

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Edel Quinn House
Centre ID:	OSV-0001814
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	Catherine O'Connell
Lead inspector:	Cora McCarthy
Support inspector(s):	Caitriona Twomey
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 renewal 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:
05 October 2017 08:00	05 October 2017 17:00
06 October 2017 08:00	06 October 2017 13:30

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

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

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of this centre by the Health Information and Quality Authority (HIQA). This inspection was undertaken to inform a decision in relation to an application by the provider to renew the registration of the centre.

How we gathered our evidence:

Inspectors prior to the inspection reviewed the information held by HIQA including the previous inspection findings and notifications submitted in the interim by the provider in line with regulatory obligations.

The inspectors reviewed and discussed with staff, records including fire safety and health and safety records, staff related records, records of complaints received and records pertaining to supports delivered to the residents living in the house.

The inspectors met with the frontline staff on duty, the person in charge and the manager for adult services; the provider's nominated representative and the chief executive officer of the organisation also attended the verbal feedback provided at the conclusion of the inspection.

The inspectors were in the centre prior to the residents leaving for day service and also when the residents returned in the evening from their respective day services. The inspectors observed the delivery of supports to residents and staff resident interactions. The inspectors met and interacted with all the residents living in the centre.

The inspectors saw that staff created a homely and welcoming environment, were attentive to residents and that the residents appeared to be relaxed both in the house and with staff.

Description of the service:

The centre was a purpose built single storey bungalow. Accommodation comprised seven bedrooms, one of which was used for overnight staff; a large and a small sitting room; a spacious well equipped kitchen and utility room; a bathroom and a shower room; storage cupboards for linen and household equipment and a small well organised office. The bungalow was set in mature and secure grounds, which was planted with shrubs, trees and flowers. There was a generous paved area with patio table and chairs. The garden had space for a clothes line, a basketball stand, a swing and a separate space for the storage of fuel. The premises were clean, tastefully decorated, in good repair, warm, homely and safe. Bedrooms were personalised and reflected the interests of the residents.

The inspectors reviewed the document titled the statement of purpose and saw that it had been reviewed and updated as required. Residential and respite services were provided to a maximum of six adult residents in a pleasant purpose-built single storey residence conveniently located in the local village.

Overall findings:

The inspector found that a high standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were very knowledgeable regarding each resident's needs and the inspector was satisfied that individual needs were being met. Residents appeared relaxed in their home and in the care of the staff.

The inspector saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. Residents were consulted in the planning and running of the centre and in decisions regarding their own care, in so far as was possible.

There was evidence of robust governance within the organisation and there were arrangements in place to monitor and improve key areas in the provision of safe, quality care.

Improvements were required in relation to:

- communication training for staff and visual supports for residents
- access route to garden blocked by waste bins
- notification of incidents
- there was no assessment evidenced to establish each resident's educational or training goals in order to provide support in this regard.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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):

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in decisions about their care and about the organisation of the centre. Residents had access to advocacy services and information about their rights. Each resident's privacy and dignity was respected including receiving visitors in private.

There were weekly house meetings for residents and issues discussed included choices around activities, social events and the general running of the house. Inspectors were informed that each resident attended day service activities provided by the organisation from Monday to Friday. The person in charge outlined a plan in place to support each resident to progress in achieving personal goals and increased opportunities for choice-making regarding community based activities (both individual and group activities). The person in charge also outlined how residents' choices were incorporated into mealtimes. In practices and interactions observed during inspection, residents were treated with, and spoken about, by staff with respect and dignity. Practice observed also demonstrated respect for residents' privacy.

The organisation had a complaints policy and easy-to-read versions were visibly displayed throughout the centre. The complaints policy identified a nominated person to manage complaints in the organisation. Inspectors reviewed the complaints log and complaints viewed had been resolved via the organisation's complaints process. Information outlined in the questionnaires completed by family members indicated that those who had previously made complaints were satisfied with how these were addressed.

Residents retained control of their own possessions and an inventory of their personal possessions was kept in each resident's personal outcomes folder which identified when the resident bought or received items like furniture or bed linen. There was adequate space for clothes and personal possessions in all bedrooms. The hot press was organised so that each resident had a designated area in which to store their belongings. Staff reported that two residents choose to attend to their laundry. The laundry area was well organised and arranged in an accessible layout.

Inspectors reviewed the management of residents' day-to-day finances and found the process to be transparent. There was a policy on residents' finances and all items purchased for and by residents were verified by receipt. There were adequate checks in place and the finance manager completed regular audits of finances and it was found that this aspect of residents' finances was satisfactory. However, it was noted that there was no procedure for signing money in from home; control measures were required around this issue. The person in charge began putting a system in place on day of inspection.

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):

No actions were required from the previous inspection.

