

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003575
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Philomena Gray
Lead inspector:	Louise Renwick
Support inspector(s):	Niamh Greevy
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	3

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:
05 August 2015 09:10	05 August 2015 18:15
06 August 2015 09:00	06 August 2015 18:15

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

This was the first inspection of this designated centre run by St. John Of God Community Services Limited which provided respite services to approximately 50 residents. The centre was applying to register the centre which would offer respite to a maximum of five residents at any one time. The service catered for the needs of both children and adults, with weeks alternated to support each age group.

Inspectors found the centre was located in the community and offered premises of a high standard. Adequate staffing was in place. The centre offered adequate private and communal accommodation, and catered for the needs of both adults and children in an age appropriate manner. Questionnaires reviewed indicated that

families felt residents enjoyed their respite breaks and going to the centre, and had seen some improvements in certain aspects of their daily living skills as a result of their stays.

Overall, inspectors found that this centre offered a good service to the residents who availed of it, with high levels of compliance found across the 18 outcomes inspected. Inspectors determined 4 outcomes were not fully met with some improvements required. These included risk management, written agreements, policy documentation and planning for behavioural supports which will all be discussed within the body of the report and addressed in the action plan at the end. Inspectors found sufficient governance and management systems in place, which were ensuring the ongoing monitoring of the quality and safety of care for residents.

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):

Findings:

Inspectors found that residents and their representatives were consulted prior to and during their stay in this centre. For example, contact was made with family members before the respite stay, and "speak up" meetings were held at the start of each respite break with the residents who were availing of this. For example, inspector saw minutes of the meeting held with the two children on admission to decide upon the activities for the week, and meal planning.

Inspectors found there to be a clear policy and procedure in place in relation to complaints. The procedure was on display in the centre, and a log was maintained by the person in charge of any local issues that had been raised and resolved.

Questionnaires indicated that family members felt they could raise any issues or concerns with staff in the centre. Inspectors saw changes made as a result of complaints raised. For example, the rearrangement of bookings to support peers who did not enjoy respite breaks together.

Inspectors observed staff interacting with the children present during the two days of inspection, and found these interactions to be person centred, positive and respectful. Residents appeared content and happy during their time in the centre. Activities were age appropriate, and residents could display choice and control over their daily activities. For example, deciding where to go, and what to have for dinner.

Inspectors reviewed the practices in relation to residents' possessions and finances during their stay, and found a transparent system in place which was safeguarding residents' property.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that residents were supported to communicate effectively during their stay in the designated centre.

Inspectors reviewed documentation and found that each resident had personal passports and "all about me" records which highlighted how residents communicated their needs and wishes. Some residents had additional communication supports in place during their stay such as the use of pictures, photographs or sign language. Inspectors found signage and pictures in use around the centre to support all residents with understanding. For example, photographic menus.

Inspectors found that the centre was equipped with telephone and internet access along with radio and televisions and information on local events in the community.

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:

This designated centre provides respite breaks to adults and children, with the aim of offering a break for families who are the primary caregivers. Inspectors reviewed

contact and communication with residents' families in respect of this, and found evidence of ongoing consultation both prior to, during and following a respite stay for residents. For example, ensuring continuity of any supports required for current issues with residents were clearly recorded in the admissions forms. Inspectors found that staff contacted family members prior to a residents' stay, and also inclusion of family members in gathering information about the residents' likes, dislikes and preferences. Inspectors were satisfied that families were actively encouraged and involved in decisions about residents' care and support for the duration of their respite stay, and ongoing communication was encouraged.

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 that residents' admission to the designated centre for respite breaks was based on transparent and fair criteria and in accordance with the statement of purpose. There was a policy in place relation to the admission of residents. Booking meetings were held regularly with the person in charge, Clinical Nurse Manager (CNM) and the social work team to ensure bookings were meeting the respite needs of residents and to ensure residents were not being placed on breaks together if they did not get along.

At the time of inspection, inspectors were shown draft template for support agreements that had been created. However, at present no signed written agreements were in place for residents availing of services in this centre.

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 found that residents had opportunities to be socially active, and participate in meaningful activities appropriate to his / her own interests and preferences while availing of respite in the centre. Over the two days of inspection, inspectors observed residents being supported to attend activities and amenities in the community.

Staff obtained important information about residents from family members through the "respite information booklet" which outlined details such as residents health, physical needs, daily living, routines and safety issues. Residents' keyworkers had also completed "all about me" assessments and profile overviews to ensure continuity of supports offered at home. Inspectors found that respite staff had access to assessments completed by allied health care professionals in respect of the residents, and used these to inform the supports offered during their respite stay. Plans had been written up to outline the supports required by individuals during their stay such as intimate care plans, medication management plans and mealtime support plans.

