

**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-0002996
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):	Maureen Burns Rees
Type of inspection	Announced
Number of residents on the date of inspection:	10
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 1 day(s).

The inspection took place over the following dates and times

From: 10 May 2016 10:00 To: 10 May 2016 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 06: Safe and suitable premises
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 13: Statement of Purpose
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection

This was an announced follow up inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God North East Services (the provider). The centre was previously inspected on 14 March 2016 and was found to demonstrate a high level of compliance across the core outcomes of social care needs, health, safety and risk management, safeguarding, healthcare, medication management, and governance and management. Workforce was found to be substantially compliant.

The outcomes not inspected on 14 March 2016 were assessed on this inspection with the exception of Outcome 17: Workforce, which was inspected again in order to establish if the centre had addressed the area of non compliance. This inspection found that the person in charge and team leader had addressed the action to the satisfaction of the inspector to bring Outcome 17: Workforce into compliance.

How we gathered evidence

The inspectors had brunch with five residents and four staff members in one house that comprised the centre. Residents appeared very much at ease with all staff members and the meal was seen to be a relaxed and sociable experience for residents. Inspectors also got to speak with three residents on an individual basis. Feedback from all three was very positive and all residents reported that they liked living in the centre and saw it as their home.

Inspectors also spoke with the person in charge, the team leader and one staff member over the course of the inspection. Policies and documents were also viewed as part of the process including a sample of health and social care plans, complaints log, contracts of care and risk assessments. Four feedback questionnaires from residents were also received on the day of inspection. All were very complimentary of the service provided.

Description of the Service

The centre comprised of two separate houses in close proximity to each other and supported ten individual residents both male and female. It was located in the north east of Ireland in County Louth. Both houses were in close proximity to a large town which provided access to a range of amenities such as shops, restaurants, churches, barbers, hairdressers and multiple shopping centres. The town also had a regular bus and train service. There was also adequate transport provided by the centre for trips further afield if and when requested by residents.

Overall Judgement of our Findings

As with the monitoring inspection held on March 14th 2016, this inspection found significant levels of compliance across all outcomes. Of the twelve outcomes assessed Residents rights, dignity and consultation were found to be compliant, as were communication needs, premises, general welfare and development and family and personal relationships. Some minor issues were identified with documentation such as contracts of care and statement of purpose. However, prior to completion of the inspection these issues had been addressed to the satisfaction of the inspectors. Thus, overall the centre was found to be fully compliant with the twelve outcomes assessed in this inspection. Each outcome assessed was further discussed in the main body of this 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:

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

The centre had a policy in place on Values to Practice. The focus of the policy was to promote the rights, dignity and autonomy of each person living in the centre and to support individual choice and engagement in the community. Inspectors found that procedures and arrangements were in place to enable residents to exercise choice and control over their life in accordance with their preferences and to maximise their independence. Completed questionnaires by the residents informed the inspectors that residents were satisfied with the quality of service received and were consulted with regarding their personal care and running of the centre.

Access to advocacy services and information about resident rights also formed part of the support services made available to each resident. The identity and contact details of an independent advocate were available to residents and on display in the centre. Information on how to make contact with the Ombudsman was also on public display. The person in charge informed the inspectors that she was in consultation with an external agency in order to seek support and advice on setting up an advocacy group within the centre as well.

Arrangements were in place to promote and respect resident's privacy and dignity, including receiving visitors in private. Resident meetings formed part of the arrangements for consultation and decision making processes. Meetings were held on a

regular basis. From a sample of minutes viewed, the inspectors observed that residents made decisions and agreed upon items such as weekly menus, social outings and community based activities. The meetings also provided a platform for the residents to be updated on any recent news/developments happening in the service.

The centre had a complaints policy in place. The aim of the policy was to provide residents with a platform to bring complaints to the attention of the service and to seek a satisfactory resolution. The complaints procedures were also prominently displayed in the centre and an easy to read version made available to residents. A dedicated log book for recording complaints was present.

On checking the log book the inspectors observed that complaints were being managed appropriately and effectively. For example, one resident had complained that the TV was not working appropriately in the centre. The inspectors observed that it had been replaced in a short time frame after the complaint was made. Another resident complained that the ramp to the back garden had moss on it and needed to be cleaned as it was unsafe. On the day of inspection the ramp was in a good state of repair and had been cleaned.