Findings:

There was a policy on communication and each resident had an assessment of communication needs. However, some improvement was required to ensure that all assistance and support was available for residents to communicate.

The majority of residents in the centre were non-verbal communicators. Inspectors observed some instances of staff using objects of reference and natural gesture to support communication. The person in charge showed inspectors visual supports available for staff use when communicating with residents, although these were not observed in practice. The person in charge reported that to date the staff team had not received any communication training; however some of the team were scheduled to attend a specific communication training the following month.

The person in charge advised that a speech and language therapist participated in annual multidisciplinary reviews for each resident. Documentation to support this was observed during inspection. Review of individual personal plans identified that the

communication needs of the residents had been assessed by an appropriate professional. Communication passports were in the process of being completed and easy read versions of the personal plan was also being developed. Information was displayed throughout the centre in a visual format; however this format was not consistent with the assessed needs of the residents. Inspectors observed communication boards which contained a picture rota of which staff were on duty and there were also pictures available of planned meals and activities. Residents were observed to have access to television and one resident used technology to support his communication. The centre was located centrally in the community.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

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

There was evidence of good communication and contact between the service and families. Families regularly visited residents and residents were encouraged to visit their family homes. This was evidenced by a documented plan (developed following a risk assessment) to support a resident to continue visiting a family member. Family members were encouraged to attend the person centred planning process in accordance with the wishes of the resident.

There was an open visiting policy and families stated that there were no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private. From records and practice observed during the inspection it was evident that residents are supported to participate in activities in the community.

The inspectors received completed questionnaires from family members which were very complementary about the quality of the care provided.

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):

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

Findings:

Each resident had an agreed written contract that captured the support care and welfare being provided to each resident and included details of the services provided and the fees charged.

There was a policy on and procedures in place for admissions, including transfers, discharge and the temporary absence of the residents. Residents' admissions were in line with the statement of purpose.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Overall residents' wellbeing and welfare were being maintained by a high standard of evidenced based care and support. An assessment of the health, personal and social care and support needs of each resident had been carried out. However the residents were not facilitated to have an education and life-long learning assessment to identify their support needs in this regard.

A comprehensive assessment of residents health, personal and social care needs had been carried out. In the person centred planning folders there was a summary profile of the resident which outlined things that staff and carers must know about the resident. In relation to social care needs there was a long term life goals section that was developed each year with the resident. This plan outlined activities that each resident liked to do and priority goals for the year were also developed. There was a linked plan called short term life goals that identified specific activities for residents.

A multidisciplinary team review was planned annually and the resident and their key worker brought forward any concerns or any healthcare needs that may have arisen from the person-centred planning process. Residents were facilitated to have health assessments which described the level of assistance required for:

- meeting personal healthcare needs
- nutritional needs or modified diets
- practical aspects of daily living
- support, if required, if going to hospital
- relationships and social inclusion.

In relation to healthcare needs, there was evidence of coordinated input from members of the multidisciplinary team with recommendations in place. For example one resident had a plan from the dietician in place and was supported with this.

Residents whose family completed questionnaires on their behalf indicated that they enjoyed living in the centre, they were treated very well by staff and had lots of outings and social interaction. However it was noted by inspectors that the residents were not facilitated to have an education and life-long learning assessment to identify their support needs in this regard. This is addressed under Outcome 10: General Welfare and Development.

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):

No actions were required from the previous inspection.

Findings:

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.

The centre was a purpose-built bungalow and found to be well maintained both internally and externally. There was a variety of communal spaces including a large sitting room and visitors sitting room. There was separate large open plan kitchen and dining room. All rooms were bright, spacious and comfortably furnished.

The centre was located in a tranquil setting with large garden spaces. The design and layout of the centre was in line with the statement of purpose. The centre (including outside areas) was observed to be clean, suitably decorated and well-maintained. Systems were in place to support cleaning. During inspection, some gaps in the implementation and oversight of this system were identified. The person in charge stated that they would address this immediately and was noted to do same. There was documentary evidence of a cleaning audit. Observations indicated that a selection of the actions recommended following this audit had been completed.

The design and layout of the building was accessible, promoting resident's independence. The kitchen had sufficient cooking facilities and equipment. There were enough toilets and showers to meet the needs of residents. Bedrooms were observed to be personalised and of a suitable size and layout to meet residents' needs.

Inspectors were satisfied that the premises provided was suitable to meet the needs of the residents. There was a laundry room with adequate facilities for the number of residents living in the centre.

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):

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

Findings:

The health and safety of residents, visitors and staff was promoted and protected. There were policies and procedures in place for risk management and emergency planning.

