

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
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| <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-0002884  |
| <b>Centre county:</b>                                 | Co. Dublin   |
| <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>                              | Sharon Balmaine  |
| <b>Lead inspector:</b>                                | Deirdre Byrne  |
| <b>Support inspector(s):</b>                          | Shane Walsh  |
| <b>Type of inspection</b>                             | Announced  |
| <b>Number of residents on the date of inspection:</b> | 10   |
| <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 inform a registration 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:               |
| 13 May 2015 09:30 | 13 May 2015 19:30 |
| 14 May 2015 09:30 | 14 May 2015 16:30 |

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

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| 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**

This registration inspection was announced and took place over two days. Inspectors observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files. Inspectors received questionnaires from residents which were complimentary of the service being provided at the centre.

Inspectors visited the two units of the designated centre and met with residents and staff in these locations. In addition, they met the person in charge who was new to the role. A fit person interview was held with the person in charge during the

inspection, in which she demonstrated her knowledge of the role of person in charge as per the Regulations. The person nominated on behalf of the provider (to be referred to as provider in the report) did not attend this inspection. A fit person interview had been carried out with the provider prior to the inspection and she was found to be knowledgeable of her role and the requirements of the Regulations.

Inspectors found there was a clearly defined management team in place with responsibility for the service. There were suitable governance arrangements in the designated centre to support this management structure and ensure that the needs of residents were met, incidents were appropriately responded to and personal plans implemented.

As many of the residents were out during the day, part of the inspection took place in the late afternoon and evening, when residents had returned from their day activities or employment. All residents had an intellectual disability.

Overall, inspectors found the provider ensured that residents received a good quality service, whereby staff supported and encouraged them to participate in the running of the house and to make choices about their lives. There were regular meetings for residents, and, residents' communication support needs were highlighted in their personal plans. Inspectors found that residents' health-care needs were met as needs arose with good access to medical and allied health professionals. Residents were supported to develop and maintain personal relationships and links with the wider community.

The houses were clean and had a warm, hospitable atmosphere and inspectors found that the residents were comfortable and confident in talking about their home.

There are a small number of areas for improvement identified to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. These related to the the implementation of a risk management policy, aspects of the complaints policy and the contract of care. The non compliances are discussed in the body of the report and included in the action plan at the end of this report

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Inspectors found residents were consulted with, and participated in the organisation of the centre. Residents were enabled to exercise choice and control over their life in accordance with their preferences and to maximise their independence. However, an area of improvement in relation to the complaints policy was required.

The provider ensured there were systems in place to manage and respond to complaints. A complaints policy and procedure was seen by inspectors. However, the policy did not contain all the information required by Regulations. For example, the person nominated to ensure complaints were responded to and recorded appropriately. This information was provided by the person in charge following the inspection. A designated person had been assigned to the role in the large service.

There was a complaints log in place, and thirteen complaints were recorded since 2014. These were reviewed by inspectors, and it was evident that the complaints were resolved, with the satisfaction of complainant recorded. There were procedures displayed in each unit, and they described how to make a complaint. A notice board contained information on an external advocacy service available to residents if they wished to access it.

Inspectors found there were measures in place to safeguard residents monies. The procedures in place for completing transactions by staff on residents behalf were adequate. For example, dual signatures were provided by staff when recording transactions of residents. Receipts of items purchased on residents behalf were maintained and logged. A sample of cash balances were checked, counted and found to

be correct.

Residents had opportunities to plan their day and were consulted with in the running of their home through weekly house meeting. The minutes of these meeting were read by inspectors, and outlined a range of matters being discussed such as meals, activities, HIQA and household routines. The minutes were in an accessible format and it was evident they were read and signed by the residents.

During the inspection, inspectors observed staff treating the residents with dignity and respect, and supported routines and practice in a manner maximising residents' independence and exercise their rights. A rights charter was displayed in each house, within the centre. Residents' spoken with expressed knowledge of these rights, expressly naming their right to speak up about any issues they may have. In the questionnaires one resident responded that loved it in the centre and that it was her home.

