



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Edel Quinn House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	27 November 2018
Centre ID:	OSV-0001814
Fieldwork ID:	MON-0023311

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

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. Residential and respite services were provided to a maximum of six adult residents conveniently located in the local village. Residential services are offered to both male and female service users over the age of eighteen years who have a diagnosis of a severe/profound intellectual disability with /without autism. The service users receive twenty four hour individualised care and support to ensure that living in the centre is a positive experience for the residents.

The following information outlines some additional data on this centre.

Current registration end date:	09/12/2020
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
27 November 2018	10:00hrs to 18:00hrs	Cora McCarthy	Lead

Views of people who use the service

The inspector met with four residents on their return from their chosen day activity. The residents were very comfortable in the presence of staff and with the support they were providing. Some residents communicated in a non-verbal manner and therefore could not tell the inspector their opinions of the service. They indicated their satisfaction to the inspector through smiles, gestures and vocalisations. There was lots of evidence of the use of visual supports in the service and the inspector was able to use some of these to communicate with one resident. The inspector noted the positive interactions that took place between residents and staff. Other residents communicated very clearly that they were happy residing in the centre and with the care and support received. Residents were seen to be relaxed in the company of staff and there was a warm atmosphere in this home throughout the inspection. Residents were observed completing activities with staff and there were positive interactions throughout. Staff on duty in the centre treated residents with dignity and respect and the centre was decorated with the residents' personal items such as photos of family members and activities with fellow residents.

Capacity and capability

The inspector found the capacity and capability of the provider supported the delivery of a safe quality service.

The provider had ensured that there was a good governance and management structure in place, which meant that a good quality and safe service was provided to the residents. The person in charge provided effective leadership and governance and was knowledgeable regarding the regulations and their statutory responsibilities.

There were adequate staff resources and skill mix to meet the residents' assessed needs, which supported the delivery of a high standard of care to the residents.

The inspector reviewed quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance with the regulations. In addition, the annual review and the unannounced six-monthly audit completed by the provider, of their assessment of the quality of care and service provision in this centre evidenced that actions had been taken to address identified issues. The residents and staff could raise any concerns regarding the quality and safety of care delivered.

The service being delivered to the residents was observed to be in keeping with the centre's current statement of purpose.

The required policies to inform and guide staff practices when supporting residents and their needs were available, although some were in the process of being updated.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was employed on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had employed a suitable number and skill mix of staff. A planned and actual roster was in place. The person in charge had obtained all documents required by schedule two of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

A training overview demonstrated that the person in charge ensured their staff had completed training and had access to refresher training, these included safeguarding of vulnerable adults and positive behaviour support training.

Judgment: Compliant

Regulation 19: Directory of residents

A suitable Directory of Residents was in place and contained the information required by schedule three of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in scheduled 2 were available for the inspectors to view.

Judgment: Compliant

Regulation 22: Insurance

Suitable insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

Systems were in place to ensure the effective delivery of care and support. These arrangements included an annual report, twice annual unannounced inspections by the provider, medicines audits, cleaning rosters, staff meetings and management meetings.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A transparent criteria for admission was clearly specified and detailed the specific care requirements that any person must have should they wish to be admitted in the event of a vacancy.

Each resident (and/or their family) had been provided a contract of care. This detailed the services to be provided for the support, care and welfare of residents as well as the fees to be charged for those services.

Judgment: Compliant

Regulation 3: Statement of purpose

A suitable statement of purpose was in place. The contents of this was seen to match practices observed within the centre during the inspection.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in use in the centre

Judgment: Compliant

Regulation 31: Notification of incidents

After reviewing records within the centre inspectors found that notifications had been submitted to the office of the chief inspector, as required.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of their responsibilities with regards to notifying the authority in the event of the absence of the person in charge.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of their responsibilities with regards to notifying the authority of the procedures and arrangements in place for the management of the centre absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

A suitable complaints policy and process was in place. Where complaints were made they were seen to be followed up.

Judgment: Compliant

Regulation 4: Written policies and procedures

A list of policies and procedures were available to staff to guide best practice.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was very good.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. There was a staff member identified to support the resident and a time frame in place for achieving goals.

Overall the health and well being of the residents was promoted in the centre.

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. There was evidence of review of residents' medical and medicines needs. Staff that administered medicines to residents were trained in safe administration and there was evidence of medication audits.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of the community facilities and amenities. The residents had access to occupation and recreation facilities and

opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

The residents had access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was maintained to a high standard and was warm and homely.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be respectful, person centred and positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. Examples of these would be missing persons, injury to a resident, behaviours that may challenge and choking risks. There were arrangements in place for the investigation of and learning from adverse events.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive and were reviewed regularly.

Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. All residents had access to television, newspapers and radio.

Judgment: Compliant

Regulation 11: Visits

The provider facilitated each resident to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents had access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the resident's home was maintained to a high standard and was warm and homely.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences. Residents who were assessed as requiring dietary assistance were supported with this.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide outlining the services provided and the

terms and conditions relating to residency.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events.
Judgment: Compliant
Regulation 28: Fire precautions
Appropriate arrangements were in place for good fire safety management. This included fire training, as well as suitable checks and fire detection and alarm systems and emergency lighting.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. End of life care plans were in place for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff members (with whom the inspector spoke) had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant