

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002989
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Clare Dempsey
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	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:
17 February 2016 09:30	17 February 2016 17:30
18 February 2016 10:00	18 February 2016 17:00

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**

This was an announced inspection and forms part of the assessment of the application for registration by the provider. The centre was operated by St. John of Gods in the northeast and comprised of two community based detached houses in close proximity to each other.

The inspection took place over two days and as part of the inspection process, practices were observed and relevant documentation reviewed such as care plans, health care records and policies and procedures. The views of residents, family and staff were also sought.

Over the course of the two days, the inspector found the person in charge and staff to be courteous, supportive and helpful with the inspection process.

Inspectors found that residents received a good quality of service. Staff were also supportive in assisting residents in making decisions and choices about their lives. The centre had a warm and welcoming atmosphere and residents were comfortable in speaking to inspectors about their home and quality of service received.

Evidence of good practice was found across most outcomes. However, areas for improvement were identified with contracts of care, medication management, health and safety and workforce. Of the 18 outcomes assessed ten were found to be fully compliant, including communication, family and personal relationships, safeguarding, healthcare needs and governance and management.

The Action Plan at the end of this report identifies those areas where improvements were required in order to be fully compliant with the Regulations and the Authority's Standards.

**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:**

Overall inspectors found that residents' rights and dignity were promoted, while processes for consultation with residents were found to be in place. However, issues were identified with regarding how some complaints were managed.

Generally the inspector found that residents were consulted with and participated in, decisions about their care and about the running of the centre. Residents individual care plans detailed how residents' privacy and dignity were to be maintained, specific to individual needs and wishes.

Staff and management encouraged and supported residents to have weekly meetings. Meetings were held every Friday night where residents discussed menus for the week, outings and any issues that needed discussion. The inspector observed minutes of these meetings and found them to be informative of the residents' wishes and requests. Residents were also supported to vote and showed inspectors their voting cards over the course of the inspection.

Personal care practices respected the residents' dignity and respect. From a sample of personal care plans viewed, each resident had their own individual plan that was informative of the supports required to maintain and enhance their independence, dignity and respect. Some residents wished to keep their personal plans in their rooms, which inspectors observed.

Residents' bedrooms were decorated to their individual preferences and with their personal possessions. Residents were keen to show inspectors their bedrooms and told inspectors that they had participated in the decoration of the bedrooms.

Residents were able to advocate for themselves and from speaking to a number of them, they were able to inform inspectors that they would approach the manager or any staff member if they were unhappy about anything in the centre. Some residents had also undergone professional training in advocacy and one was part of the regional advocacy group for the organisation. Other residents had attended training on their 'rights' and inspectors observed the training manual over the course of the inspection.

A complaints policy was available in the centre which the inspector found to be effective. Records informed that complaints were being logged and dealt with adequately. However, one relative informed inspectors that they were not happy with the timeframe in which complaints were being investigated or resolved. For example there could be prolonged periods of time before the organisation contacted the relative to inform them how a complaint had been investigated and dealt with. Inspectors also observed that there was inadequate information recorded regarding the relative's level of satisfaction with how complaints had been managed.

During the course of the inspection staff members were observed to treat residents with dignity, warmth and respect and residents were observed to interact with staff in a relaxed and comfortable manner.

**Judgment:**  
Substantially 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 supported to communicate by staff members who were aware of the individual communication needs of each resident.

A communications policy dated July 2014 was in place which promoted all forms of communication within the designated centre. From observing residents and staff's interactions with resident during the inspection it was evident that residents were facilitated to communicate while all forms of communication were equally valued.

In accordance with the communications policy all residents had personal passports in place which set out their individual communication requirements, needs and preferences. From speaking to staff members it was apparent they were aware of the contents of the communication passports which they reflected in practice. For example staff members informed inspectors how one resident would indicate yes or no. The methods of communication described were witnessed throughout inspection.

Residents were also supported to communicate with appropriate aids such as picture books, activities board and objects where necessary. Again these were evident throughout the designated centre while staff members spoken to were knowledgeable regarding their use. Residents were also provided with access to telephones, television and internet which was used by some residents to communicate with family members.

**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:**  
Overall the inspector found that residents were being supported and encouraged to maintain contact with family and friends and were also supported to use their local community.

There was a visitor's policy in place and on reviewing a sample of records, inspectors were able to ascertain that contact between residents and their families was being promoted and facilitated. Records kept in the centre informed inspectors that there was a good level of contact maintained between residents, their families and friends. There were also arrangements in place for residents to receive visitors and family members. Residents were also supported to visit family members' homes when they wished to do so.

Families were kept informed of resident's general health and wellbeing. For example, feedback via a questionnaire from one family member stated that they felt their relative received a good quality of care and that they were always involved and consulted with regarding the person centred planning process.

Residents were also supported to maintain links with their local community. For example, from a sample of files viewed, residents were supported to use local amenities such as shops, restaurants, pubs and church.

**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:**

Admissions were appropriately managed within the designated centre but the contracts for the provision of services required review in order to accurately reflect all fees paid by residents.

At the time of inspection there were no future admissions planned for the centre but there had been an admission during 2015. Inspectors reviewed the transition plan for this admission and it showed how the new admission was discussed with existing residents, families and the new resident. Visits to the designated centre were supported before the admission process had begun. Staff members spoken with described this admission process which was underpinned by the admissions policy in place.

Inspectors reviewed a sample of contracts for the provision of services in place in the designated centre. These contracts detailed the services to be provided for the support, care and welfare of residents. However greater clarity was needed in relation to the fees to be paid by residents, particularly with regard to utilities. In this regard the contracts in place contained contradictory information.

In the section entitled "Management of Finances" the contracts stated that residents were "required to pay for all utility bills with the service paying a staff proportion". However the schedule of fees in the contract made no reference to such an arrangement and instead detailed that utility bills were paid in totality by residents on a pro rata basis. Staff members informed inspectors that no such staff proportion was being made to utility bills.

Furthermore it was also apparent that the pro rata basis for residents to contribute to utility bills did not reflect practice. For example one resident's contract stated that they paid one fifth of utility bills for the unit in which they resided. However in practice this



resident paid less than one fifth as they spent some weekends with family members and this time away from the centre was deducted from their utilities contribution. Consequently the other four residents, who were individually listed as paying one fifth of all utility bills, were actually paying more than the proportions stated in their schedule of fees to cover the total cost of each bill. It was also noted that some residents' contribution towards internet services were not accounted for in the contracts.

While reviewing the contracts for the provision of services it was also observed that some of the contracts in place for residents had not been signed either by the residents themselves or their representatives where appropriate. As a result there was not sufficient evidence for inspectors to say that these contracts had been agreed to.

Inspectors also noticed that charges for rent was not standardised and varied among residents'. There was inadequate documentation available on the day of inspection to state why this was the case.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors found that the social care needs of each resident was being supported and facilitated in the centre.

Inspectors found that the wellbeing and welfare provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place. Plans were informative of each resident's likes, dislikes and interests.

The plans identified social goals that were important to each resident and from the sample viewed the inspector observed that each goal was documented and a plan of action in place to support its achievement. For example, one resident as part of their

personal plan chose some short term goals that they would like to achieve. These were a night away in a hotel and to arrange their 60th birthday party. Inspectors had observed that both goals had been achieved in 2015.

The resident also identified long term goals such as requesting a staff one to one support each Friday so as they could chose social activities to participate in on that day. The resident also requested to have every Tuesday off from work. The inspector observed that once the appropriate staff cover was secured, both goals were achieved for the resident by the end of 2015.

Other residents were supported to attend a range of day service options where they participated in activities of their choosing. For example, from a sample of files viewed residents took part in aromatherapy classes, music therapy and social outings such as trips to the cinema and theatre.

Staff also supported residents to use local amenities such as pubs, shops and restaurants. Some residents also had support from job coaches and held jobs in the local community. These residents informed inspectors that they loved going to work and meeting their workmates each morning.

Of the residents spoken with by inspectors, they stated that they were very happy with the supports provided by staff in the centre with regard to their social care needs. Feedback from family members via questionnaires and meetings was also very positive.

