

**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-0003652
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	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 3 day(s).

The inspection took place over the following dates and times

From:	To:
03 November 2015 10:00	03 November 2015 18:30
04 November 2015 10:00	04 November 2015 14:00
05 November 2015 10:00	05 November 2015 12:00

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

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

Summary of findings from this inspection

The Health Information and Quality Authority (the Authority) received an application seeking registration approval to accommodate 4 residents in this designated centre. As part of the application for registration the provider nominee was requested to submit relevant documentation to the Authority. The inspector reviewed this documentation, obtained the views of residents,(as far as practicable) and staff members, observed practices, assessed the premises and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff records.

A monitoring inspection of the service was carried out in June 2014, however, since that date the service has been reconfigured and therefore this was the first inspection of the designated centre.

The designated centre consists of a residency situated in a small town. Accommodation is provided for 4 residents. The centre provides facilities and services for residents with a diagnosis of intellectual disability and /or other conditions. There were no vacancies at the time of the inspection.

The inspector met with the person in charge and manager to outline the inspection process and methodology and provided feedback to the management team at the conclusion of the inspection. The provider nominee was unable to attend.

The person in charge demonstrated knowledge of the legislation and standards during the inspection process and in a fit person interview conducted prior to the inspection.

The inspector met all of the residents currently being accommodated, some were aware of the inspection process and expressed their satisfaction in respect of living in the community and while others did not express an opinion, they showed the inspector their private bedroom space and appeared happy and content in their community environment.

There was evidence that residents were consulted with and participate in decisions about their care and about the organisation of the centre. Information was readily available about the advocacy service and each resident's privacy and dignity was respected. A complaints policy procedure was available.

Residents had good access to nursing, medical and allied health care. There were measures in place to protect residents from being harmed or suffering abuse. The inspector saw that person centred care was promoted and there was evidence of opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities.

The location, design and layout of the premises met the needs of residents.

The health and safety of residents, visitors and staff was promoted and protected as staff were observant in identifying, analysing and controlling risks.

From an examination of the staff duty roster, observation of residents and communication with staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

There was evidence that staff had access to education and training. Staff demonstrated that they had good knowledge of the residents and their needs. They emphasised the importance of promoting a holistic care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences while maximising their independence.

Scrutiny of records showed that these were maintained in accordance with the legislation.

Areas requiring improvement are identified in the action plan at the end of the report in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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:

There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, house meetings have been convened in order to work out menus for the evening meals and social programmes.

The inspector observed staff engaging with residents in a manner that was respectful. The inspector found that some staff had worked with in the service for many years while others were recently appointed, however, all staff were familiar with the residents' needs, capabilities, their life histories and family support circles.

A resident remained at home from a day time activation programme to welcome and show the inspector his/her home including his/her bedroom accommodation. Some residents who returned to the designated centre in the late afternoon were keen to show the inspector their private bedroom accommodation and describe their personal interests.

Some residents shared their care planning records with the inspector and in other instances, staff members had obtained residents' permission for the inspector to review their care planning records/documentation in their absence.

Residents had individual bedrooms which had ample storage space for personal possessions and some of the bedrooms had comfortable seating so that they could receive visitors in private. Residents' bedrooms were personalised with photographs of families and friends, were decorated in accordance with the residents' preferences and choices, had tasteful soft furnishings and the private spaces reflected residents'

personalities and interests.

The inspector observed residents freely accessing all aspects of the communal premises and one resident was making an evening meal for the resident group and staff.

The inspector was informed by staff that there are was sufficient staff available if residents chose to remain at home from their activation programme or return home at any time if they wished to do so.

The inspector saw notice boards conveying information to residents in relation to the dates and times when staff would be working, menus and social activities.

Residents had access to an independent advocacy service and one resident availed of the service.

There was a complaints policy and procedure which was translated into an understandable format for those residents who had the capacity to understand it. Staff informed the inspector that residents clearly understood the complaints procedure and every effort was made to resolve the complaint as quickly and effectively as possible. The inspector heard that a resident made a complaint to the person in charge on the night prior to the inspection and this had been immediately addressed.

An examination of the complaints record showed that in the main complaints brought about an effective outcome for residents, however, it was noted that a complaint made by a resident had not been satisfactorily resolved/finalised and the procedural guidance for staff was not comprehensive.

