

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Comhar Centre
<b>Centre ID:</b>	OSV-0001816
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Joseph's Foundation
<b>Provider Nominee:</b>	Noreen Ryan
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	1

## **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 un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
31 October 2017 10:45	31 October 2017 16:00
01 November 2017 09:30	01 November 2017 14:00

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

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

**Summary of findings from this inspection**

Background to the inspection

This was the fourth 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.

Description of the service

St Joseph’s Foundation provides a range of day, residential and respite services in North Cork and Limerick. The centre provided residential and respite accommodation for adults with an intellectual disability. The centre itself was a purpose-built spacious

single-storey bungalow located in a quiet residential estate in a large town in North Cork.

At the time of inspection there were three residents who lived in the centre on a full-time basis. A further three residents lived in the centre four or five days per week which the person in charge said to the inspector was classified as respite care. Respite care was alternative care for a person with a disability for a short period from their usual accommodation at home.

#### How we gathered the evidence

Over the two days of the inspection there were only two residents in the centre as the other residents were at home for a break. The inspector met the two residents, both of whom said that they were very happy living in the centre. In addition one family had completed a questionnaire for HIQA prior to the inspection giving feedback on the centre, which in general was very positive about the service being provided.

The inspector also met with staff during the inspection and observed their interactions with the residents. In addition, the inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

#### Overall judgment of our findings

As an example of good practice the organisation had recently facilitated an educational assessor to come to the house to speak to residents individually to see what courses they might be interested in.

One resident had been admitted to this centre in the last year. As part of this transition process the St Joseph's service had ensured that the resident's individual needs had been appropriately assessed in relation to support needs in personal, healthcare and social activities. On this inspection there was evidence that this resident had settled in very well and was happy with the move.

In relation to social care needs there were long-term life goals that were developed each year with the resident. In the feedback received by HIQA prior to the inspection one family said that there were meetings with the resident and family every six months to put goals and wishes into action and they said it was a wonderful way for residents to have choices to do what they like.

However, some improvement was required in relation to ensuring that the use of 'as required' medicines was reviewed by the multidisciplinary team so that each resident's care and welfare was being overseen and reviewed as per the St Joseph's Foundation policy and guidelines.

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):**

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

**Findings:**

Residents had choice over their lives and their rights were respected.

At the time of inspection there were three residents who lived in the centre on a full-time basis. A further three residents lived in the centre four nights or five days per week which the person in charge said to the inspector was classified as respite care. Respite care was alternative care for a person with a disability for a short period from their usual accommodation at home.

There were bedrooms available for people to access the centre on a respite basis up to a maximum of seven residents in the centre at any one time. Residents who stayed in the centre on a four nights or five day basis went home each weekend. Their bedrooms were used at weekends to accommodate other residents accessing the centre on a respite basis. The person in charge said that there had been consultation with residents about the use of bedrooms to facilitate people accessing the centre on a respite basis. The minutes of weekly resident meetings had discussion of who was accessing the centre on respite that week. When residents were admitted for respite there was a second resident meeting to decide on things people wished to do while staying in the centre.

The person in charge outlined that the people who accessed the centre for respite care were already attending St Joseph's Foundation day service and as such there was good continuity of care for residents attending on a respite basis.

Residents could keep control of their own possessions. There was an up-to-date

property list in each resident's personal outcomes folder which identified when the resident bought or received items like furniture or bedside lamps. There was adequate space for clothes and personal possessions in all bedrooms, with lockable wardrobes and presses to maintain privacy. For residents accessing bedrooms on a respite basis there were separate lockable wardrobes and presses so that residents could store their clothes and personal items securely.

Since the previous inspection there had been action taken to ensure that each resident's privacy and dignity was respected in relation to their personal and living space with the removal of "viewing holes" that staff had used to check whether the resident was awake or asleep during the night. There were also examples of residents expressly requesting that staff would not check on the resident at night. Some residents also walked to work unaccompanied each day and at times stayed in the house alone. There were risk assessments in place to support residents to maintain their own independence.