**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:**

Inspectors found that the premises were suitable to meet the needs of residents.

The designated centre comprised two units both located separately in urban areas. Both units were two story houses and were located within walking distance of a number of shops, pubs, restaurants and various other amenities. The first unit provided a home to five residents and consisted of a kitchen/dining area, sitting room, utility room, four

en suite bedrooms and two other bedrooms with separate bathrooms. One of the bedrooms was used for sleep over staff.

The second unit was comprised of a conservatory, kitchen/dining area, sitting room, utility room four en suite bedrooms, two more bedrooms and two other separate bathrooms. There was also an adjoining apartment with a kitchenette, sitting room and bedroom which had a separate entrance. Again one of the bedrooms was used for staff purposes and the unit accommodated five residents.

Inspectors found that the two units were generally upheld to a good standard. However, it was noted that the floorboards in some of the bedrooms were in a very poor state of repair. Both units were decorated in a warm homely fashion and personalised in respect of the residents living there through photographs and personal items. Residents showed inspectors their bedrooms and were clearly very content with and proud of their living arrangements.

There was ample storage space while laundry facilities were also available. There was a sufficient numbers of baths, showers and toilets to meet the needs of residents. Overall inspectors were satisfied that there was sufficient space to meet the needs of residents.

It was noted in one of the units that bedrooms were of varying size but based on the residents' need at the time of inspection it was found this was not adversely impacting on residents.

**Judgment:**  
Substantially 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 designated centre promoted the health and safety of residents, visitors and staff. However some improvement was required to ensure that all risks were effectively highlighted and inspectors observed that the evacuation procedures for some residents required review.

Residents spoken with indicated that they felt safe in the designated centre. A risk management policy was in place in addition to site specific safety statements for each unit which had been reviewed just prior to inspection. An emergency plan was also in place which outlined the steps to be taken for a number of emergencies such as fire,

power failure and adverse weather conditions. This plan also provided for alternative accommodation and transport if required.

Both units of the designated centre had individual risk registers in place which had been recently reviewed. It was noted that risks relating to specific residents and fire evacuations were not consistently responded to in the two units. In one unit such risks were included in the risk register with corresponding risks assessments in place. However in the second unit personal evacuation plans and records of fire drills indicated that two residents might require additional supports in the event of an emergency evacuation. These potential risks were not updated in the risk register for this unit and no risk assessment had taken place with regard to the issues identified with evacuation procedures.

The fire register was reviewed by inspectors which contained records of fire drills carried out in both units of the designated centre. These drills took place at varying times of the day with any observations recorded. Personal evacuation plans were in place for all residents however, and as stated above, issues were identified with the emergency evacuation of some residents. These issues were not reflected or updated in the residents' emergency evacuation plans. Inspectors observed however, that during the course of inspection residents demonstrated what they would do in the event of an evacuation being necessary.

Emergency lighting was seen to be operational throughout the designated centre while fire exits were unobstructed. The fire extinguishers, emergency lighting and fire alarm were also subject to regular maintenance checks with records of such checks available for inspectors to review. Regular internal checks were also being carried out and recorded in relation to fire equipment.

Staff members spoken to during inspection were aware of what to do should the fire alarm activate. Staff training records were reviewed and it was found that staff working within the designated centre had received up to date fire safety training. However while reviewing these records it was noted that one staff member was not listed as having undergone site specific fire evacuation procedures.

**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:**

Overall inspectors found that there were adequate systems in place to protect residents from all forms of abuse across the centre.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff. Staff had up-to-date training in client protection and from speaking with staff inspectors found them to be knowledgeable in relation to what constitutes all forms of abuse and on the related reporting procedures. The person in charge also informed inspectors there was a designated person to deal with any allegations of abuse. Staff and residents spoken with were able to identify the designated person.

There was a policy in place for the provision of intimate personal care. Personal and intimate care plans were in place and provided comprehensive guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to each resident.

There was also a policy in place for the use of restrictive practices in the centre however; there were no restrictive practices in place.