**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):**

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

**Findings:**

Inspectors were satisfied that the person in charge ensured the communication support needs of residents were met.

The residents had access to assistive technologies and were facilitated to access communication aids to promote their full capabilities. For example, pictorial technologies were observed to be used by the residents.

Staff were aware of the communication needs of residents and these were clearly described in within a communication care plan maintained on file for each resident.

The centre was part of the local community, and residents had access to radio, television, internet, social media and information on local events. The residents participated in local services, such as the activities in the area, the swimming pool, employment in local bushiness and local day services. There were links with the neighborhood, and they attended local shops, restaurants, and public houses.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Inspectors were satisfied that residents were supported to develop and maintain personal relationships and links with the wider community, and families were encouraged to be involved in the lives of residents.

There was an open door policy for visitors. Both residents and staff informed inspectors that visitors were welcome in the home. Visitors could visit residents at any reasonable time, with residents wishes, and restrictions were in place with the agreement of the resident.

Inspectors found that family relationships are supported and encouraged. Families were welcome in the home. Additionally residents informed inspectors of visits to and stays in their family home that were supported and facilitated by staff.

Links to wider the community were also evident. Rosters on each residents file indicated where residents participate in weekly routines of the home, such as shopping for groceries. Additionally inspectors were informed that residents visit the community to attend the cinema, go for walks, drives, choir groups, discos, exercise, music and art classes, coffee shops, employment and day care services. A number of residents were employed in local businesses in the community, and one resident told inspectors about two jobs she had maintained up to very recently.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

Inspectors found the provider ensured admissions and discharges to the service were planned and timely, and each resident had an agreed, written contract. However, improvements in relation to the contract were required.

Each resident had a written agreement of the provision of services. A sample of contracts of care were reviewed. However, the contracts did not clearly outline what services were to be provided. In addition, the contracts did not consistently include the fees to be charged and were not signed by all of the resident or their representative. These matters were discussed at feedback with the person in charge and regional services manager who assured inspectors it would be addressed.

There were policies and procedures in place for admitting and the discharge of residents. The residents were admitted in line with the Statement of Purpose. A resident had recently been admitted to the centre. The process was carefully planned and staged, with clear communication with the residents family throughout. Documentation read by the inspector outlined how the resident was transitioning into the centre from home. In addition, a recent discharge from the centre had taken place in planned manner. The social care leader and person in charge outlined the process to inspectors and how each new admission or discharge was a carefully planned process.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors were satisfied that the social, health and emotional care needs of residents were ensured through regular assessment of and review by staff familiar with their needs. There was evidence that the support provided by the service to residents was cognisant of their individual needs, and also ensured residents were enabled to make informed decisions and choices.

There was documented evidence that each residents health, personal and social care and support needs were fully assessed before admission, and at regular intervals no less

than annually thereafter. The personal plans in the centre and service were referred to as "my person centred plan". The plans were comprehensive, with evidence of regular reviews that included a multi-disciplinary input from allied health services. There were quarterly reviews of progress for each resident, completed by the residents key worker. This was confirmed by staff who said plans were reviewed at an annual planning meeting which was attended by the residents and family members. There were documented records of these meetings on file. The records demonstrated regular reviews of progress and outcomes for the residents. One residents sat with inspectors while they reviewed her file, and confirmed their involvement. It was evident in reading the plans that progress was being made, and the goals were actively implemented. There was documented procedures on each file that outlined the supports in place for each residents communication, personal and intimate care, education, training for life skills where appropriate.

The residents key worker was responsible for documenting the objectives in conjunction with individual residents and the development of their plans. The plans took account of resident's psychosocial needs as well as medical and physical status, with health care developed for residents identified. An area of improvement regarding the inclusion of allied health service recommendations was identified. This is discussed under outcome 11 (health care).

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

Inspectors were satisfied that the centre was clean, warm, well maintained and homely. The centre comprised of two units and found to be well laid out and met the individual needs of the residents.