Judgment:

Non Compliant - Moderate

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:

In residents' personal care plans the inspector saw that the mode of communication used by the individual residents were described and staff working with residents were able to interpret residents' verbal and non-verbal expressions.

There was documentary evidence in respect of speech and language professionals

providing a service to some of the residents.

The residents communicated freely with the inspector and invited the inspector to view their private bedroom space showing items and possessions which had significant meaning in their lives.

The inspector saw that information that was relevant to residents was in an appropriate format for the residents' communication abilities and capacity of understanding, for example, menu planning.

Local newspapers were available in the communal areas for residents and there were televisions and CDs/radios in all of the residents' bedrooms. Computer information and technology was also made available appropriate to residents' capacity and understanding.

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:

There was substantial evidence that residents are supported to develop and maintain personal relationships and links with the wider community. For example residents shopped for foodstuffs from the preplanned menu choices and some residents participated in community events and went to the local pub, restaurants, hairdressers, post office, golf club and cinema. This was confirmed by the residents and relatives who completed questionnaires. Relatives particularly highlighted the enthusiastic welcome that they receive when they visit the designated centre. The information obtained from the questionnaires identified that respondents were positive regarding the facilities and services and care received.

Staff and management informed the inspector that relatives and family members are provided with up-to-date information regarding residents' care and condition and are invited to attend care planning reviews. This was also confirmed by relatives in the completed questionnaires.

Some residents had photographs of significant people in their lives hanging on the walls of their bedrooms.

Each house has suitable communal facilities including sufficient space to receive visitors.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There was a policy and procedure in respect of the admission transfer and discharge of residents. The resident group were compatible and assisted one and other to have a comfortable lifestyle.

The admission process is initiated when an application supported by clinical and other relevant reports are received by the organisation. The designated centre does not currently facilitate emergency admissions.

If the admission is deemed appropriate written agreement is forwarded to the resident/or their representatives, if the resident is not capable of giving consent. This includes the terms of occupancy.

Each resident had a written contract agreed within a month of admission to the service. An examination of the contract showed that this set out the services to be provided and the fees charged including items which incur additional charges.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The designated centre accommodates 4 residents and there were no vacancies. All of the resident have an intellectual disability.

Each resident had an Individual Personal Plan (IPP) which referenced assessments completed and identified the arrangements in place to meet their needs. The personal care plans were developed in respect of each resident's care and addressed key aspects of their needs.

Residents' aspirations and goals were stated, and there was evidence that residents were empowered and supported in achieving their goals, which resulted in successful outcomes, for example planning holidays.

Documentation showed that there were regular reviews of residents' care plans in consultation with residents and or their next of kin/families.

Staff in their communications with the inspector demonstrated that they were knowledgeable of residents' needs and behaviour management plans were in place where necessary.

The inspector saw that pictorial aids were used to assist residents to understand the care planning process.

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:

The location, design and layout of the community house was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The resident group in conjunction with their family members were supported by staff and management to obtain this residency in the community.

The designated centre is a bungalow and consists of 4 individual bedrooms. Communal facilities include, sitting, dining kitchen and utility room and sufficient toilets/bathrooms to meet the needs of the current resident group. Storage facilities were adequate.

The furnishings and fixtures are modern and bright and the designated centre has been well maintained. However the following matters were identified: –

- A sloping gradient into one of the bedrooms from the corridor.
- An odour of dampness in the bathroom.
- Three steps leading from the exit door of the utility room into the outdoor space.
- A loose panel in the front door.
- Two different levels in the entrance hall which may cause a problem for residents with mobility difficulties.

There was appropriate equipment for use by residents and staff which was maintained in good working order including accessible transport.

Externally, the grounds were well maintained and there was adequate car parking.

Judgment:

Substantially 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:

The inspector found that the health and safety of residents, visitors and staff was promoted and protected as there was a policy and procedure in respect of managing risk which included documentation in relation to recording and analysing risks in order to take measures to control the risks. For example measures had been taken to increase staffing levels to meet the needs of residents and provide staff with appropriate training in rescue medication for residents with epilepsy.

