

**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-0002993
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 March 2016 10:00	02 March 2016 18:00
03 March 2016 09:30	03 March 2016 16:00

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 the centre’s first inspection by the Authority. The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application to register the centre as a centre for eight residents.

The centre was located in a large urban town in the northeast of the country. It consisted of a two story house that accommodated five residents and three self contained one bedroom apartments in a courtyard setting behind the house. Overall the inspector found that there were suitable and sufficient facilities, management structures and resources in place to support the operation of the centre.

The person in charge and social care leader facilitated the inspection. Both were found to be knowledgeable about their statutory remit regarding the Health Act 2007 and Regulations.

Documents, care plan templates, policies and personal plans were reviewed during the course of the inspection process. Overall the inspector found that twelve outcomes were compliant, including resident's rights, safeguarding, healthcare needs and governance and management. Improvements were needed in Health, Safety and Risk Management. The arrangements to meet Social Care Needs were found to be substantially compliant.

These matters are discussed in more detail and in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents will be promoted and residents' choice was supported and encouraged.

Policies and procedures were in place to promote or ensure residents were consulted with, and participated in, decisions about their care and about the organisation of the centre. For example, residents held regular meetings to discuss any issues in the house, plan weekly menus and decide on social activities.

It was also observed that access to advocacy services and information about resident rights formed part of the support services made available to each resident. The identity and contact detail of an external advocate was made available to residents and was on display in the centre. Some residents had also participated and graduated in a third level course in Advocacy from a nearby third level college. The inspector observed that residents were also supported to vote in the recent general elections.

Arrangements were also in place to promote and respect resident's privacy and dignity, including receiving visitors in private.

A complaints policy was in place. The complaints procedure was displayed on the kitchen notice board and an easy to read version was also available. A dedicated log book for recording complaints was present. A sample of complaints was viewed by the inspector and it was found that complaints were being dealt with to the satisfaction of each resident. For example, one resident had recently complained about an issue with

the sink in their bedroom. This issue had been recorded, logged promptly dealt with to the satisfaction of the resident.

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:

There was a policy available on communication with residents and the inspector found that staff members understood the communication needs of each resident living in the centre.

The inspector found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their needs and preferences.

Residents' communication needs were identified in their assessment and personal planning process. From a sample viewed, the inspector found that personal plan captured the individual communication requirements of each resident. For example, one resident who had some difficulties with communicating did not like to be rushed or for staff to pre-empt what they would ask for. The inspector observed staff over the course of the inspection communicate with the resident in a respectful and dignified manner and on their terms.

Residents of the centre had formed links with and were known in their local community. They regularly frequented the local shops, pubs, restaurants, credit union and hairdressers. Some residents made their own appointments for the hairdressers and local beauticians.

The inspector also found that residents had adequate access to radio, television, newspapers and had information on local events and upcoming concerts in the area.

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):

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

Findings:

The inspector was satisfied that family, personal relationships and links with the community were being supported and encouraged.

A policy/standard operating procedures were in place in relation to visitors. The policy supported residents to be facilitated to receive visitors in private with no restrictions on family visits, except if requested by the resident. From a sample of family contact sheets viewed, the inspector was satisfied that each resident had regular contact with family members.

Families were also encouraged and supported to be involved in the lives of residents and in accordance with resident's wishes. Personal plans informed the inspector that family members were actively involved in residents' circle of support meetings.

The inspector found that residents were supported to develop and maintain personal relationships and links with their local community and were known in local shops, pubs, restaurants, barbers and hairdressers.

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:

While there were policies and procedures in place for admissions, transfers, transitions, discharges and the temporary absence of residents, the inspector found that fees to be

charged for services provided were not adequately detailed.

The inspector found that there had been no recent admissions to the service. However, there was a contract of care document available which outlined the terms and conditions of services to be provided. The inspector observed that each resident had a written agreement of the terms of their stay in the centre which was signed by each resident and/or their representative. There was also an easy to read version available if required.

While the service agreement set out the services to be provided for each resident the fees to be charged were not adequately transparent or were not explicitly stated. For example, each resident paid €50 per week for housekeeping. There was no breakdown available of what services were included as part of housekeeping. The inspector also observed that residents paid to have the windows cleaned in the centre. Details of this charge were not stated in the residents' contracts of care.

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:

Overall the inspector found that arrangements were in place to meet the residents assessed needs and wishes. However, it was also found that there was inadequate information/support available with regard to supporting some long term goals as identified by some residents.