Policies and procedures were also in place relating to health and safety. There was an up-to-date safety statement in the centre. The centre had policies and procedures relating to incidents when a resident goes missing. During inspection 28 risk assessments were reviewed. These had all been reviewed within the timeframes

specified. There was evidence of follow up activity on risk assessment findings (for example, liaison with an allied healthcare professional). There was also evidence of the effective removal of two restrictive practices through implementation of the risk assessment process. Risk assessments relating to sleep disturbance caused by nightly checks were discussed with the person in charge. There was no risk assessment or care plan which documented the need for these checks for the majority of residents. The person in charge advised that these had been discussed at the recent multidisciplinary review and a process was underway to extend the time between checks and for continued review of this practice. This was documented in the relevant risk assessments.

Suitable fire equipment was provided. The evacuation procedure in case of fire was prominently displayed in the centre. There was inconsistency in the documentation regarding the location of the assembly points with some documents indicating that this was the centre vehicle rather than the assigned assembly points. The person in charge undertook to amend this documentation immediately. Documents reviewed during inspection included records of annual and three monthly servicing of fire equipment, testing of emergency lighting and the fire alarm system. There was also evidence of daily staff checks including monitoring of fire alarm system and clear fire exits. During inspection a gate linking the back garden to the front of the house was observed to be obstructed by bins. This access route was not included in the daily staff checks.

Individualised evacuation plans were in place and had been recently reviewed. Documentation outlined that regular fire drills were taking place, the most recent in night-time conditions. One resident refused to evacuate the centre during two of the documented drills despite implementation of the personalised evacuation plan. On the day of inspection, the person in charge verbally outlined a plan to request multidisciplinary input to review this plan. This risk was included in the centre's risk register.

Judgment:

Substantially Compliant

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):

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the policy on the safeguarding of adults with a disability from abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations or suspicions of abuse. It also included the name and contact details of the designated contact person; this information was also prominently displayed in the centre. Staff spoken with confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area.

The inspector viewed policies on responding to behaviours that challenge, management of aggressive behaviours and use of restraint as the last resort. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. Positive behaviour management support plans were in place for residents who displayed behaviours that challenged. The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible.

The inspector observed staff interacting with residents in a respectful manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

A record of all incidents occurring in the designated centre was maintained. However, two notifications of alleged, suspected or confirmed abuse were not submitted to HIQA within the required timeframe.

Through discussion with the person in charge it was also identified that a recently submitted quarterly notification report was inaccurate, regarding non-serious injuries to residents. Inspectors were advised that inaccuracies in the notification system had been

identified and were being addressed by the person in charge and line manager.

Judgment:

Substantially 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):

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

Findings:

The inspector was satisfied that residents were supported to and given opportunities for new experiences, social participation and information. However, there was no assessment evidenced to establish each resident's educational or training goals although this was being reviewed by the provider.

All residents attended the provider's day services where they could partake in a variety of activities such as swimming, use of the walking track, cycling, a multisensory room, music therapy and go for social drives.

Residents attended in-house information discussions covering topics such as complaints procedure, advocacy, rights and respecting one another's privacy.

Long term and short term goals were clearly set out in residents' personal plans. Documented support plans were in place and risk assessments had been carried out to assist each resident achieve their goals.

Judgment:

Substantially 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):

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

Findings:

Residents were supported on an individual basis to achieve and enjoy best possible health.

Residents' health care needs were met through timely access to healthcare services such as the general practitioner (GP). The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals including physiotherapy, occupational therapy (OT), speech and language therapy, psychology and psychiatry.

Residents were supported and encouraged to eat healthy balanced diets as evidenced in one resident's dietician plan. The inspector was satisfied that residents were supported to choose the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Residents had access to drinks and snacks throughout the day and the inspector saw residents being supported with meals by staff. Minutes of house meetings evidenced residents making meal choices.

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):

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

Findings:

The residents were protected by the centre's policies and procedures for medication management.

There was a comprehensive medication management policy guiding practice. Staff spoken with were knowledgeable regarding medication management policies and practices. All staff had attended medication management and rescue-medication training.

The inspector reviewed a sample of prescription and administration charts and noted that they contained all the information required to enable staff to safely administer

medications. All medications were individually prescribed. The inspector noted that the maximum dosage of medicines taken as required (PRN) was prescribed and all medications were regularly reviewed by the GP.

There were no medications requiring refrigeration at the time of inspection. There were no residents self administering medication at the time and there was an assessment from the psychiatrist regarding the residents' capacity to self administer and the provider was undertaking to complete a risk assessment also.

Systems were in place for checking medications on receipt from and return to the pharmacy. Systems were also in place to record medication errors and staff spoken with were familiar with them.

Regular medication management audits were carried out by the area manager. Staff confirmed that the results of audits were discussed with them. The inspector noted that issues identified in the most recent audit had been addressed.