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 found that the requirements of Schedule 6 were met by the provider. The premises were well maintained with suitable heating, lighting and ventilation. The centre was clean and suitable decorated and had adequate private and communal accommodation for residents.

Inspectors found that there was suitable equipment, aids and appliances in place to cater for both the needs of adults and children. For example, there was a dedicated play room where children enjoyed spending time, along with a comfortable living room for adults. The garden was equipped for both adults and children, with age appropriate toys and seating to cater for the needs of all ages. For example, outdoor garden furniture, a large swing set, trampoline and a sandpit play shed.

Inspectors found the centre to be accessible, with the addition of ramp access off main doors and fire exits to assist residents to egress safely. Residents with mobility needs could avail of a downstairs bedroom with en-suite facilities, and the rooms and hallways in the building were wide and could promote ease of access for residents' using wheelchairs or mobility aids.

Inspectors were satisfied that the design and layout of the premises were suitable for the stated purpose, and met the individual and collective needs of residents.

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:

Overall, inspectors were satisfied that the health and safety of residents, staff and visitors was promoted in the designated centre, with only minor improvements required to the identifying of potential risks. Inspectors reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, health and safety policies, guidance on infection control, a fire safety policy and emergency and evacuation plans.

Inspectors reviewed the risk management policies and procedures and found them to be in compliance with the regulations. For example, they included details on the specific risk of self harm. Inspectors found the person in charge and staff to be knowledgeable

on the risk identified in the risk register. This was reviewed regularly by the person in charge, and discussed at team meetings. Inspectors found that some new risks had been identified through the review of accidents and incidents records, and control measures put in place to alleviate or reduce these. However, not all behavioural incidents had resulted in this same risk based approach. For example, a resident who had reacted in an unexpected way to a member of the public while on an outing had not been reviewed to ensure all risks to himself and others were appropriately identified and addressed. Inspectors determined that the oversight or risk could be further enhanced in the centre going forward to ensure all avenues of identifying potential risks were explored.

Inspectors reviewed the accident and incidents records and found a system was in place to record, respond to and learn from accidents and incidents in the designated centre.

Inspectors found there to be an evidenced system of checking and servicing of the fire detection and alarm system along with the emergency lighting. Fire extinguishers were in place in the centre, and evidenced as serviced routinely by a relevant professional. Staff had all been provided with training in fire safety.

Each resident had a personal evacuation plan drawn up, which staff and residents were aware of. Inspectors reviewed documentation in relation to fire, and spoke with staff and residents and found that regular fire drills were undertaken at different times of the day and night to ensure all residents and staff understood what to do in the event of a fire or evacuation. Drills were carried out with residents on each respite stay to ensure they remembered how to evacuate safely, as it may have been a period of time since they were last in the centre.

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):

Findings:

Residents were protected and safeguarded from abuse or harm in the designated

centre. However, improvements were required to some policy documentation.

Inspectors found that residents were offered a safe environment during their respite stay. Staff members were all Garda Vetted and had received training the prevention, detection and response to abuse along with Childrens' First training. Staff who spoke with inspectors could outline what they would do if they had safeguarding concerns, and could easily identify the designated liason person. There was evidence of strong communication between the social work department team and staff working in the centre. Questionnaires from family members and residents outlined that residents felt safe in the centre.

Inspectors discussed residents' behavioural needs with staff, and reviewed residents' files and found a positive approach to behaviours that challenge. There was good management of admissions and residents booked in for respite to ensure known triggers were avoided and adequate staffing could be in place to prevent any escalations in advance.

Inspectors found no restraint usage in the centre, with a restraint free environment promoted. Some children and adults required the use of specific car harnesses for transport, and inspectors found evidence of clear rational for their use and regular reviews. Staff had received training in the management of potential aggression and physical restraint was seen as a last resort in the centre. Staff were able to demonstrate any physical prompts that certain residents' required, and inspectors found that these were done in line with training and were as least restrictive as possible.

Inspectors reviewed plans for residents who required support with behaviours of concern and found that while these were in line with a positive approach, they were in need of further address to ensure all interventions that may be used if the residents' behaviour escalated were included. For example, residents had well written proactive strategies to guide staff on how to prevent any behaviours of concern or how to avoid triggers. However, there was a gap in the care plans reviewed to show how to respond or react should the proactive interventions be ineffective.

Inspectors reviewed the polices in relation to this outcome and found this as an area in need of some improvement. For example, the policy for managing behaviour was not up to date or reflect current practice. The restraint policy while offering guidance in line with best practice was in need of review, and the suite of safeguarding policies and procedures had not been updated in line with changes to national policies, and didn't offer clear guidance to staff. This will be further discussed and actioned under outcome 18 records and documentation.