There was a policy for the provision of behavioural support and where required residents had a positive behavioural support plan. From a sample of files viewed, positive behavioural support plans were found to be informative on how best to support a resident with problematic behaviour. For example, one resident could present with challenging behaviour if the noise levels were too high or with a change in routine in the centre. Staff were knowledgeable of these antecedents which were detailed in the resident's positive behavioural support plans and were able to inform inspectors of how best to support the resident if they were agitated or upset about anything.

From a sample of files viewed positive behavioural support plans were last reviewed by a behavioural support specialist in August February 2016. The inspector also observed that all staff had attended training in positive behavioural support in 2015.

Residents' monies were found to be kept safe through robust record keeping procedures. Records and receipts were kept of all financial transactions and from a sample viewed, the inspector observed that financial balances were correct and all purchases could be accounted for. Monies were also audited by an external auditor to ensure accuracy and transparency of all residents' income and expenditure. Inspectors checked a sample of audits and found that they informed that all residents' monies were being accurately accounted for.

**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:**

Inspectors reviewed a log of accidents and incidents within the designated centre and found all incidents which needed notification to the Chief Inspector had been 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.*

**Theme:**

Health and Development

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

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

**Findings:**

Inspectors found that residents living in the centre had opportunities for new experiences and social participation which formed a key part of their care plan. Residents engaged in a variety of social activities facilitated by both day and residential services.

During the course of the inspection, inspectors observed residents being supported to use their local amenities in their community. For example, residents were supported to participate in local activities such as walks on the sea front and trips to nearby towns. All residents were also supported to access local facilities such as shops, restaurants, hairdressers and pubs.

Of a sample of personal plans viewed, it was also identified that opportunities for residents were explored to develop their skills and maintain levels of independence appropriate to their assessed needs and requests. For example, some residents were supported by specialised job coaches to hold jobs in their local communities. Other

residents had been supported to attend night classes in a near by college and another resident informed inspectors that they would be taking part in a college course over the coming weeks.

Some residents were also being supported to learn new skills with the support of the staff in the centre. For example, one resident had been supported to access the barbers independently through a life skills training programme. Other residents' were being supported to learn how to prepare and cook meals as part of this programme as well.

**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:**

Overall inspectors found that the health care needs of the residents were being adequately provided for.

From a sample of health care plans viewed, inspectors found that residents were supported to achieve and enjoy best possible health. Health care plans were also found to be updated annually or as when required.

Health care needs were met in line with personal plans and through timely access to appropriate health care services and treatments with allied health care professionals. Records showed that routine visits were organised as and when required to the General Practitioner (GP), and allied health care professionals such as dentist, physiotherapist, dietician and optician.

Specific issues were comprehensively provided for, such as arthritis. For example, one resident diagnosed with arthritis has regular check-ups and was last at the rheumatology clinic in December 2015. The resident in question also had a mobility assessment in February 2016. Another resident with mental health issues attended counselling services every Monday. Care plans for both residents were found to be informative of how best to provide on-going support to each individual.

From a sample of files viewed the inspector also observed that the residents had end of life care plans in place, which were informative of their end of life wishes.

It was also observed that residents had input into the weekly menu planning and individual preferences were provided for. Food was varied, fresh and nutritious. Meal times were observed to be person-centred and a positive social experience for residents.

**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:**

Suitable storage facilities were available in the designated centre however improvement was required in relation to PRN (as required) protocols and medication records.

An organisation wide medication policy was in place which was supplemented by a local medication policy. While reviewing the two policies inspectors observed inconsistencies. For example the organisational policy stated that all PRN medication required a protocol while the local policy stated that only certain categories of PRN medication needed such protocols. In addition it was noted that the local policy did not reflect actual practice relating to the disposal of disused blister packs which contained information on the resident they were prescribed for. This was addressed under Outcome 18 Records and Documentation.

The PRN medications which required a protocol in line with the local policy were in place. However in one instance inspectors observed two different protocols regarding the use of buccal midazolam for one resident. Both protocols contained different information on how this medication was to be used in the event of a resident experiencing a seizure. One protocol was contained in the resident's personal plan while the second was contained the resident's medication folder. However, staff spoken with outlined the procedure to be followed in line with the most recent protocol. This was brought to the attention of the person in charge who assured inspectors that this would be rectified immediately.