The inspector 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 had completed an audit of cash balances in August 2017 and it was found that the this aspect of residents' finances was satisfactory.

There was a complaints policy which was also available in an easy to read format. The policy was displayed throughout the centre. From a review of the complaints log there had been one complaint in 2017 and that had been resolved.

**Judgment:**

Substantially Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

A number of policies were available in easy-to-read format including the policy on complaints and the residents' guide. The inspector observed a communication board in the kitchen areas which contained a picture rota of which staff were on duty and a menu plan for breakfast and tea.

Television was provided in the main living rooms and a number of residents had televisions and stereos in their own room. There was a computer available with internet

access in one of the living rooms.

**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):**

No actions were required from the previous inspection.

**Findings:**

All of the residents had regular contact with their families and a number of residents went home every week. In the feedback received by HIQA from families prior to the inspection one family said that staff were in contact regularly.

The service had undertaken a survey of families in 2017 on the quality and safety of care and support provided. Four families had responded and the comments in general were positive. The person-centred plans read by the inspector had evidence of family input.

There was a policy on visiting and residents said to the inspector that families were welcome and were free to visit. There was adequate communal space to receive visitors.

**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):**

No actions were required from the previous inspection.

**Findings:**

Each resident had an agreed written contract which included the details of the services to be provided.

For residents who attended the centre on a respite basis, these admissions were coordinated centrally by St Joseph's Foundation through a respite admissions coordinator.

Each resident had an agreed written contract which included the details of the services to be provided. While the contract did not specifically state if the resident was attending on a respite basis or not, the contracts clearly differentiated between a "full-time place" and a "half-time place" in terms of fees charged.

It was noted that there was an error in section 19 of the contracts of care in relation to complaints and the referral of complaints to HIQA. HIQA does not have a statutory remit in relation to complaints. This matter is actioned under Outcome 1: Resident's Rights, Dignity and Consultation.

**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:**

Residents' wellbeing and welfare was being maintained by a high standard of care and support.

There were separate assessments of residents' healthcare needs and social care needs in the personal planning process. 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 healthcare needs there were separate assessments for individual healthcare needs for example, physical healthcare needs, foot care, oral care, mental

health and mobility. Based on these assessments there were “plans of care” developed for each healthcare need. There were also assessments related to activities of daily living like how the resident liked to communicate, eating and drinking, sleeping and money management.

In relation to social care needs there were long-term life goals developed each year with the resident. In the feedback received by HIQA prior to the inspection one family said that there were meetings with the resident and family every six months to put goals and wishes into action and they said it was a wonderful way for residents to have choices to do what they like.

The life plan outlined activities that each resident liked to do and priority goals for the year were also developed. In relation to this goal setting process there was evidence of coordinated input from members of the multidisciplinary team with recommendations in place. Examples of goals included things like better cookery skills and gaining computer skills. strengthening family relationships, community inclusion, spirituality and well-being. There was a linked plan that identified specific activities for residents to achieve the long-term life goals.

One resident had been admitted to this centre in the last year. As part of this transition process the St Joseph’s service had ensured that the resident’s individual needs had been appropriately assessed in relation to support needs in personal, healthcare and social activities. On this inspection there was evidence that this resident had settled in very well and was happy with the move.

**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’ needs in a comfortable and homely way.

The centre could accommodate seven residents in this large detached bungalow, and was located in a large town in North Cork. The centre was fully accessible to all

residents and if required there were ceiling track hoists and accessible washing and bathing facilities.

The house had a large kitchen and dining area and a separate sitting room. All of the residents' bedrooms were personalised and homely. Residents had access to a large garden.

**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 was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. All of these issues were also identified as hazards and had been separately assessed and risk rated. There were also specific hazards relevant to each resident that had been assessed and risk rated.