Fire equipment was easily accessible and prominently placed throughout the designated centre and servicing was up to date. The inspector observed during the inspection that fire exit doors had not been obstructed. Staff and residents are involved in fire safety and evacuation procedures. Smoke detectors were located in various rooms throughout the designated centre in order to assist staff and residents in detecting the risk of fire in an emergency. However there was no centralised fire panel. The person in charge informed the inspector that staff and residents were familiar with the fire evacuation procedures and this was confirmed by staff on duty and residents

The Authority received written confirmation from a competent officer contracted by the organisation confirming that the centre was inspected on 3 April 2014 and was in compliance with fire safety regulations, however, the incorrect address of the designated centre was identified on the documentation. Management agreed that a further inspection of the designated centre would be carried out and the advice of the competent person sought regarding the necessity or otherwise to have a fire panel installed in the designated centre so that there would be no unnecessary delay in detecting a fire.

Infection-control measures were in place for example, there were facilities available for hand hygiene, closed bins for disposal of hand towels, sufficient toilet rolls and holders in place, appropriate storage of toiletries and dental hygiene equipment.

Staff had participated in training in infection control, hand hygiene and moving and handling.

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:

The inspector saw that there were measures in place to protect residents from being harmed or suffering abuse and appropriate action is taken in response to allegations, disclosures, or suspected abuse.

There was a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse.

The inspector communicated with staff, who confirmed that they had participated in relevant training and were knowledgeable with regard to what constitutes abuse and their duty to report any allegation, suspicion of abuse, and were aware that this should be fully investigated and protective procedures put in place for residents.

The inspector saw that where residents' challenging behaviour necessitated intervention that every effort was made to identify and alleviate the cause of it.

Staff demonstrated that they had knowledge of the behaviours that are challenging for certain residents.

The inspector noted that a restraint free environment is promoted with the reduction in chemical restraint.

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:

The inspector saw that a record of incidents occurring in the designated centre is maintained and, where necessary, notified to the Chief Inspector.

The inspector noted that, notifications in respect of serious injury to residents, and quarterly reports had been forwarded to the Authority.

An internal processing/auditing system is available within the organisation.

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:

The inspector saw that residents had opportunities for new experiences, social participation and education. A bus is available which transports residents from the community home to day care facilities.

Residents were positive regarding participating in social and recreational activities and of staff who provide assistance in achieving life skills, appropriate to living independently in the community and pursuing favourite activities such as shopping for household items and fashion and style, bowling, swimming and going to mass.

The inspector heard that there is good communication between the residential service and the day care facilities to ensure continuity of care.

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:

From an examination of documentation and the views of residents and staff it was evident that residents are supported on an individual basis to achieve and enjoy good health.

There was a health care plan available in each resident's care planning documentation. Residents' healthcare needs were well monitored and treatments were implemented as recommended or prescribed. Some residents had health conditions such as epilepsy and diabetes. Referrals and meetings with key significant personnel in the lives of residents

including behavioural therapy, occupational therapy, community medical, nursing, care staff, key workers and family members was evident.

A behavioural therapist and psychologist are available to assist/support residents and care staff. There was evidence of appropriate referrals and appointments to residents' GPs and allied health professionals such as, opticians and speech and language therapists as required.

In the kitchen the inspector saw a variety of foodstuffs and snacks in the cupboards, refrigerators and freezers and an ample availability of fruit.

Residents' records showed that their weights were monitored. There was evidence that residents were able to choose their own foods. Pictorial menu cards were available to inform residents about different menu choices.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was a written operational policy/procedure informing ordering, prescribing, storing and administration of medicines to residents.

An examination of staffing records identified that staff had received training in the management of medicines on various dates throughout 2014 and 2015.

The inspector saw that medicines were secured safely and a staff member on duty explained a resident's prescribed medicines and the documents in use to administer prescribed medicines to residents.

The inspector was informed and saw evidence in the care planning documentation that residents' medication was reviewed.

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:

There was a statement of purpose available which described the services, facilities and care provided to meet the diverse needs of residents and contained the information required as set out in schedule 1 of the legislation.

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:

A person in charge has been appointed to the designated centre and the post is a permanent position. The person in charge is a qualified intellectual disability nurse with many years of experience in the area of intellectual disability. The staff member participated in an interview with the Authority prior to the inspection and demonstrated a sound knowledge of the legislation and standards pertaining to residential care.

The person in charge facilitated the inspection process and made available documentation and information to the inspector.

She identified that she has authority and is accountable in consultation with senior management for the service and informed the inspector that resources are made

available as necessary to meet the needs of residents. For example a wakening night staff member was rostered as opposed to a staff member on sleepover duty.

