

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Pleasure Hill House
Centre ID:	OSV-0004337
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Declan Moore
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	5

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:
25 January 2017 11:00	25 January 2017 17:30
26 January 2017 09:00	26 January 2017 13:30

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

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

Summary of findings from this inspection

Background to Inspection:

This was an announced registration inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God Community Services Ltd (the provider) to register the centre.

The centre was previously inspected as part of a larger configuration of 3 residential units, however, after a reconfiguration in 2016, this centre restructured to one single house. This was the centre's first inspection as an entity in its own right.

Overall significant levels of compliance was found across all outcomes assessed. This inspection also found that residents were in receipt of a good quality of service, staff understood the complex needs of each resident and the centre was managed in a way that promoted each residents dignity, privacy and respect.

How we Gathered Evidence:

The inspector interviewed two staff member (a staff nurse and a social care worker) about the service being provided to the residents. The person in charge was also spoken with at length, as was the team leader and the director of nursing.

The inspector also met with all of the residents at various times over the course of the two day inspection process.

Policies and documents were also viewed as part of the process including a sample of the resident's health and social care plans, complaints policy, the contract of care, health and safety documentation and risk assessments.

Description of the Service:

The centre comprised of a large detached five bedroom house located in Monasterboice. It was situated in a rural setting, however it was in walking distance to a large pub, restaurant and Gaelic football club of which the residents frequented regularly for walks.

The centre also provided transport so as residents had access to amenities such as churches, hotels, restaurants, barbers, pubs, cinema and shopping centers. It was in close proximity to the busy towns of Drogheda and Dundalk.

Overall Judgment of our Findings:

Overall significant levels of compliance were found across all outcomes assessed. Of the core outcomes assessed residents' rights was found compliant as were social care needs, healthcare needs, safeguarding and medication management.

Communication was also found to be compliant as was contract for the provision of services, use of resources, and documentation. An issue regarding outcome 7: health, safety and risk management was identified during this inspection however, the person in charge and team leader addressed the issue prior to the end of the inspection process.

Of the 18 outcomes assessed 17 were found to be complaint. A minor issue was found in workforce and this outcome was found to be substantially compliant. This was further discussed in the main body of this report and in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall the inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents' individual choice was supported and encouraged.

The inspector observed that policies and procedures were in place to promote and ensure residents were consulted with, and participated in decisions about their care and about the organisation of the centre. For example, there were policies and procedures available on values to practice and rights protection.

These were to ensure that residents' rights were upheld and that their dignity, autonomy and individual choice were respected. This was achieved in a number of ways. For example, residents held regular meetings to discuss any issues in the house, plan weekly menus and decide on what social activities to partake in.

The inspector viewed a sample of the minutes of these meetings and found that residents made choices about what outings to organise and participate in, planned weekly menus and discussed any safety issues in the centre. For example at the last residents meeting on the 22.02.2017 residents were informed that a new pathway was being laid outside as the surface was uneven.

Time was also made available at the last meeting to discuss household issues and to inform the residents that an inspector from the Health Information and Quality Authority (HIQA) would be visiting the house on the 25th January 2017.

The inspector was satisfied that access to advocacy services and information about resident rights formed part of the support services made available to each resident. The identity and contact detail of an external advocate and two advocacy agencies was made available to residents and was on display in the centre.

A complaints policy on the management of consumer feedback to include comments, compliments, and complaints was available in the centre. The purpose of this policy was to ensure that any complaint could be brought to the attention of the service and would be investigated promptly with the aim of finding a satisfactory resolution.

The complaints procedures were displayed on the notice board and an easy to read version was also available in each residents file. A dedicated log book for recording complaints was also available in the centre. While the number of complaints made were few, the inspector observed that they were being logged, recorded, and responded to accordingly.

The inspector observed that six complaints were logged in 2016 and that all six had been satisfactorily addressed in a timely manner.

