

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002919
<b>Centre county:</b>	Kerry
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Bernadette Shevlin
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

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

From: 14 January 2015 12:00 To: 14 January 2015 20:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). This was a monitoring inspection and was announced by the inspector via a phone call on the morning of the inspection. As part of the inspection, the inspector visited the centre and met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

In total, 8 adult residents live in this designated centre which is operated from two large domestic houses in a residential area approximately 1.5 kilometres from a large town. All of the residents attended day services during the day.

There was evidence of an adequate level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents. The centre was well maintained and furnished to a good standard. Residents confirmed that they were happy in the centre and some enjoyed visiting their families at weekends. However, a number of improvements were required, including:

- personal plans
- risk management
- fire safety

- staff training

The action plan at the end of the report identifies improvements necessary 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 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

**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 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Based on the sample of plans reviewed, residents were comprehensively assessed on issues such as individualised support and care; communication; relationships and social networking; meaningful day; health; safety and protection; rights; privacy and dignity; and continuity and security.

Each resident was assigned a key worker, which involved supporting residents to meet goals identified in their personal plans. Each resident had a written personal plan that was person-centred and reflected the needs and aspirations of each resident. A review of a sample of residents' personal plans indicated that residents and/or their families were actively involved in the development of the plans. However, improvements were required in the development of plans to ensure that the person responsible for implementing the plan and supports required were specified. Improvements were also required in relation to identifying progress or otherwise in relation to the achievement of the goals specified. Personal plans were not available in an accessible format for residents. Additionally, the key worker for one resident had ceased to be employed in the centre and a significant period had passed without the allocation of a new key worker.

Residents confirmed to inspectors their participation in a range of activities, both within the centre and in the wider community. The residents attended various day centres, which were operated by the provider. Each day centre that residents attended reflected the capacity of that centre to meet the needs of individual residents. A range of activities were available in the centres, such as computer skills, art, literacy, travel training and mobile phone training.

<b>Judgment:</b> Non Compliant - Moderate

<b>Outcome 07: Health and Safety and Risk Management</b> <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
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<b>Theme:</b> Effective Services
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<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.
<b>Findings:</b> There was an up-to-date safety statement that was signed and dated. There was a risk management policy, most recently reviewed in October 2014. The policy addressed the risks of the unexpected absence of a resident, accidental injury, aggression and violence, and self-harm, however, it did not outline the measures and actions in place to control all of the risks identified as required by the regulations. There was a process in place for learning from adverse incidents that included feedback to staff at monthly team meetings.  There was an emergency plan that addressed emergencies such as fire, power failure, vehicle crash and gas leaks. There were guidelines and procedures in place for infection prevention and control that included the care and cleaning of equipment and the process for ensuring that the centre was clean. Records were available detailing the preventive maintenance of vehicles used for the transportation of residents to ensure they were roadworthy.  The inspector reviewed the fire safety register that identified regular maintenance of fire safety equipment and emergency lighting. There were daily checks of smoke detectors, emergency lighting, and escape routes. There were regular fire drills, including at night time when residents were sleeping. While there was evidence of good practice in relation to fire safety, the inspector was not satisfied that there were an adequate number of heat/smoke detectors located at suitable locations throughout the centre. A fire safety consultant had carried out a fire safety survey in April 2014 that identified a significant amount of structural work to be carried out, and the inspector was informed that plans were in place to address these works. The findings of the survey also noted the inadequate fire detection system. Not all staff had received up-to-date training in fire safety. There was a notice on display outlining fire evacuation procedures, however, it was generic and was not centre specific.

<b>Judgment:</b> Non Compliant – Major
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**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

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

**Findings:**

The person in charge was involved in the day to day operation of the centre. The person in charge monitored safeguarding practices through regularly speaking with residents and their relatives and observing staff interacting with residents. Staff were seen to be interacting with residents in a friendly, dignified and respectful manner and it was obvious that residents were comfortable in the presence of staff.

There was a policy on safeguarding vulnerable adults, most recently reviewed in October 2013. All staff had received up-to-date training in recognising and responding to abuse. Staff members spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse.

There were various committees in place that all contributed to safeguarding residents. For example, there was a rights review committee to review issues of concern to residents, such as, if a resident was unhappy with their current accommodation. There was a safeguarding committee and there were also designated personnel identified for client protection. Residents had access to an external advocate.

Based on discussions with staff, observations of the inspector and a review of a sample of personal plans, there were no residents currently living in the centre that presented behaviour that challenges.

There were adequate procedures in place to safeguard residents finances through record keeping, such as maintaining a record of all transactions and the retention of receipts for all purchases made for and on behalf of residents.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Residents were facilitated with access to the services of a general practitioner (GP) of their choice and there was evidence of regular review. There was evidence of referral and review to allied health professionals such as dietetics, speech and language therapy, dental and ophthalmology. There was evidence of the use of evidence-based tools for baseline and ongoing review of health related assessments such as, for example, falls risk assessment and nutritional assessment. There were detailed care plans in place identifying the care to be provided to residents for issues such as epilepsy.

Residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each house. Residents likes and dislikes were recorded and residents were consulted in relation to the menu for the forthcoming week at meetings that were held on Tuesday of each week. There were adequate cooking facilities. It was obvious that staff made considerable effort to ensure that mealtimes were a pleasurable experience. Residents chose to have a take out meal on the day of the inspection.

Residents' nutritional status was continually monitored and were weighed regularly. Where concerns were identified there was evidence of referral and review by dietetics.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

There were written operational policies and procedures relating to ordering, prescribing, storing and the administration of medicines to residents. All staff had received training in medication administration practices. A sample of prescription and administration records viewed by inspectors contained appropriate information to support the identification of each resident.