Judgment:
Substantially 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 determined that a record was maintained of all incidents and accidents that had occurred in the designated centre. Inspectors reviewed the accident and incident log, and spoke with the person in charge. Inspectors did not identify any adverse events which had not been reported to the Chief Inspector as required, and the person in charge had sufficient knowledge of what was a notifiable event.

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 found that residents had opportunities for new experiences and social participation while staying at the designated centre. The purpose of the centre was to offer respite stay and to avail of a break away from the usual routines. Inspectors found that during term times, children were supported to attend school, and adults to attend their day services. Inspectors found an emphasis on skills teaching and supporting residents to continue working on independence and life skills while staying in the centre. For example making the bed.

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:

As this was a respite centre, residents' families were the primary caregivers. Inspectors found that residents were supported during respite to enjoy best possible health and continued to avail of health care supports that were required. As the designated centre offered short holiday breaks to residents, if someone was unwell they would not attend at that time, and would be offered an alternative date. This was clearly outlined in policy.

Inspectors determined that there was a strong system of communication in place between families, schools, day services and allied health care professionals that ensured staff in the centre had up to date information on any health care needs, and could ensure continuity of support during respite stays. There was evidence of referrals to and advise from allied health care professionals in residents' files and care plans.

Inspectors reviewed a sample of residents' files, and found evidence of assessments and care plans to address identified needs in relation to health care. For example, mealtime support plans and sleep routine care plans. Documentation and care plans in relation to health care needs were sufficiently ensuring continuity of supports for residents while availing of a respite stay in the centre.

Inspectors reviewed a sample of menus and observed residents enjoying some meals. Inspectors determined that residents were offered meals in line with their preferences, choices were offered, and any advise of allied health care professionals in relation to diet was followed. Staff encouraged residents to make healthy and nutritional food choices. Records of food intake were kept for all residents during their staff, and staff could confirm a balance between nutritional meals offered to residents, along with occasional treats such as eating out while enjoying their respite stay.

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 found that each resident was protected by the designated centre's policies, procedures and practices regarding medication management. Inspectors reviewed the organisational policy on medication management, and the centre specific local procedure also. Inspectors were satisfied that the policy and procedure were based on national guidelines, and guided safe practice.

As this was a respite centre, certain aspects of the medication cycle were not applicable. Residents only brought what was needed with them on their respite stay, with no excess storage on site. Staff did not need to transcribe or assist residents with prescriptions as residents' families held responsibility for obtaining medication from the General Practitioner and pharmacist.

Practices in relation to the administration, storage and transfer of medication between services were in line with the centre's own policies and guided safe practice. Documentation was clear, and staff could speak with ease about the practices specific to this centre. The person in charge and clinical nurse manager had identified an area for improvement with regards to the medication documentation, and had a plan in place to upgrade the written documents in the future. Inspectors found all residents had clear medication plans on their files and written protocols for the use of any PRN (as required) medication.

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:

The inspector found there to be a written statement of purpose in place in the designated centre which was a true reflection of the services offered and practices observed on inspection.

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 found a system was in place to monitor the quality and safety of care and support in this centre. A number of unannounced provider visits had been carried out at six monthly intervals as is required by the Regulations. These visits generated action plans which inspectors reviewed, and found to bring about positive changes. For example, these visits captured training gaps, or gaps in documentation. Along with these unannounced visits, the inspectors found a system of local audits in place. For example, medication audits, manual handling audits, documents audits, medication prescription audits and fire safety audits. Inspectors found that an annual review had taken place in May 2015. This review and audits had brought about improvements and positive changes. For example, they identified training needs and as a result staff had all received their refresher training in various areas prior to going out of date.

Inspectors determined a clear management structure in place in this centre. Staff and families were aware of who was in charge, and the lines of reporting and accountability in the management team. The person in charge reported directly to the regional manager at the time of the inspection, until the post of programme manager was filled. Communication structures were in place across all levels in the organisation.

The person in charge was found to be suitably skilled, qualified and experienced to carry out her role and was supported by a clinical nurse manager. The person in charge worked full time, and held responsibility for this one designated centre. The person in charge demonstrated commitment to her continuous professional development by

keeping up to date with her mandatory training, along with planning to commence an external certified course in applied Management.

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):

Findings:

Inspectors found there to be suitable arrangements in place for the absence of the person in charge. In the event of an absence, the Clinical Nurse Manager 1 (CNM 1) would assume responsibility for the management of the centre. The inspectors met with the CNM and was satisfied that she was aware of her regulatory responsibility should an absence of 28 days or more occur for the person in charge. The person in charge and provider was aware of their responsibility to notify the Chief Inspector of any such absence.

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 that the centre was effectively resourced to deliver the respite service in line with the Statement of Purpose, and to ensure residents' care and support needs were met during their stay. Adequate staffing was in place as will be discussed under

outcome 17. There was a wheelchair accessible vehicles available to the designated centre in order to ensure residents' daily activities and routines were met. As mentioned under outcome 6, the requirements of Schedule 6 of the Regulations was met by the provider.