The inspector viewed a sample of residents' personal finances. All residents had a financial passport in place which informed the inspector that they all required staff support in managing their personal finances.

It was observed that all monies could be accounted for and there were robust systems in place to ensure the safeguarding of residents finances. Some residents were supported by both their family members and the centre in order to manage their finances.

For example, all purchases were required to have a receipt and two staff checked and signed off that each resident's finances could be accurately accounted for each day.

A recent audit of all residents' finances found that some residents had been inappropriately charged for services such as medical interventions and appliances between 2013 and 2016. However, by the time of this inspection, all residents had been reimbursed these charges back into their bank accounts.

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):

No actions were required from the previous inspection.

Findings:

There was a policy available in the centre on communication with residents and overall the inspector found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

The policy and guidelines on communicating with the residents was called 'Total Communication Approach'. On reading it the inspector observed that it acknowledged each resident had the ability to communicate and staff were to be respectful of same. Residents' communication needs were identified through an assessment and personal planning process.

From a sample of files viewed the inspector observed that personal plan documents captured individual communication preferences, abilities and support requirements for each resident. This information was captured in a communication passport kept on each residents file.

Assessment documents related to personal plans also included systems and interventions available to meet the diverse and complex communication needs of all residents.

For example, some residents had been supported to enhance their preferred style of communication using assistive technology and had 'talking' person centred plans in place. This empowered the residents to communicate their person centred plans to important people in their lives.

It was also observed by the inspector that a lot of the information held in the centre, was provided in an easy to read version to suit the communication needs of some the residents. Residents also had ample access to radios, TV's, computers and newspapers.

Overall the inspector was satisfied that the systems in place to support the residents' communication requirements were individualised, creative and effective.

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:

The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged.

While there were guidelines/protocols in place which outlined that visitors were welcome to the centre at any reasonable time, the inspector observed that these guidelines were brief in nature and required review.

However, by the end of the inspection the person in charge had re-evaluated the visitors protocol and included more detailed information, which the inspector deemed was adequate to meet the requirements of regulations.

From a sample of files viewed, the inspector observed that where appropriate, family members formed an integral part of the individualised planning process with each resident.

Residents and family members were invited to attend personal plan meetings and reviews in accordance with the wishes and needs of each resident.

Residents were also supported to keep in regular contact with family members and from a sample of daily logs/files viewed the inspector observed that the staff in the centre supported each resident to keep in contact with their family members. Staff also supported some residents to visit their family home on a regular basis.

A sample of daily logs also informed the inspector that family members rang the centre on a regular basis to see how their relatives were keeping.

Some residents also had 'talking personal plans' which included information and text of important people in their lives. The inspector viewed these over the course of the inspection.

The inspector observed that residents were also supported to develop and maintain personal relationships and links with their community. For example, they utilised the local GAA club and restaurant. Transport was also provided so as residents could frequent the near by towns of Drogheda and Dundalk to use the local shops and other local community based amenities.

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.

<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There were policies and procedures in place for admitting residents to the centre, including transfers, transitions, discharges and the temporary absence of residents.</p> <p>Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.</p> <p>A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre.</p> <p>The contracts of care stated the services to be provided and the fees to be incurred by residents for such services.</p> <p>The inspector observed that the centre was reassessing all contract of care with residents' and family members to take into account the new directive on residents charges issued by the Health Services Executive (HSE).</p> <p>This work had commenced and was due for completion by February 2017.</p>
<p>Judgment: Compliant</p>

<p>Outcome 05: Social Care Needs <i>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.</i></p>
<p>Theme: Effective Services</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p>

Findings:

Overall the inspector found that the social care needs of each resident was being supported and facilitated in the centre.

The inspectors found that the wellbeing and welfare provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place.

Plans were informative of each resident's likes, dislikes and interests and provided key information on the world to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from the sample viewed by the inspector, it was observed that each goal was documented and a plan of action in place to support its achievement. For example, one resident as part of their personal plan chose some goals that they would like to achieve.