The two units are located in close proximity to one another in a residential area with good links to public transport and the local community:

Unit one is a two story house, five bedroom house. There is a one bed apartment connected to it. There are six residents: five female and one male resident. The male resident lives in the apartment, which is directly accessible to the main house, and also has its own entrance. The resident showed inspectors around the apartment. The

residents bedroom was large and spacious with ample storage. It has an open plan kitchen, dining and sitting room. There is a separate bathroom.

In the main house, the five single bedroom are on the first floor. Inspectors visited one of the bedrooms with the permission of the resident. It was of adequate size to meet the residents individual needs. Rooms were pleasantly decorated in accordance with the wishes of the resident and contained personal items such as television, family photographs, posters and various other belongings. There are two sitting rooms in the house and a large dining room and kitchen. A large landscaped garden is directly accessible from the house and the apartment. It was observed that the side garden was not secure, and no risk assessment of accessibility had been carried out (see outcome 7).

Unit two is a two storey house. It consisted of four bedrooms (all single occupancy), with one communal toilet and wash hand basin and one communal bathroom. It had a nicely decorated sitting room, with separate dining room and kitchen. There was a large garden directly accessible from the house. The design and layout of this house met the individual and collective needs of the residents.

In both units there were appropriate numbers of bathrooms, showers and toilets in the centre to meet the residents needs. Each of the two units were provided with a kitchen/dining and sitting room. There was a separate office with bed for sleep over staff was provided.

The centre was maintained to a good standard cleanliness and hygiene. Inspectors were informed both staff and the residents carry out the cleaning procedures, with support once a week from external cleaning staff. There was suitable cleaning equipment provided.

**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):**

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

**Findings:**

Inspectors found the provider had put measures in place to ensure the health and safety of residents, staff and visitors to the designated centre was promoted and protected. However, improvements were required in relation to the assessment of risk and an aspect of fire safety.

There was a risk management policy that met the requirements of the Regulations.

However, it was not fully implemented in relation to the assessment and identification of risk. For example, the risk register contained risk assessments of individual persons but environmental risks were not all identified, There was a risk register seen by inspectors however, the control measures to manage risks were not clearly outlined. An area of potential risk was identified by inspectors in relation to access to one of the units by the side entrance. This was discussed with the social care leader and person in charge, and this matter was immediately addressed.

Inspectors found systems were in place to review risks that were rated orange and red. These were escalated to senior management for review. There was a health and safety committee, where risks were discussed along with issues such as the risk register, fire safety and the emergency plan .

There were systems in place to manage adverse events. Adverse incident review forms were read by inspectors in which incidents were recorded. There was evidence that incidents were discussed at quality and safety meetings. The person in charge attended every bi-monthly and presented a review of incidents to date. Any follow up action or further investigations would be discussed at these meetings.

A health and safety statement was seen by inspectors. There was emergency evacuation plan in place. Staff were familiar with it and the alternative accommodation an evacuation was required.

There were systems in place for the management of fire safety. Inspectors spoke to staff who were knowledgeable of the fire prevention and evacuation procedures in place. All staff had received training in fire prevention and the use of extinguishers. There were personal evacuation emergency plans (PEEP) for each resident. A relief staff file contained a copy of PEEPs for the staff. However, the residents PEEPs in one unit were not up-to-date.

There were records of fire drills reviewed that confirmed they took place regularly, and included night drills. Inspectors read where problems had been encountered during one drill, and the action that had taken to improve the situation. Inspectors read daily, weekly, monthly and quarterly checks of safety equipment and alarms and exits. An area of improvement in the recording of these was identified (see outcome 18). Records read confirmed that fire fighting equipment was serviced regularly at frequent intervals. Fire orders were displayed prominently throughout the centre. The provision of fire doors was clarified following the inspection with the person in charge. Information submitted to the Authority on the 8 June 2015 confirmed that fire doors were provided in the two units, to the bedroom and living room doors.

**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):**

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

**Findings:**

Inspectors were satisfied that the provider had measures were in place to safeguard and protect residents from abuse; had ensured systems were in place to promote a positive approach to behaviours that challenge; and the management of restrictive practices were in line with the National policy.