Inspectors reviewed a sample of prescription and administration documentation and although they were legible and contained most of the required information, some information was observed to be missing. For example the prescription sheets did not always include the time medication was to be administered while some residents' dates of birth were not stated. Spaces to record any known allergies of residents were also left blank but were included in residents' medication plans.



It was observed that one resident had a prescription for a PRN medication but this was not included with the resident's routine prescription sheet but was kept separately attached to the back of the corresponding PRN protocol in place. It was also noted that the maximum dose of a PRN medication to be administered for another resident was not clearly stated on the prescription sheet.

Secure storage facilities were available in both units of the designated centre. Records of medications received and medication inventories were maintained. Inspectors reviewed a sample of inventory records and found that the amounts stated matched the medication stock kept in the centre. Some medication in one of the units required refrigerated storage but refrigerator temperatures were not being checked and recorded on a daily basis in line with best practice. The person in charge said this would be addressed immediately.

The inspectors observed that there was a recording system for drug errors however, there had been no recent medication errors reported in the centre. The person in charge also informed inspectors that an internal auditing system was to commence to support the medication management practices in the centre.

All staff within the centre had received training in the safe administration of medication but it was noted from a review of training records that some staff required refresher training. This was addressed under Outcome 17: Workforce.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors reviewed the Statement of Purpose and noted that it was missing some of the information required by the Regulations. This was brought to the attention of the acting Person in Charge and inspectors were provided with an amended Statement of Purpose which contained the necessary details.

**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 there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was managed by a suitably qualified, skilled and experienced social care leader who was deputising for the person in charge. (The person in charge was out on long term sick leave). From speaking with the deputy person in charge it was evident that she had an in-depth knowledge of the individual needs of each resident in the centre. She was also aware of the statutory obligations and responsibilities with regard to the role of person in charge and the management of the centre.

Inspectors found that appropriate management systems were in place for the absence of the person in charge. There were qualified persons participating in management working in the centre and there was an on call system in place, where staff could contact an area manager 24/7 in the event of any unforeseen circumstance.

She was supported by senior management and by a team of suitably skilled and qualified staff. Inspectors found that the person deputising for the person in charge provided good support, leadership and direction to her staff team.

Inspectors reviewed the annual review of the quality and safety of care and support of the centre, which was carried out by management and in accordance with the standards. The review clearly highlighted areas that needed attention such as the need to be more careful with certain personal information. This was acted upon and rectified by the acting person in charge shortly after the review.

The centre itself had undertaken internal audits. These audits was thorough and clearly identified both areas of compliance and non-compliance in the centre. For example, an issue with regard to the provision of personal supports was identified for one resident in the centre. Again inspectors found that this situation had been addressed immediately after the internal audit.

**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:**

Inspectors found that the person in charge was absent from the centre for a prolonged period of time at the commencement of the inspection, which had not been notified to the Authority in a timely manner. However, a qualified social care leader had been appointed as deputy person in charge for the duration of the absence of the person in charge.

As stated above the person in charge was on long term leave and the Authority had not been notified of this. Once this was brought to the attention of the Director of Nursing the relevant Notification was sent to the Authority within one week of the inspection.

**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:**

Overall the inspectors found that the centre was resourced to deliver adequate care and support to the residents.

The inspector found that there were adequate resources in place to support residents in the implementation of their personal plans. Resources were deployed appropriately in the centre and the facilities and services provided were reflective of the statement of purpose.

Where and when required resources were deployed to ensure effective and safe delivery of services to each resident. For example, from a sample of files viewed, a resident was recently assessed as requiring a rolator and a wheelchair for external use. Inspectors observed that both pieces of equipment were in place for the resident on the day of inspection.

**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 suitable numbers of staff to provide support to residents but insufficient evidence of Garda vetting was not present in one staff member's file while refresher training was needed for some staff.

Throughout the inspection process staff members were observed interacting with residents in a caring, positive and warm manner. It was evident that these staff members were passionate about their roles and the residents in the designated centre. Inspectors reviewed staff rosters and found that there were appropriate numbers of staff to meet the needs of residents.

The Person in Charge also served as house manager and she had recently commenced supervision meeting with staff members. At the time of inspection two such meetings had taken place and inspectors reviewed minutes of these meetings where issues such as training and rosters were discussed. The Person in Charge outlined plans to conduct two supervision meetings each month. Individual house meetings were held regularly while a centre wide meeting where staff from both units would attend was held on a bi annual basis.

From reviewing staff rosters it was apparent there was a strong continuity of staff and there was a low dependence on agency staff members. Any agency staff members were inducted in the individual units of the centre by the staff members present. This was evidenced in an induction folder which covered issues such as routines, the residents and fire safety. Inspectors saw signed induction checklists however it was observed such a checklist was not present for an agency staff member who had worked in the centre two weeks before inspection.

Inspectors reviewed a sample files for staff working in the centre. While most of the required information was maintained inspectors noted one file did not have a recent picture of one staff member while another did not have a written reference from their most recent employer. It was also noted that that the Garda vetting form for one agency staff had not been processed by the Garda Vetting Unit.

As a result inspectors could not definitively say that this staff member had received Garda clearance. This was brought to the attention of management who provided assurances to inspectors that this matter would be addressed as a priority. Following the inspection the provider informed inspectors of new control measures, which were put in place at the time of inspection, to ensure that appropriate Garda vetting was in place for agency staff going forward.

Inspectors reviewed training records and found that, in addition to mandatory training, a wide range of training had been provided in areas such as infection control, food hygiene and basic life saving. It was noted however that some staff were overdue refresher training in areas such as medication management, manual handling, and the therapeutic management of aggression and violence. Some staff members had been booked in to receive this training while inspectors were also provided with a schedule of training for the remainder of 2016.

**Judgment:**  
Non Compliant - Moderate

**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:**

While robust records and recording systems were in place and maintained in the centre, issues were identified with regard to duplication of some information and some policies were found to be in 'draft' format.

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 were maintained to ensure completeness, accuracy and ease of retrieval. However, and as stated above, some policies were in a draft format and had yet to be finalised. For example, the policy on intimate care which was reviewed in 2015 was still only available in draft format in the centre. Inspectors brought this to the attention of management who said they would address the issue as a matter of importance.

An issue was also identified with the duplication and updating of information. For example, one resident's care plan for epilepsy had been recently updated to inform staff on what to do to manage any type of seizure activity. From speaking with staff inspectors found that they knew the content of the care plan in detail. However, on viewing the resident's medical file the information on how to manage a seizure had not been updated to reflect the recent changes in the care plan. Again this was brought to the attention of the acting person in charge who assured inspectors that this would be rectified immediately.

The majority of policies required under the Regulations were in place but it was noted that the policy on access to education, training and development was still in draft format and had yet to be implemented. However in practice residents were being facilitated to access education. In addition a policy on intimate personal care was dated April 2009 and had not been reviewed on a three yearly basis as required under the Regulations. As mentioned under Outcome 12 the medication policies in place also required review. At inspection feedback the Director of Services informed inspectors that all policies required by the Regulations were being reviewed by the provider.

Inspectors reviewed the directory of residents and found that it contained all the information required by the Regulations. Each unit of the centre had its own individual residents' guide both of which contained the necessary information such as the arrangements for visits and how to access inspection reports on the designated centre.

The remainder of 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 were maintained to ensure completeness, accuracy and ease of retrieval. However as highlighted under Outcome 12 some duplication was evident in relation to a PRN protocol for one resident.

All other documents requested by inspectors were provided for.

**Judgment:**

Non Compliant - Moderate

**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:***

Raymond Lynch  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002989
<b>Date of Inspection:</b>	17 February 2016
<b>Date of response:</b>	18 April 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Not all complaints were investigated in a timely manner.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.



**1. Action Required:**

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

1.All complaints will be responded to in accordance with organisations policy and in a timely manner.