The inspector found that personal plans supported residents to have opportunities to participate in meaningful activities, appropriate to their interests and preferences. For example, from a sample of files viewed residents engaged in meaningful community based activities on a regular basis. Residents used the local shops, barbers, hairdressers, beauticians and frequented the local pubs, restaurants and hotels.

The arrangements to meet each resident's assessed needs were also set out in their individualised personal plans that reflected their needs, interests and capacities. For example, some residents wished to work in their local community. With the support of a specialised job coach these residents' were now working independent of the centre in the local shops, factories and a nursing home.

Residents and their family members or representatives, where also consulted and involved in reviewing plans. From a sample of files viewed family members attended circle of support meetings where and when required.

While many short and long terms goals had been achieved for each resident living in the centre, there was insufficient evidence available that term goals were adequately reviewed. For example, the inspector noted that one resident had requested, as part of a long term goal, to live independently. This goal was recorded, however there were no actions indentified with regard to achieving the goal for the resident or no evidence of multi disciplinary input or support.

The inspector spoke with staff about this and was informed that the resident in question would have the ability to live semi-independently. The inspector was also informed that this option was explored with the resident in the past and that the resident had changed their mind. No information was available with regard to the circumstances of how this goal had been explored in the past or what was currently being done with regard to supporting the resident achieve this goal in the future.

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 inspector found that the location, design and layout of the centre was suitable for its stated purpose and aims to meet residents' individual and collective needs in a comfortable and homely way.

The centre comprised of a two storey house, with three self contained apartments to the rear. The centre was well maintained, clean and warm and had a homely atmosphere. The self contained apartments were also well maintained and decorated to suit individual choice and preference. External patio courtyards were also provided with adequate garden furniture.

The premise had suitable heating, lighting and ventilation. There was also an adequate number of bathrooms throughout the centre. There was suitable space and a storage facility for the personal use of residents.

A maintenance system was in place and arrangements were in place for the safe disposal of general and clinical waste.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

While there were policies and procedures in place for the management of risk, it was observed that the management of risk was not adequate throughout the centre.

There were policies and procedures in place for risk management and emergency planning. The centre also had policies and procedures relating to health and safety which were in date and reviewed adequately.

A risk management policy was in place which included the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording and investigation of incidents occurring in one part of centre.

However, the inspector observed that risk assessments were not updated and/or completed for the three self contained apartments that comprised the centre. On asking management and staff why this was the case the inspector was informed that the residents were independent and did not require risk assessments.

However, the inspector observed that a number of interventions had been put in place to ensure the three residents' safety. For example, each resident had an emergency call system where they could contact the main house at any time in the event of any

unforeseen circumstance. Each resident could also ring the house at any time if they required any assistance. Residents had both landline and mobile phones. Each apartment also had a burglar alarm system and the three residents could come across to the main house at any time if they required any assistance and or advice. The inspector observed that the three apartments had no current risk assessments completed and the above interventions and supports were not documented or recorded.

It was also observed that the arrangements for learning from incidents/adverse events were not always recorded. For example, a resident recently had been involved in a very minor incident with a car. The resident came to no harm. While the incident was recorded and discussed with both resident and staff, there were no actions recorded on how to reduce the risk of such an incident re-occurring.

The centre also had an issue with water temperature. While this had been risk assessed and a temperature valve installed, the inspector noted that the valve did not guarantee that the water temperature remained consistent. While no incidents had been recorded with regard to water temperature, the inspector found that the risk was not mitigated adequately and required further review.

There was adequate means of escape, including emergency lighting, and fire exits were unobstructed. There were prominently displayed procedures for the safe evacuation from the house in the event of fire. The fire alarm was serviced annually and maintained on a regular basis and fire safety equipment was serviced on an annual basis.

All staff were trained in fire safety and safe evacuation procedures. Fire drills were conducted at regular intervals and fire records to include details of fire drills were maintained.

Evacuation plans and procedures for each resident were also completed; however some personal evacuation emergency plans were not updated to take into account issues that occurred during a recent fire drill. For example, during the last fire drill it was recorded that one resident refused to leave the sitting room and it took over two minutes to evacuate another resident from the centre. Personal emergency evacuation plans were not updated to take these issues into account.

Suitable procedures and arrangements were in place for the prevention and control of infection. For example, there were adequate laundry facilities throughout the centre as were there adequate hand sanitizing gels and disposable towel paper.

Judgment:
Non Compliant - Major

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:

The inspector found that adequate arrangements were in place to protect residents from harm.

There was a policy on, and procedures in place for, safeguarding residents which staff were trained on during induction and prior to working in the centre. Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation and all corresponding reporting procedures.