There was a policy on and procedures in place for the prevention, detection and response to abuse that was comprehensive, and guided practice. The person in charge was familiar with the new procedures and guidelines for safeguarding vulnerable adults from the Health Service Executive. Inspectors were informed the current policy would be amended to reflect these procedures in due course.

Inspectors spoke to staff who were familiar with the types of abuse and how they would respond if an allegation of abuse was made. All staff had completed up-to-date training in safeguarding of residents, and records read confirmed this.

The Chief Inspector had been notified of allegations of abuse prior to the inspection. It was evident that appropriate and timely action had been taken in response to the incident. These were discussed with the person in charge who provided an update on further measures in place since they were notified. The person in charge was also familiar with the procedures to follow to carry out an investigation. There was a designated person nominated to oversee the investigation of allegations of abuse, and the person in charge was familiar with her role and responsibilities in relation to these procedures.

Each resident had an intimate care plan that was incorporated into their personal plans. The plans provided clear guidance and reflected the residents' wishes.

There was a policy relating to positive behaviour support that was seen to be operating in practice. A small number of residents presented with behaviours that challenged in the centre. Inspectors read the behaviour support plans in place for one resident. It provided clear and comprehensive guidance to staff on the supports to be provided for the resident. It was evident that the plan had been reviewed recently by a psychology

team. Inspectors discussed the plan with staff, who described supports in place and the strategies they carried out. They reported a reduction in incidents in the centre since the review of plan and how there were positive outcomes for all of the residents in the unit as a result. There was good access to an internal psychology and psychiatry services, with letters and minutes on residents files of the regular input from these departments.

There was very little use of restrictive practice carried out in the centre, and where used there were safeguarding measures in place to ensure it was utilised in accordance with the National Policy "Towards a Restraint Free Environment". There was a policy that provided guidance to staff. Where restrictive practices were in place, and depending on the type of practice (chemical or mechanical or a human rights restriction) there was referral into and review by a human rights committee and mechanical restraints committee.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

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

**Findings:**

Inspectors found that the person in charge and staff had maintained records of all accidents and incidents that had occurred in the centre.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

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

**Findings:**

Inspectors were satisfied that each resident had opportunities for new experiences, social participation, and employment was facilitated and supported.

There was a policy on access to education and training. This committed to all residents being supported to engage in learning opportunities.

Records reviewed, and discussions held with residents and staff, confirmed residents had a variety of opportunities to engage. Each resident had their own weekly schedule that set out the range of activities they were involved in. Inspectors read information, that was confirmed by staff, that residents had access to a range of different day services, attending groups, classes, and having jobs.

Staff informed inspectors that some residents visited family, had visitors in their homes, had parties, and attend shows and events in local entertainment venues.

The planning meetings between the residents and their key workers identified things residents wanted to achieve and some evidence was seen of these being met.

**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:**

Inspectors were satisfied that each resident was supported to achieve and enjoy the best possible health.

Inspectors reviewed resident files and found that residents had access to medical and allied health care professionals. These included, but were not limited to, a general practitioner (GP), dentist, occupational therapist, dietitian, dentist, psychiatrist and physiotherapist. The files indicated that access to these services was timely, and residents were facilitated by staff to receive any recommended treatments.

There were good practices in the identification and assessment of the residents health care needs. In addition, health care plans were developed to guide the care to be provided. It was noted that care plans did not consistently incorporate the recommendations of allied health professional, for example, the speech and language

and dietician. However, staff were familiar with the recommendations and the care to be carried out. This was discussed with the person in charge and social care leader who explained this would be addressed.

Where residents were currently undergoing medical treatments/tests these were noted in the residents files for follow up and staff were aware of any particular current needs. Residents were seen to be actively encouraged to make healthy living choices during the inspection and to take responsibility for their own health and medical needs.