The inspector reviewed the incident reporting system and noted that there had been 18 medication errors since January 2017. There was a new computerised system to ensure that all incidents had been followed up by the person in charge and were reported to senior management of the service at a regional level to review for trends. This was noted to be an improvement from the last inspection.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site.

There were monthly fire evacuation drills being undertaken involving the residents and the records of these drills indicated that it had taken between 25 seconds and five minutes to evacuate the premises in drills. Each resident had a personal emergency evacuation plan in place which clearly indicated what supports, if any, residents needed to leave the building in the event of a fire. This had been improved from the last inspection.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents being harmed were in place. A restraint-free environment was promoted. However, improvement was required in relation to the oversight of the use of "as required" medicines.

Since the last inspection the St Joseph's Foundation policy and guidelines on the review of restrictive interventions had been reviewed and outlined that the organisation aspired to a restriction-free environment. The service provider was obliged to notify HIQA on a quarterly basis of any occasion on which restraint was used (such as physical, environmental or chemical). There was a centre-restrictive practices review log that recorded all restrictions available in the centre. The log contained six issues including:

- the use of belts on shower chairs
- the use of belts on wheelchairs
- locks on chemical press, medication press and presses that stored cleaning products
- keypad access to external doors.

There was a risk assessment available in relation to each identified restraint on the restraint log and oversight of each restriction was provided by means of a review on a three monthly basis by the multidisciplinary team.

The inspector noted that some residents were prescribed 'as required' medicines to be used to relieve agitation. There was also a protocol for anxiety in place for one resident that outlined when as required medication was to be administered. This protocol had been signed by the treating consultant. Records indicated that one of these 'as required' medicines had been administered as prescribed on 27 occasions from July to 31 October 2017. The review of this 'as required' medicine had been identified as a recommendation following a medication usage review in May 2017. Based on documentation seen the inspector formed the view that the use of 'as required' medicines required review by the multidisciplinary team to ensure that each resident's care and welfare was being overseen and reviewed as per the St Joseph's Foundation policy and guidelines.

There were policies in place to protect residents from being harmed or suffering abuse. All staff had received training on the prevention, detection and reporting of abuse. The inspector noted that particular safeguarding plans were in place that gave clear direction to protect residents as needed.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

It is a requirement that all serious adverse incidents were reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as 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):**

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

**Findings:**

There was a policy on access to education, training and lifelong learning with a number of residents having undertaken further training and education including certificates in culinary operations and baking.

As an example of good practice the organisation had recently facilitated an educational assessor to come to the house to speak to residents individually to see what courses they might be interested in.

All residents had access to a day activation centre and the acting person in charge outlined that this service was being developed to incorporate a lifeskills training programme.

A sample of person-centred plans identified realistic and achievable goals set by each resident for increased involvement in community life. Examples included going for a hairdresser's appointment once a month and meeting friends for coffee in the town. One resident said to the inspector that they were very happy living in the centre and enjoyed doing things in the local town like shopping, going for coffee and meeting friends.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Overall, residents' healthcare needs were supported by staff.

The person in charge outlined that residents attended a general practitioner (GP) of their own choice. In the records seen by the inspector each resident had regular medical health checks as required by their GP. There was evidence that residents were referred for review by consultant specialists, including a consultant psychiatrist as required.

For identified healthcare needs, a care plan had been developed to direct the care and support to be provided to residents. A record was maintained of all referrals to and treatment by allied health professionals.

All meals were prepared by staff in the kitchen on site. A copy of the menu in picture format was available on the notice board. Staff were knowledgeable about residents likes and dislikes.

**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:**

There was a medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines.

Since the last inspection there had been a system introduced to ensure that staff had up-to-date information about the medicines needed for residents who attended for respite.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard and there was a robust key holding procedure. Medicines requiring refrigeration could also be stored securely.

The inspector observed that compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines. There was also a list available to staff that provided a brief description of all medicines and what they were used for.