**Proposed Timescale:** 20/02/2016

**Theme:** Individualised Supports and Care

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

The level of satisfaction was not always recorded regarding the outcome of some complaints.

**2. Action Required:**

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

1.The level of satisfaction of all complaints and concerns will be documented as soon as they are resolved. This was discussed at team meetings in on 16-03-16 and 22-03-16.

2.All complaints recorded to date have the level of satisfaction recorded. 30.03.16

**Proposed Timescale:** 30/03/2016

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

Some contracts were not signed either by residents or their representatives.

**3. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1.All supports agreements have been reviewed and updated and these will be signed by the resident and their representative.

**Proposed Timescale:** 30/04/2016

**Theme:** Effective Services

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

Contracts contained contradictory information relating to a staff proportion for utility bills while the proportions to be paid by residents towards such bills were not accurately stated.

**4. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

1.The contracts have been amended and this was addressed at the staff meetings.

**Proposed Timescale:** 30/03/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The floorboards in two bedrooms were not kept in a good state of repair.

**5. 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 .The floorboards will be repaired.

**Proposed Timescale:** 30/05/2016

**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:**

Some risks relating to specific residents and fire evacuations were not included in the risk register for one unit nor were these risks assessed.

**6. 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:**

1.The risk register for the house has been updated and risk Assessments completed for the identified risks.

**Proposed Timescale:** 12/04/2016

**Theme:** Effective Services

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

One resident's personal evacuation plan had not been updated to reflect a recent fire drill. Another resident's personal evacuation plan did not include some information that would help ensure the resident evacuated the centre.

**7. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

1.The two residents identified have had their personal evacuation plans updated and a risk assessment completed for the risk identified.

**Proposed Timescale:** 12/04/2016

**Theme:** Effective Services

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

One staff member was not listed as having undergone site specific training in fire evacuation procedures.

**8. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

1.The staff identified has attended site specific training.

**Proposed Timescale:** 13/04/2016

## Outcome 12. Medication Management

**Theme:** Health and Development

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

Temperatures were not being checked and recorded on a daily basis when medication was required to be stored in a refrigerator. Prescription and administration records did not contain all of the required information in line with best practice. The maximum dose of one PRN medication was not clearly stated on the prescription sheet.

**9. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

1. A new fridge will be purchased to store medications only with a fridge thermometer inside and when there is medication stored in the fridge the temperature will be recorded daily. 30.05.16

2. All prescriptions will have the time of administration written on the prescription when the next 3 monthly prescriptions are dispensed. 30.05.16

3. Information on the GP and Allergies of the Residents is now included on the administration records. 20.02.16

4. The maximum dose of PRN medication is clearly stated on prescriptions. 20.02.16

**Proposed Timescale:** 30/05/2016

**Theme:** Health and Development

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

One resident had two different protocols in place for the same PRN medication.

**10. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

1. Protocols have been reviewed and now one in place only.

**Proposed Timescale:** 19/02/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

One staff member's file did not have sufficient evidence of Garda vetting. A recent photograph was missing from one staff member's file while another did not have a written reference from their most recent employer.

**11. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

- 1.A copy of the staff member garda vetting has been received for their file and forwarded onto the Authority. 04.03.16
- 2.The staff member photograph has been received for their file. 20.02.16
- 3.The outstanding reference has been received for the staff member and is on the staff file. 15.04.16

**Proposed Timescale:** 15/04/2016

**Theme:** Responsive Workforce

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

Some staff members were overdue refresher training in areas such as medication management, manual handling, and the therapeutic management of aggression and violence.

**12. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- 1.The staff member overdue medication training has been identified as a priority for the next available date. 24.05.16
- 2.The staff awaiting TMAV training have been identified and prioritised for the next available date. 08.05.16
- 3.The staff overdue manual handling is attending on 4th of May. 04.05.16

**Proposed Timescale:** 24/05/2016

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

Some policies and operating procedures were not being reviewed or updated in a timely manner.

**13. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

1. There is a new policy in place and it is available in both houses in the designated centre.

**Proposed Timescale:** 01/03/2016