There were good practices in place for residents to make healthy living choices around food. There was evidence of a range of choice at meal times, and the menu was planned at weekly house meetings held with the residents. A pictorial menu was displayed in each unit. The resident meals were prepared in their homes by staff. Inspectors observed the evening time meal in one unit, which was found to be nutritious and wholesome. The mealtime experience was seen to be a relaxed social event, with staff present to support and assist residents if required. Snacks and drinks were available to residents throughout the day and residents were seen availing of this.

**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:**

Inspectors was satisfied that residents were protected by the designated centres policies and procedures for medication management.

There was a comprehensive medication policy which provided staff guidance. There were specific administration procedures appended in the policy to guide staff. Inspectors read a sample of completed prescription and administration records which were completed in line with best practice guidelines. Information pertaining to each resident's medication was available in the residents files.

There were no residents self administering their own medications at the time of the inspection. Procedures were in place to guide staff if required.

The staff all completed training in the safe administration of medications along with a competency assessment prior to the administration of residents medications. Staff were familiar with the policies and procedures, although it was noted that some staff clear of procedures in the transcribing of medications. This was discussed at feedback with the

social care leader and the person in charge who assured inspectors it would be addressed.

Inspectors reviewed incident reports of medication errors. There were three in 2015. There was evidence of appropriate action taken and learning shared with staff. The person in charge reviewed any incidents of medication errors that occurred.

It was evident that there were appropriate procedures for the handling and disposal of unused and out of date medicines, and these were reviewed by the person in charge. There were systems in place to monitor and review medication management practices by the pharmacy.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Inspectors found that the Statement of Purpose met the requirements of the Regulations.

The Statement of Purpose accurately described the type of service and the facilities provided to the residents. It reflected the centre's aims, ethos and facilities. It described the support and care needs that the centre was designed to meet, as well as how those needs would be met.

**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):**

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

**Findings:**

Inspectors were satisfied there was an established management structure in place, with the roles of staff clearly set out and understood. There were systems in place to monitor and review the safety and quality of care, and a full time person in charge was in place.

The person in charge was suitably qualified and experienced, and managed the centre with authority, accountability and responsibility for the provision of the service. The person in charge was full time in her role in the organisation. While the person in charge confirmed she visited the designated centre on a regular basis, staff rosters reviewed did not indicate the days the person in charge was on duty. This was discussed at feedback with.

The person in charge oversaw the management of another designated centre in the organisation and is not required to undertake staff duties in any of the centres.

There were satisfactory governance arrangements in place and supervision at unit level. A social care leader oversaw the day to day management of the two units. She reported on a daily basis to the person in charge. As reported above the person in charge was new to her role, however, she had met the residents, and written to all their families introducing herself. Residents reported they were familiar with her. The staff informed inspectors they regularly met the person in charge and found her supportive.

There were systems in place to support and deputise for the person in charge. The residential services programme manager or social care leader deputised in her absence.

There were systems in place to monitor the safety and quality of care provided to residents, with comprehensive audits completed by a quality and safety department within the organisation. These audits were un-announced and took place up to twice a year. The most recent unannounced inspection took place on the 28 April 2015, the report had yet to be issued. Two other audit reports (May and September 2014) read by inspectors. The areas looked at included complaints, personal plans, interviews with residents and staff. A detailed action plan was also read that outlined the area that required improvement. The person in charge explained she was implementing the changes, and showed inspectors her own improvement plan to implement the recommendations.

A report encompassing the results of the safety audits along with the quality of the service was in place. It was yet to be made available to residents. This was discussed with the person in charge and regional services manager, who were aware of the requirement to do so, and to provide a copy of same to residents.

**Judgment:**

Substantially Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place to cover any absences of the person in charge. These arrangements were formalised and staff were aware of them.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

Inspectors found from a review of residents needs that the designated centre was sufficiently resourced to support the needs of residents to achieve their individualised plans.

**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:**

Inspectors were satisfied that staff were committed to providing a quality service to residents. There was an appropriate staff and skill mix to meet the assessed needs of residents, and residents received continuity of care. Staff were provided with mandatory and other training, with an area of improvement identified.