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):

Findings:

Inspectors determined that the staffing number and ratios in the centre were adequately meeting the needs of residents, and ensuring the care and support offered was in line with their individual plans during their respite stay. Inspectors reviewed the staffing rosters over a number of weeks, and determined flexibility in hours to ensure residents' needs were met. For example, a higher number of staff on duty to assist certain residents who required this.

Inspectors spoke with staff and observed some interactions between residents and staff and found that staff could demonstrate a good knowledge of the residents that availed of the respite service and the needs and supports as outlined in their written documentation.

The inspector reviewed a sample of staffing files for permanent and relief staff working in the centre, and found them to be meeting the requirements of Schedule 2. Recruitment practices were found to be in line with the organisational policies and ensured safe recruitment of staff. Yearly staff appraisals were carried out with staff by the person in charge and clinical nurse manager. Staff meetings were held regularly and staff felt they could raise any issues or concerns through this forum.

The inspector spoke with staff and reviewed training records, and found that staff were offered routine training to ensure they were adequately skilled to carry out their duties. For example, all staff had up to date training in safeguarding of residents, fire safety and manual handling. Staff had also been offered additional training to support with the particular needs of residents, for example training in dysphagia and modified diets.

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):

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

Findings:

Inspectors found that documentation in the designated centre and in relation to the care and support offered to residents was well organised. Documentation was easy to retrieve, clear and up to date.

Inspectors found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. Inspectors found that directory of residents was maintained and up-to-date. Information and records available in the centre were proportionate to the respite function of the centre, and was ensuring continuity of meeting residents needs during their stay.

Written operational policies and procedures were in place as required by Schedule 5 of the Regulations. However improvements were required in relation to their full implementation and review. For example, a number of policies had been last reviewed in 2009 such as the intimate care policy. Other policies had been reviewed within the previous three years, but were in need of address as they had not been updated following changes to national policy. For example the update of Children's First. As mentioned under outcome 8, the policy in relation to behaviours that challenge was in need of address as it no longer guided the practice that was in place. The regional director was aware of these policy issues, and informed inspectors of work being carried out at present to address this.

Inspectors reviewed a sample of staffing records and found that they were maintained as required and outlined under outcome 17 Workforce.

Inspectors found that appropriate insurance cover was in place for the designated

centre, with evidence submitted as part of the application to Register.

Judgment:

Non Compliant - Moderate

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:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003575
Date of Inspection:	05 August 2015
Date of response:	29 September 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 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:

No written agreements were in place at the time of inspection.

1. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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

terms on which that resident shall reside in the designated centre.

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

The Registered Provider shall ensure that each resident or his/her representative will be provided with a contract of care which will set out the support, care and welfare of the resident and the services to be provided to the resident.

Proposed Timescale: 27/11/2015

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:

Systems required strengthening to ensure all risks were identified, assessed and managed in the centre.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. All risks identified will be assessed and managed in a timely manner.
2. A referral has been made to the Clinical Team to respond to a change in needs and circumstances relative to risks identified.

A team meeting took place on 24/09/2015 to review the current safety systems. All gaps were identified and recommendations have been implemented to address these.

Proposed Timescale: 28/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Behavioural plans did not include information on the interventions to be used should residents' behaviour escalate.

3. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1. All behavioural plans have been audited by the Person in Charge.
2. Where required behavioural plans will include clear information on the interventions to be used should a resident's behaviours of concern escalate.

Proposed Timescale: 09/11/2015

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 policies were fully implemented in practice.

4. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. The Registered Provider shall ensure that all Policies and Procedures on the matters set out in schedule 5 will be reviewed and updated to guide best practice.
2. The Board of Sponsors approved the Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures for implementation within Saint John of God Hospitaller Ministries on 27/7/2015.
The Task Group on Safeguarding will examine this and will advise of any recommended adaptations to this policy.
3. The Positive Behavioural Support Policy was approved on 25/6/2015. It is currently being rolled out to all staff.

Proposed Timescale: 31/10/2015

Theme: Use of Information

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

A number of policies were in need of review, and some required updating to reflect changes in national policy.

5. 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:

1. The Registered Provider shall ensure that all Policies and Procedures on the matters set out in schedule 5 will be reviewed and updated to guide best practice.

2. The Board of Sponsors approved the Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures for implementation within Saint John of God Hospitaller Ministries on 27/07/2015.

The Task Group on Safeguarding will examine this and will advise of any recommended adaptations to this policy.

3. The Positive Behavioural Support Policy was approved on 25/06/2015. It is currently being rolled out to all staff.

Proposed Timescale: 31/10/2015