There was a policy on intimate care available in the centre which was approved in February 2016. The purpose of the policy was to safeguard and protect each individual in the centre who required support with their personal and intimate care. The policy was also to provide staff with guidance on the provision of personal care. From a sample of files viewed, inspectors observed that intimate care plans were informative on how best to support a resident with personal care while at the same time maintaining their privacy, dignity and respect.

Support plans were in place for residents that required assistance in managing their money. On viewing a sample of these plans the inspectors observed that they were informative of how best to support each resident to safely manage their finances. A protocol was also in place to ensure that all monies could be accounted for. The inspectors checked two residents' accounts and found that there were robust accounting and checking systems in place to protect the residents from financial abuse.

Throughout the inspection process both inspectors observed that staff supported the residents in a professional, caring and dignified manner. Staff spent time chatting with each resident and residents were seen to be at ease when interacting with staff. Both inspectors also observed that residents viewed the centre as their home and were very much involved in the day to day running of the house.

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 in the centre on communication with residents and overall the inspectors found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

The policy on communicating with the residents was called 'Total Communication Approach'. On reading it the inspectors observed that it acknowledged each resident had the ability to communicate and staff were to be respectful of same. Residents' communication needs were identified through the assessment and personal planning process.

From a sample viewed inspectors observed that personal plan documents captured individual communication preferences, abilities and support requirements for each resident. Assessment documents related to personal plans also included systems and interventions available to meet the diverse needs of all residents.

For example, some residents were supported to communicate using assistive technology such as computers and tablets. One resident was delighted to show the inspectors their person centred plan which was all recorded and logged on their personal tablet. This enabled the resident to communicate their personal plans to the inspectors on the day of inspection. It was observed that the resident was very proud of their person centred plan and appeared to be very happy when going through it with the inspectors.

It was also observed by the inspectors that a lot of the information held in the centre, was provided in an easy to read version to suit the communication needs of some the residents. Residents also had ample access to radios, TV's, computers, the internet and newspapers.

Overall the inspectors were satisfied that the systems in place to support the residents' communication requirements were individualised, creative and effective.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspectors were satisfied that family, personal relationships and links with the community were being actively supported and encouraged. There were guidelines in place which outlined that visitors were welcome at any reasonable time in the centre.

From a sample of files viewed, the inspectors observed that family members formed an integral part of the individualised planning process with each resident. Residents, families, advocates and representatives of residents were invited to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident.

Residents were also supported to keep in regular contact with family members and friends and from a sample of files viewed the inspectors observed that a number of mediums were used to support family contact. For example, emails, Skype and telephones were readily available for residents to make contact with family and friends.

A visitor's log book was also maintained in the centre which indicated that a good level of contact maintained between family members and residents. The inspectors also observed that the person in charge and staff team had gone to significant efforts to reconnect a resident to their family members who lived abroad. This resulted in the resident making a trip overseas to meet their extended family members last year.

Some residents also had a 'talking' photo album which included pictures and text of important people in their lives. The inspectors viewed a number of these on the day of the inspection with the residents.

The inspectors observed that residents were also supported to develop and maintain personal relationships and links with their community. Residents frequented the local shops, shopping centres and restaurants and a designated car was provided for trips further afield.

There were two volunteers working in the centre. Their role was guided by the Volunteer policy that was in place since 2013. Inspectors checked one volunteer's file and found they had appropriate training and vetting in place. Both volunteers supported the residents with social activities of their choosing, based in their local community.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place for admitting residents to the centre, including transfers, transitions, discharges and the temporary absence of residents.

Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services. The inspectors observed that there had been a recent admission to the centre. The transition plan for the resident was reviewed and inspectors were assured that the resident was supported on a continual and gradual basis to move into the centre.

This involved regular visits to the centre with their keyworker, providing the resident with pictures of the centre, supporting the resident to decorate their room prior to moving in and meeting the other residents. The inspectors did not meet with this resident on the day of the inspection as they were at work. However, the resident gave permission to the inspectors to view their bedroom. It was seen to be individualised and decorated to the resident's individual taste.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre. The contracts of care stated the services to be provided and the fees to be incurred by residents for such services.

However, the inspectors observed that the contracts of care did not explicitly state some of the fees to be charged for services provided. For example, residents would be required to pay a portion of staff costs for some social activities. These costs were only applicable to meals or social events such as trips to the cinema or a concert but were not identified in the contracts of care. However, before completion of the inspection the team leader had amended the contracts to include these additional costs.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspectors found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There were appropriate facilities in place and the layout of the centre promoted residents' safety, dignity, independence and wellbeing.

The centre comprised of two houses in close proximity to each other. Both were suitably furnished and fitted for occupancy for five residents to live in each house.