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):

No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of a statement of the aims of the centre and the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by Schedule 1 of the regulations.

The statement of purpose was kept under review and was available to the residents and their relatives. The inspector found that the statement of purpose was clearly implemented in practice and reflected the ethos of providing a comfortable and safe environment.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. They worked full-time in the centre, were knowledgeable regarding the requirements of the Regulations and Standards and had very clear knowledge about the support needs of each resident. The inspector observed that they were well known to staff and residents. The person in charge was committed to their own personal development through regular attendance at courses. An experienced member of staff deputised in the absence of the person in charge.

The provider had established a clear management structure and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist them to deliver a good quality service. These supports included an adult services manager and adult services manager area. The designated person to act on behalf of the provider visited the centre regularly, was knowledgeable about the service and supportive of staff development. Regular management meetings took place to discuss issues of concern in the centre. There were formal meetings of all persons in charge from centres in the group to discuss common areas of interest and share their learning.

The person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service. A copy of the regulations pertaining to disability services and a copy of the disability standards were available to staff in the centre.

Audits of the centre had been completed including; a medication management audit, financial audit and a health and safety audit.

Learning from audits was disseminated and discussed with staff members and affected change. Systems were in place to ensure that feedback from residents and relatives was sought and led to improvements.

The person in charge informed the inspector that staff appraisals were completed on an annual basis and records of these appraisals were maintained in the centre. The inspector was informed that staff were recruited centrally and that the recruitment

policy and staffing files were held centrally in head office. A random sample of these staff files were examined and seen to be complete and fulfilled the requirements of the regulations.

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):

No actions were required from the previous inspection.

Findings:

The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge and there were suitable deputising arrangements in place for the management of the centre in the 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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was sufficient resources to support residents achieve their individual personal plans. This was evident from:

- the comfortable home provided
- access to transport through the provision of a mini bus
- the good staffing levels and skill mix

- the provision of adequate and suitable equipment
- the provision of an ongoing training programme for staff.

The person in charge told the inspector that all residents in place, agreed residential placements funded by the Health Services Executive (HSE).

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):

No actions were required from the previous inspection.

Findings:

The inspector noted that there were adequate staffing levels and skill mix to meet the needs of residents and the safe delivery of services at the time of inspection.

There was a planned rota system and residents received continuity of care.

There was a comprehensive staff recruitment policy based on the requirements of the regulations. The inspector reviewed a number of staff files and found them to contain all the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The management team were committed to providing ongoing training of staff which reflected the statement of purpose. Staff spoken with confirmed that they had attended ongoing training and records of training were maintained in staff files. Recent training included safe administration of medications, epilepsy and rescue medication, hand hygiene and management of actual and potential aggression.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that records as required by the regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly. All policies as required by Schedule 5 of the Regulations were available and up to date.

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:

Cora McCarthy
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 Joseph's Foundation
Centre ID:	OSV-0001814
Date of Inspection:	05 & 06 October 2017
Date of response:	05 December 2017

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 02: Communication

Theme: Individualised Supports and Care

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

Information was displayed throughout the centre in a visual format however this format was not consistent with the assessed needs of the resident's therefore it was not supporting residents to communicate in accordance with their needs and wishes.

1. Action Required:

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

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The Speech and Language Therapist will support staff in ensuring that information is available to the residents in line with their the assessed communication needs.

Proposed Timescale: 30/01/2018

Theme: Individualised Supports and Care

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

The majority of the residents were non-verbal communicators but the staff team had not received any communication training.

2. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

- Three staff have completed training in LAMH (communication system used by residents).
- Remaining staff will be trained on the next scheduled training for LAMH.
- All staff will be included in the next scheduled training for PECS.

Proposed Timescale: Completed 01/11/2017
28/02/2018
30/03/2018

Proposed Timescale: 30/03/2018

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:

During inspection a gate linking the back garden to the front of the house was observed to be obstructed by bins. This access route was not included in the daily staff checks.

3. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

- The access route has been cleared.
- This access route is now included in the daily checks carried out by staff.

Proposed Timescale: 05/12/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The person in charge is required to submit written reports to HIQA, within specified timeframes, regarding incidents outlined in regulation 31.

4. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The Person in Charge will ensure that all future notifications to the Chief Inspector are submitted in accordance with the specified timeframes as outlined in Regulation 31.

Proposed Timescale: 06/10/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

There was no assessment evidenced to establish each resident's educational or training goals.

5. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

- An assessment tool recommended by Psychology will be completed to establish the resident's education and training needs.
- A Senior Clinical Psychologist will provide information & training to all Persons in Charge prior to commencement of completion for all residents.
- A schedule of assessment will be devised, rolled out within the organisation and completed by 31/03/2018.

Proposed Timescale: 30/04/2018