There was also a policy in place for the provision of personal intimate care in each resident's personal plan. Personal intimate care guidelines were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

There was a policy in place for the provision of positive behavioural support. All staff were trained in the management of challenging behaviour that including de-escalation and intervention techniques as required. Of the staff spoken with by the inspector, they were able to verbalise their knowledge of each residents positive behavioural support plan and knew how to manage challenging behaviour in line with policy and standard operating procedures.

There was a policy in place on the use of restrictive procedures however, there was no restraint in use in this centre.

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:

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The person in charge and social care leader demonstrated their knowledge of their legal responsibilities to notify the Chief Inspector when required.

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:

The inspector found that arrangements were in place to ensure that the general welfare and development needs of residents was being promoted and residents were supported to enjoy new experiences, social participation, education, training and employment opportunities.

There was a policy in place on access to education, training and development. Educational achievement of residents was proactively supported by practices in the centre. An assessment process of each resident's educational/employment/training goals was maintained. From a sample of files viewed, the inspector observed that some residents had graduated from college, (the inspector saw their graduation Certificates and Diplomas), were being supported to attend night classes and were being supported to maintain and enhance their independent living skills.

A range of social activities, internal and external to the centre were available to residents to promote general welfare and development. For example, residents were supported to use local amenities from shops to restaurants and some residents were requested, were being supported to maintain paid employment.

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:

The inspector found that arrangements were in place to ensure that residents health care needs were regularly reviewed with appropriate input from multidisciplinary professionals where required. The person in charge and social care leader informed the inspector that arrangements for residents to have access to the local GP and a range of allied health care services were available.

From a sample of files viewed, the inspector observed that residents had regular access to their GP, and a range of other allied health care professionals. For example, appointments with dentists, clinical nurse specialists and opticians were arranged and facilitated annually or sooner if and when required.

Other conditions such as mental health issues were also comprehensively provided for. For example, one resident prone to depression was regularly seen and reviewed by their psychiatrist, the last review being December 2015.

Residents were also supported to eat healthily and make healthy choices with regard to meals and where required were reviewed by a clinical nurse specialist in health promotion.

The inspector found that arrangements were in place to meet the residents' nutritional needs. Weights were also recorded and monitored on a regular basis. Menu planning and healthy eating choices formed part of the discussion between residents and staff in weekly meetings. Mealtimes were also seen to be relaxed and a positive social experience for residents in the centre.

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 the medication management policies were satisfactory, however some of the documentation with regard to administration and prescription sheets required review.

A locked secure drugs press was in place in the centre and medication prescriptions and administration sheets' were available for inspection. However, while they contained most of the details and information required by regulation the inspector observed that there were some gaps. For example, there was no administration times recorded on the prescription sheets, there was inadequate space for comments on the administration sheets and the prescription sheets did not include the residents' date of birth. This was brought to the attention of the person in charge over the course of the inspection.

Residents were supported to self medicate. The inspector also observed that risk assessment with regard to residents self medicating were not adequately reviewed or in place. For example, a number of residents were self medicating in the centre and while there were guidelines available on the procedures to self medicate the risk assessments or self medicating were either not in place, not up to date or not reviewed regularly.

Medicines were stored safely and there were systems in place for the safe administration, storage and disposal of medications. All staff had up to date safe administration of medication training. It was also observed that there was no PRN (as required) medication in use in the centre.

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:

The inspector found that the statement of purpose required some updating to take into account recent changes in the centre.

The statement of purpose described the service that is to be provided in the centre and the person in charge informed the inspector that it would be kept under review. It was also readily available to residents, family members and staff.

However, the inspector observed that the statements of purpose required some review and updating to take into account some recent changes in the centre. For example, a new staffing arrangement had been put in place to support a resident with changing needs. This involved having a staff member on live night duty. This was not reflected in the statement of purpose.

Judgment:

Substantially 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:

The inspector found that arrangements were in place to ensure that the quality of care and experience of residents were monitored and developed on an ongoing basis. An annual review of the quality and safety of care provided was conducted and routine audits were carried out across the centre.

The inspector found that management systems were in place to ensure effective support to residents and to promote the delivery of safe, quality services. The social care leader had responsibility for the day to day management of the centre and reported to the person in charge who had overall governance and management responsibility.

The inspector spoke with the person in charge at length throughout the inspection process and found her to be knowledgeable of her remit to the Health Act and Regulations. During the course of the inspection the inspector noticed that all residents interacted with both the social care leader and person in charge in a relaxed and natural manner. It was also evident that the person in charge knew the residents intimately and had a regular visible presence in the centre.