Training records were reviewed by inspectors. It was evident that staff in the centre had up-to-date training in fire safety, safeguarding and safety and manual handling. A range of other training was provided in relation to the management of dementia, diabetes, non violent crisis intervention. However, not all staff had completed up-to-date training in food hygiene training.

Staff files were reviewed and met the requirements of Schedule 2 of the Regulations. The staff were familiar with the Regulations and copies of the Regulations and Standards were provided in the designated centre for the staff.

There were appropriate arrangements in place to ensure that staff were supervised on an ongoing basis. A sample of performance reviews for staff were read by inspectors. A programme of supervision was in the process of being rolled out for all staff, and records of the initial meetings with some staff was read by inspectors.

A small number of volunteers worked directly with residents in the centre, one of whom was met during the inspection. The volunteer documentation and supervision arrangements in place were reviewed by inspectors and were in compliance with the requirements of the Regulations.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

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

**Findings:**

Inspectors found that records were accurate, up-to-date, maintained securely and easily retrievable. An area of improvement in the review of policies and the completion of fire safety checks was identified.

The provider had ensured the designated centre had most of the written operational policies as required by Schedule 5 of the Regulations. However, some policies were not consistently reviewed every three years.

Inspectors reviewed the records listed in Schedules 2, 3 and 4 of the Regulations which were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The completion of fire safety records as per Schedule 4, required improvement. For example, fire safety checks were not consistently maintained with gaps between checks.

An up-to-date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

**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:***

Deirdre Byrne  
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-0002884  |
| <b>Date of Inspection:</b> | 13 May 2015  |
| <b>Date of response:</b>   | 25 June 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 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:**

The complaint policy did not provide details of the person nominated to oversee that complaints were recorded and responded to.

**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 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

A designated person, namely Ms. Lia O'Shea, Administrative Officer, has been assigned to the role in the service with immediate effect.

**Proposed Timescale:** 14/05/2015

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The contract of care did not outline the services to be provided to residents.

The contract of care did not consistently include the fees to be charged.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Contract of Care will be updated for every Resident to include

a) the services to be provided to the residents

b) an outline of fees to be charged.

**Proposed Timescale:** 30/09/2015

**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 policy was not fully implemented in the identification and assessment of risks as outlined in the report.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. The external access area identified as a potential risk will have a new gate installed to deter access from intruders. The Social Care Leader and PIC have met with Maintenance and Contractors have visited the site so we are awaiting quote for same.
2. The Environmental Risks will be reviewed in light of this omission.

**Proposed Timescale:** 30/08/2015

**Theme:** Effective Services

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

The information contained in residents personal evacuation plans were not all up-to-date.

**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:**

1. Out of Date PEEP's which were observed by the Inspectors to be present on the day have since been removed on 13.05.15.
3. All Resident's PEEP's are currently up to date in their PCP's.

**Proposed Timescale:** 14/05/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

An accessible version of the annual report was not yet available to residents.

**Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

The Social Care Leader will liaise with the Speech & Language therapy department in order to develop an accessible version of the Annual Report for the DC.

**Proposed Timescale:** 31/12/2015

**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 up-to-date training in food hygiene pertinent to their role.

**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:**

Food Hygiene Training has been requested from the Catering & Household manager and is scheduled for July 8th 2015.

**Proposed Timescale:** 11/07/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Not all of the policies for the service were reviewed every three years.

**Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

St. John of God Policies are centrally created and apply nationally.  
The Programme manager has contacted the Quality and Regulation Department of SJOG to initiate a review of outstanding policies

**Proposed Timescale:** 30/12/2015

**Theme:** Use of Information

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

The fire safety checks were not consistently completed for the centre.

**Action Required:**

Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities)

Regulations 2013 for a period of not less than 4 years from the date of their making.

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

The Social Care Leader has discussed the Fire Safety Checks with the staff team at their weekly meeting and has followed up with Relief Staff accordingly.

The Social Care Leader will audit forms on a fortnightly basis to ensure compliance.

**Proposed Timescale:** 15/06/2015