A new management structure has been identified for the designated centre. This includes having a manager, responsible for the day-to-day operation of the centre and supervising/mentoring staff. This staff member will deputise in the absence of the person in charge. The staff member participated in a fit person interview during the inspection and the staff member demonstrated a knowledge of the legislation and standards pertaining to residential care.

The inspector found that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the designated centre's statement of purpose for example there was adequate support systems to meet the needs of residents.

Management carried out audits to ensure that the service did meet residents' needs for example there were records and audits of residents' monies and personal possessions.

An annual review of the quality and safety of care and support in the designated centre was available for the inspector.

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):

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

Findings:

In the absence of the person in charge the inspector noted that suitable arrangements have been put in place for the management of the designated centre and the person identified for this position holds a degree in psychology and has been working for the organisation in community services for the past 5 years.

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:

The inspector found that the centre was resourced to ensure the effective delivery of care and support in accordance with the designated centre's statement of purpose.

The inspector noted that there were sufficient resources, including the availability of a minibus in order to ensure residents were able to attend activation programmes of their choice.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector examined copies of planned rosters for the centre and found that staffing levels were adequate to meet the needs of residents.

Arrangements were in place to manage planned and unplanned staff leave and there was evidence of staff participating in staff meetings.

The inspector found staff had a comprehensive knowledge of the residents' likes, dislikes and life histories. Staff throughout the inspection were helpful.

The inspector examined documentation in relation to staff members working at the centre and found that the matters required by schedule 2 were available.

Documentation in relation to training showed that there was a planned schedule identifying dates and times of various different training modules. There was evidence of scheduled training that staff had participated in relevant to their role and responsibility for example all of the staff working in the designated centre had participated in training in safeguarding, fire safety, protection of residents from abuse and some staff had received training in dysphagia.

Formal performance development reviews of staff take place on an annual basis, however, management intend to introduce a formal supervisory process to assist in performance development.

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:

The application received for this designated centre was submitted to the Authority in 2014 and was currently out of date. The inspector requested that management communicate with the Authority's registration section to be issued with another application form for completion and return. The inspector was informed that this had been received by the Authority.

There was adequate insurance against accidents or injury to residents, staff and visitors.

The designated centre has procedures/guidelines on matters identified in schedule 5 of the Health Act 2007.

The records listed in the Health Act 2007 were being maintained in a manner so as to ensure completeness, accuracy and ease of retrieval for example the directory of residents.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Siobhan Kennedy
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-0003652
Date of Inspection:	03, 04 and 05 November 2015
Date of response:	17 December 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 procedural guidelines for staff in relation to the investigation of a complaint was not comprehensive.

1. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure

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

for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

1. A Local Complainants Policy will be developed in line with the corporate complaints policy.

Proposed Timescale: 28/02/2016

Theme: Individualised Supports and Care

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

A complaint made by a resident had not been satisfactorily resolved/finalised.

2. Action Required:

Under Regulation 34 (1) (b) you are required to: Ensure that each resident and their family are made aware of the complaints procedure as soon as is practicable after admission.

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

1. The complaint made by the resident has now been resolved to their satisfaction.

Proposed Timescale: 12/11/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The following matters were identified: –

- A sloping gradient into one of the bedrooms from the corridor.
- An odour of dampness in the bathroom.
- Three steps leading from the exit door of the utility room into the outdoor space.
- A loose panel in the front door.
- Two different levels in the entrance hall which may cause a problem for residents with mobility difficulties.

3. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

1. The sloping gradient into the bedroom will be examined by the maintenance contractor and addressed
2. The dampness in the bathroom areas has been address

3. The steps at the back door to utility area will be widened to ensure good footing
4. A new front door has been ordered and will be in place by 10/02/2015
5. The difference in level at the front door will be addressed alongside the replacement of front door.

Proposed Timescale:

1. 15.01.16
2. 12.11.15
3. 30.01.16
4. 10.02.16
5. 10.02.16

Proposed Timescale: 10/02/2016

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:

A further inspection in respect of compliance with statutory requirements relating to fire safety should be carried out and in particular to determine if adequate arrangements have been made for detecting a fire in the designated centre and or the need for a centralised fire panel system. The report of this inspection should be forwarded to the Authority.

4. Action Required:

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

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

1. A further inspection by the fire consultant took place on 18th November 2015 and the recommendations will be completed by 31/01/2016.

Proposed Timescale: 31/01/2016