Governance, organisational and reporting structures were also found to be in place. For example, a range of audits and quality reviews of service delivery had been implemented which identified risks, trends, determine outcomes and informed governance and management arrangements. An annual review of the quality and safety of care provided in the centre was also facilitated.

From a sample of files viewed, audits were routinely carried out and brought about change in the centre. For example, an unannounced audit identified the need to have accessible information on advocacy made publicly available to the residents in the centre. The inspector observed that this had been completed and information on independent advocacy was now available on the notice board in the kitchen. The audit also identified the need for the visitor's policy to be reviewed. This had also been completed by the time of inspection.

Internal audits also identified areas that required attention in the centre. For example, the last internal audit identified the need for a deep clean of specific areas of the house. On the day of inspection this had been completed.

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 person in charge and social care leader were aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

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 inspector was satisfied that sufficient resources were available to meet the residents assessed needs as required.

The person in charge informed the inspector that staffing resources would be adjusted and increased based on resident support needs, activity, and dependency levels. The inspector was informed that staffing levels were under review due to the changing needs of one resident. This review resulted in the provision of waking night staff to ensure adequate support for the resident in question.

The social care leader also confirmed that the centre had the resource of a vehicle on a full-time basis to support residents transportation needs/wishes.

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:

The inspector found that arrangements were in place to ensure that an adequate number of core staff and skill mix were available at all times to meet the assessed needs of the residents.

The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation. From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The social care leader met with staff on a regular basis in order to support them in their roles. A sample of supervision notes were viewed by the inspector. It was found that the supervision process was of a good quality and improved practice across the centre. For example, it was identified that a member of staff would be required to undertake training in relationships and disability. From reading the social care leaders supervision notes, the inspector observed that agreement had been reached on what staff member would undertake this training.

The inspector also observed that there was good continuity of care in the centre and it was rare that agency staff were required.

There was a volunteer working in the centre. The centre had an up to date volunteer policy and the volunteer had an agreement in place with regard to their role. The volunteer also received appropriate supervision, had been vetted and had all relevant mandatory training.

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:

While the inspector found that systems were in place to maintain and complete records in the centre, some documentation was required more detail and/or updating.

The centre had written operational policies in place and as required and specified in schedule 5 of the Regulations. There was also a copy of insurance for the centre which was specific to the centre and up to date.

A resident's guide was available in an easy read and illustrative format that provided detail in relation to the service to be provided. It also provided a summary of the statement of purpose and function, contract to be agreed and complaints process.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

While all the required documentation was in place in the centre, some of it required updating and or review. For example, the person in charge undertook some internal audits on the progress of the personal planning process for each individual in the centre. Where a gap was identified it was actioned and the actions were implemented. However, at times there was no detail or information recorded on the plan of action utilised to address some of the issues and/or gaps identified. This meant that some policies/procedures while updated, were not recorded or documented adequately to reflect changes in practice.

Judgment:

Substantially 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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002993
Date of Inspection:	02 March 2016
Date of response:	19 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 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:

Not all fees to be charged were explicitly stated in Contracts of Care

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 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:

All contract of support have the list of full fees attached.

Proposed Timescale: 17/04/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was insufficient evidence that all personal plans were reviewed adequately with regard to supporting some long term goals identified by some residents.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

A meeting took place with the resident concerned and their wishes are now documented in their Individual Person Plan and their goals amended to reflect same.

Proposed Timescale: 09/04/2016

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:

The risk management policy was not being implemented throughout the centre in response to identified risks.

3. 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:

The Risk Management Policy has been amended to include the risk associated with the residents who live in the apartments.

Proposed Timescale: 19/04/2016

Theme: Effective Services

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

There was insufficient evidence available to inform the inspector of what learning took place after adverse incidents.

4. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The review system which the Person in Charge had in place to review all incidents has been amended to include all actions completed and dated.

Proposed Timescale: 09/04/2016

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:

Risk assessments were either not in place or not adequately reviewed for residents who managed their own medication.

5. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

All self-medications assessments have been reviewed and updated.
All risks associated with self-medication have been identified and documented.

Proposed Timescale: 19/04/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose required review with regard to changes to staffing levels in the centre.

6. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The Statement of Purpose was reviewed and amended when the resident was re-admitted to the designated centre and sent to the Authority.

Proposed Timescale: 11/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

While policies and procedures were being reviewed, information and actions from those reviewed was not always recorded or documented. This meant that some policies and/or procedures were not being updated to reflect change in practice.

7. 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:

All audits which were conducted by the Person in Charge / House Manager are now documented in her Quality Enhancement Plan for the Designated Centre.

Proposed Timescale: 16/04/2016