In the sample prescription sheets reviewed there was a clear record of each medicine signed and dated by the GP. The date was in place for each medicine prescribed in the sample of drug charts examined.

The inspector saw a protocol in place for one resident in relation to the management of epilepsy in the event of an emergency. The protocol had been signed by the resident's doctor.

A medicines usage review report had been completed by a pharmacist in May 2017 that had found that overall medicine use was appropriate.

### **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:**

There was a written statement of purpose that accurately described the service provided in the centre.

The statement of purpose described the service and facilities provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.

**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:**

Effective management systems were in place that support and promote the delivery of safe, quality care services.

The acting person in charge was full-time. She outlined that since the previous inspection she had protected time of nine hours per week to undertake administrative duties. The acting person in charge held an appropriate qualification in health and social care and was experienced in supporting persons with an intellectual disability. The social care leader demonstrated that she knew residents, their likes and dislikes, well.

There were suitable support arrangements in place to enable the acting person in charge to effectively undertake the role. In particular, the acting person in charge reported to the area manager who outlined that their role was to provide oversight of this centre and a number of other designated centres in the St Joseph's Foundation.

The St Joseph's Foundation service had ensured that an unannounced visit to the designated centre in relation to the quality and safety of care had been completed in October 2017. There was a prepared written report available including confirmation that actions from the previous HIQA inspection had been completed.

The acting person in charge had implemented an audit system for reviewing aspects of quality and safety of care provided in the centre. For example the finance manager had completed an audit of cash balances in August 2017 and it was found that the this aspect of residents' finances was satisfactory. The St Joseph's service had in 2017 sought families and residents' views on the service being provided. In general the comments were positive with one family saying that they felt more residential places should be available so that everyone that wishes "could enjoy the equivalent as this centre".

**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:**

There were adequate arrangements in place through the appointment of a named person to deputise in the absence of the person in charge.

The post of the person in charge was being filled by a deputising arrangement over the course of the last two years. The social care leader was deputising 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 told that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with its current statement of purpose.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

Based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the building.

Staff spoken with were knowledgeable about residents. During the course of the inspection staff were observed to be respectful of residents at all times and ensured that residents' personal choice was respected at all times.

The inspector was told that three staff had recently received permanent contracts in the centre. An actual and planned staff rota was maintained. There was an "awake" staff on

duty at night. It was noted that in planning the rota there had been consideration given to the specific needs of residents to ensure consistency in approach by the staff team.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records.

The inspector reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available.

**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:**

All of the required policies and procedures were available and the residents guide accurately reflected the services and facilities available to residents.

A directory of residents was maintained in the centre and was made available to the inspector.

**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:***

Kieran Murphy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Joseph's Foundation
<b>Centre ID:</b>	OSV-0001816
<b>Date of Inspection:</b>	31 October & 01 November 20107
<b>Date of response:</b>	08 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

It was noted that there was an error in section 19 of the contracts of care in relation to complaints and the referral of complaints to HIQA. HIQA does not have a statutory remit in relation to complaints.

**1. Action Required:**

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

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The Registered Provider has been rectified in section 19 of the contracts of care in relation to complaints and the referral of complaints to HIQA.

**Proposed Timescale:** 08/12/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The use of 'as required' medicines required review by the multidisciplinary team to ensure that each resident's care and welfare was being overseen and reviewed as per the St Joseph's Foundation policy and guidelines.

**2. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- An appointment with the psychiatrist to review the residents use of 'as required' medications and their support plan in relation to this is scheduled for the 11/12/2017.
- Following the review the MDT team will meet to devise an educational plan around the use of 'as required' medications for the resident and to explore other options for supporting the resident in managing her anxieties.
- All 'as required' medications administered to residents will be reviewed on a regular basis by the GP/Consultant Psychiatrist.

Proposed Timescale: 11th December 2017  
30th January 2018

**Proposed Timescale:** 30/01/2018