Accommodation in one house comprised of five single occupancy bedrooms, of which four were en-suite. There were also communal bathrooms available on the first and ground floor. There was a separate utility room, well equipped kitchen/dining room and separate spacious sitting room. There was also a room available for staff on sleepover duty.

The second house that comprised the centre also had five single occupancy bedrooms. Three of these were en-suite and communal bathrooms were also available on the ground and upper floor. This house also had a utility room, a very well equipped kitchen, dining room, sun room and separate spacious sitting room.

Both houses were in a good state of repair, they were warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection. Bedrooms were personalised to residents' individual taste and there was ample storage space available. Additional furnishings and decorations were provided for at the request of residents being accommodated. For example, one resident wanted a particular type of armchair for the sitting room. Inspectors saw this item of furniture over the course of the inspection.

Both houses also had well maintained gardens to the back and front with adequate parking space available. The person in charge informed the inspectors that a new set of garden patio furniture was on order for the back gardens.

The inspectors observed that a maintenance system was in place and adequate arrangements were also in place for the safe disposal of general waste.

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 area manager and the person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and 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 inspectors found that arrangements were in place to ensure that the welfare and development needs of residents were promoted and residents were provided with social inclusion activities and education and training experiences based on their interests and assessed needs.

There was a policy on access to education, training and life skills development which was reviewed in 2015. The purpose of the policy was to recognise that training and education opportunities could promote the self esteem and self worth of the individuals living in the centre.

The inspectors observed that where requested, residents were supported and facilitated to attend day services which were independent of the centre. Some residents were also supported to attend art classes in the community and the inspectors observed one resident being supported by staff to do their art. The resident also requested to go to the local shopping centre to buy some art materials on the day of inspection. This request was facilitated once the resident had finished their brunch.

The person in charge has also arranged for individual training to be provided to residents that used computers and tablets. A consultant was sourced for this training and on the day of inspection the inspectors observed some residents using their tablets and computers independently.

Social activities, internal and external to the centre were also available to residents to promote their general welfare and development. For example, some residents liked to go fishing and this activity was facilitated by the centre. Residents were also supported to use their local community such as shops, shopping centres, hairdressers, barbers, restaurants, public houses and local church if and when requested.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

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

Findings:

The centre had a statement of purpose which outlined the aims, objectives and ethos of the centre and the services and facilities to be provided to residents. However, more information was required regarding some of the services on offer from the centre.

The statement of purpose had recently been reviewed and arrangements were in place for it to be reviewed annually or sooner if required. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013.

While the statement of purpose was found to be a comprehensive document, detailing the services to be provided to the residents, there were some gaps identified. For example, there was insufficient information provided with regard to what therapeutic services were provided for. However, once this was brought to the attention of the

person in charge and team leader they took appropriate actions to address the issue to the satisfaction of the inspectors before close of the inspection.

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

The person in charge of the centre had recently been absent for a period longer than 28 days, however HIQA was notified accordingly and in line with regulations.

It was also observed that suitable arrangements were in place for the management of the centre in her absence. There was also a Clinical Nurse Manager III (CNM III) available on call 24/7.

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 inspectors observed that sufficient resources were available to meet residents assessed needs and as required in line with the statement of purpose.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs, activity, dependency and occupancy levels. For example, one resident required one to one support during the hours of nine to five and inspectors observed this support was in place on the day of inspection.

The person in charge confirmed that the centre had the resource of a vehicle on a full-time basis to support residents transportation needs/wishes. The inspectors observed that all documentation regarding the vehicle, such as servicing road tax and NCT were up to date.

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):

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

Findings:

The previous inspection found that based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels also reflected the statement of purpose and size and layout of the centre. However, while all mandatory training was found to be in place the last inspection identified the need for additional training to be provided to further support some residents with very specific mental health requirements.

This inspection found that the action had been met to a satisfactory standard and the team leader had attended specific training related to the area of mental health. She was to organise a training day with her staff to share this learning and informed the inspector that she would update mental health care plans as appropriate if and where a new intervention was implemented as a result of her recent 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:

The inspectors found that systems were in place to maintain complete and accurate records in the centre. Some minor issues were identified with regard to the updating of some records however, once these were brought to the attention of the person in charge and team leader they were rectified before the inspection had been completed.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5.

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

The inspectors found that records that related to residents and staff, were comprehensive and maintained and stored securely in the centre.

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.

A directory of residents was available which also met the requirements of the regulations.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority