

Overall the inspector found that the staffing, staff training and development and recruitment processes and policies met the requirements of the Regulations and Standards. Staff knew residents very well and the staff team contained a good skill mix and balance. Staff presented as knowing residents very well and were very interested in their work and role within the centre.

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:

Overall records and documentation were found to be maintained to a good standard in this centre. The provider and person in charge ensured clarity, accuracy and ease of retrieval regarding documentation. Policies were in place, reviewed and updated and resident's information was appropriately maintained and protected.

Records and documents that were reviewed were in accordance with Schedules 3, 4 and 5 of the Regulations. For example, certain policies were updated and reviewed such as provision of personal intimate care, provision of behaviour support and access to education, training and development. The policy for resident's personal property, personal finances and possessions was under review at the time of inspection.

The centre had a resident's guide which contained the information required by the regulations. Accessible information was available to residents in pictorial format and staff highlighted the importance of ensuring residents understood what was being communicated with them insofar as possible. The centre had a directory of residents which contained the information required. Records of incidents, plans, assessments, and interventions that were reviewed were found to be clear and well maintained. All the policies as listed in Schedule 5 were available. The centre was adequately insured and inspectors viewed the insurance policy which was submitted as part of the registration process. Resident's documents were maintained in a safe and secure manner and personal information was maintained with professional confidentiality.

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:

Conor Brady
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-0002963
Date of Inspection:	08 March 2016
Date of response:	05 May 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 05: Social Care Needs

Theme: Effective Services

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

The effectiveness of plans were not appropriately reviewed. While review meetings occurred progress was not being made.

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 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

1. Training will be organised for keyworkers in person directed planning and maintaining plans. By 1st July 2016
2. New checklist to be rolled out to assist social care leaders to assess the effectiveness of plans with keyworkers. By 31st August 2016

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

Plans were completed but person centred goals were not achieved in some cases.

2. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

1. Training to be organised in person directed planning for keyworkers. By 1st July 2016
2. New checklist to be rolled out to assist social care leaders to address the issues in this action with keyworkers. By 31st August 2016

Proposed Timescale: 31/08/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One nominated bedroom (not in use currently) was a living area and required further structural work to meet its stated purpose.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

1. Maintenance work will be completed to block up double doors from sitting room to room intended as a bedroom prior to a resident occupying the room.

Proposed Timescale: 17/06/2016

Theme: Effective Services

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

A locking mechanism on a door was faulty. This meant the lock stuck and did not open easily. This needs to be addressed as this was an evacuation exit.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

1. Locking mechanism was repaired as a temporary measure. Completed, 14th March 2016

2. New door to be installed with appropriate locking mechanism for ease of egress for the residents. By 31st May 2016

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

Some locations were not suitably clean and decorated to an appropriate standard.

5. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

1. In consultation with residents at the location identified, cleaning schedule was amended to support residents. Completed week Commencing 14th March 2016

2. The residents in the drop in support location identified, who live independently, will be consulted with, regarding updating the décor in their home. By 10th June 2016

Proposed Timescale: 10/06/2016

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:

There was not emergency lighting in some areas of the designated centre.

6. 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:

1. Contractor contacted regarding fitting emergency lighting in two areas of the designated centre. Completed, 8th March 2016
2. Emergency lighting to be installed in both areas. By 31st May 2016

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

There were not fully functioning fire doors in areas requiring same for fire containment purposes.

7. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Door to be repaired to make it a fully functional fire door prior to resident moving in.

Proposed Timescale: 31/05/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

All staff were not provided with relevant information to ensure they had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

8. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

1. Relevant information was provided to a staff team regarding a resident's previous behaviour. Completed, 24th March 2016
2. The organisation's psychologist met with the staff team for therapeutic and behavioural guidance regarding the management of such behaviours. Completed, 24th March 2016
3. Comprehensive behaviour supports including proactive and reactive strategies have been incorporated into the resident's personal plan. Completed, 31st March 2016

Proposed Timescale: 31/03/2016