Residents prescriptions were reviewed regularly. There was a process in place to check medications following delivery to ensure the medications delivered corresponded with

the prescription. Residents responsible for self-administration were appropriately assessed and reviewed on an ongoing basis. Improvements were required in relation to the storage of medication as medications for one resident were stored under the sink in the kitchen in close proximity to cleaning chemicals. While this cupboard was locked it was not a suitable place for storing medications. These medications were removed and stored appropriately prior to the completion of the inspection. There was a medication fridge and records were available to show the temperature was monitored.

The were no records available demonstrating the ongoing review/audit of medication management practices.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There was an effective management structure in place which supported the delivery of safe care and services. The person in charge reported to the programme manager, who in turn reported to the general manager. There was a management team that consisted of the general manager, programme managers for day services and residential services and the person in charge. Meetings were held every two weeks where issues relating to the management of the centre were discussed.

There was a programme of audit that included audits of staffing levels, staff training, complaints management, personal plans and the environment. A quality enhancement plan was developed outlining a programme of improvements to address any issues identified. The audit programme could have been enhanced by the addition of an audit of medication management practices as already mentioned under Outcome 12. There was a quality and safety committee that met monthly to discuss issues such as accidents and incidents and the quality enhancement plan.

During the inspection the person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She was familiar with the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents. Staff members

stated that the person in charge was readily available to them. The person in charge was clear about her role and responsibilities and about the management and the reporting structure in place within the organisation.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found that the numbers and skill mix of staff were appropriate to the assessed needs of the residents. Residents attended day centres during the day and staff were present in the two houses each evening from 16:30hrs to 09:30 each morning on weekdays. The staff member on duty in one of the houses was a registered nurse, due to the medical needs of one resident. A healthcare assistant was on duty in the second house. One of the houses provided a 7-day residential service, whereas the other house provided a 4-day residential service and the residents went home at the weekends.

Records were maintained of staff training that indicated attendance at training such as fire safety, manual handling, adult protection, behavioural support, medication management, and relationship awareness. However, one staff member required up-to-date training in fire safety and one staff member required up-to-date training in manual handling.

A review of a sample of staff files indicated that all of the requirements of Schedule 2 of the regulations were met.

**Judgment:**

Substantially Compliant

## **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

John Greaney  
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 John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002919
<b>Date of Inspection:</b>	14 January 2015
<b>Date of response:</b>	13 March 2015

### 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 05: Social Care Needs

**Theme:** Effective Services

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

Supports required and the person responsible for implementing personal plans were not always specified.

**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 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The PIC will ensure that:-

- All Personal Plans are reviewed to identify gaps in relation to specific supports for Residents.
- Each Personal Plan will clearly allocate a responsible person for each action.
- The outcome of each action will be recorded in the personal plan

**Proposed Timescale:** 31/05/2015

**Theme:** Effective Services

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

Improvements were required in relation to identifying progress or otherwise in relation to the achievement of the goals specified in personal plans.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The PIC will ensure that:

- Each Personal Plan will include actions in relation to referrals and the outcome of same.
- Each personal plan will have all existing referrals reviewed and the outcome documented in the plan

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

The key worker for one resident had ceased to be employed in the centre and a significant period had passed without the allocation of a new key worker.

**Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The PIC has assigned a new keyworker to resident in Designated Centre.

**Proposed Timescale:** 28/02/2015

**Theme:** Effective Services

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

Personal plans were not available in an accessible format for residents.

**Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The PIC will:-

- Identify an accessible format of the Personal Plan to be made available to residents.
- Introduce the format to residents, staff and where appropriate their representatives, for implementation.
- Implement accessible format in the Designated Centre.

**Proposed Timescale:** 31/08/2015

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

The risk management policy did not outline the measures and actions in place to control all of the risks identified, as required by the regulations.

**Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The PIC will :-

- Review the measures and actions that are currently listed in the Risk management Policy.
- Include additional measures and actions into the Risk Management Policy to ensure, controls are in place for all risks identified.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

Not all members of staff had received up-to-date training in fire safety practices.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Staff member identified to attend Fire Safety Training.

**Proposed Timescale:** 28/02/2015

**Theme:** Effective Services

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

The inspector was not satisfied that there were an adequate number of heat/smoke detectors located at suitable locations throughout the centre.

**Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The Service have engaged Fire Consultants, to advise the Service on what works are required to ensure sufficient heat/smoke detectors are located throughout the premises in conjunction with other fire related works. Following successful application for funding, the works to be carried out at this residence along with 5 other residences in close proximity will be tendered for and works completed by 17th July 2015

**Proposed Timescale:** 31/07/2015

**Theme:** Effective Services

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

There was a notice on display outlining fire evacuation procedures, however, it was generic and was not centre specific.

**Action Required:**

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

- The notice outlining the fire evacuation procedure specific to the Designated Centre is now located and displayed in a prominent place in each house

**Proposed Timescale:** 02/03/2015

## Outcome 12. Medication Management

**Theme:** Health and Development

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

Medications for one resident were stored under the sink in the kitchen in close proximity to cleaning chemicals. While this cupboard was locked it was not a suitable place for storing medications.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- An audit of medication will take place within the Designated Centre.
- Actions identified in the audit will be implemented in the Designated Centre.

**Proposed Timescale:** 30/06/2015

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Not all staff had received up-to-date training in manual handling.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The PIC has arranged that:-

- Staff who required Manual handling Training have been updated.

**Proposed Timescale:** 28/02/2015