These goals included a night away in a hotel to see a cabaret, to purchase some sensory equipment and to join a local club. The inspector observed that all these goals were achieved and the resident, with the support of their key worker was in the process of identifying more goals at the start of 2017.

Another resident wished to go on a specific train journey, have a trip to a horse/pony petting centre and to purchase their own garden equipment so as they could help out in the garden. Again the inspector observed pictures in the resident's person centred plan which informed that all these goals were achieved in 2016.

It was also observed that this resident had important goals identified that they wanted to achieve in 2017.

Staff also supported residents to use local amenities such as pubs, shops and restaurants. Some residents also attended day activation centres where they engaged in a range of centre and community based activities. Residents were also supported to go to the cinema, swimming and for walks in the local Gaelic club and local beaches.

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 inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There were appropriate facilities in place and the layout of the centre promoted residents' safety, dignity, independence and wellbeing.

The centre comprised of a very large detached, five bedroom house in a rural location in Co. Louth, but in close proximity to the busy towns of Drogheda and Dundalk. It was suitably furnished and fitted for occupancy for five residents.

Accommodation comprised of five large single occupancy bedrooms, of which four were en-suite. There were also large well equipped communal bathrooms available on the first and ground floor which offered the residents the option of having a bath or a shower.

There was a separate utility room, a large, very well equipped kitchen/dining room, a separate spacious sitting room and a sensory room that was furnished with sensory equipment, soft lighting, comfortable lounging space and soft music.

The house was in a good state of repair. It was warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection. Bedrooms were personalised to residents' individual taste and there was ample storage space available throughout the centre.

Additional furnishings and decorations were provided for at the request of residents being accommodated. For example, some residents had their own furniture in their bedrooms, with TV's and music centres.

The house also had well maintained gardens to the back and front with adequate parking space available to the front and side. Garden furniture was available to residents to use if so desired.

The inspector observed that a maintenance system was in place and both management and staff kept a record of all maintenance requests and there were adequate arrangements in place for the safe disposal of general waste.

Overall the inspector found that the house was very much a home and was personalised to the residents' style and taste. There were pictures of the residents on the walls and each resident had pictures of their loves ones and family members on display in their bedrooms.

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:

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected and adequate systems were in place for the management of risk in the centre. It was observed that some staff required refresher training in manual handling and site specific fire training however, the inspector was that these staff had been scheduled to attend refresher training

There was a Health and Safety Statement in place which was specific to the centre and was developed in 2016. The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management which had been reviewed in 2016. The risk management policy was comprehensive and met the requirements of the Regulations. The centre also had a risk register which was made available to the inspector on the day of inspection.

The inspector was satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it.

For example, a risk assessment for a resident who was at risk of choking informed that they were to have a specialised diet, be supervised when eating and have an assessment by a speech and language therapist.

The inspector observed that all these actions were in place and adhered to over the course of this inspection.

As with policy, all residents had a falls risk assessment in place. The inspector found that any resident who was prone to falling had a comprehensive risk assessment in place that was regularly reviewed and updated.

There was also good evidence available that the centre responded to and learnt from all adverse incidents occurring and there was a system in place to review all incidents and accidents.

The person in charge said that should an adverse incident occur in the centre it would be recorded, reported and discussed at staff meetings so as learning from the incident could be shared among the entire staff team.

For example, a recent incident occurred on the bus between two residents. This was recorded and a number of steps were put in place to reduce the risk of this happening again, including a seating plan that was to be adhered to. Since these strategies were put in place, no other incidents on the bus had been recorded.

The inspector also found that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been checked by a consultancy company in 2016.

There was also emergency lighting, smoke detectors and fire doors installed

Documentation read by the inspector informed that staff would do daily checks on escape routes and fire alarm panel. Weekly checks were also carried out on manual call points, smoke detectors, emergency lighting and fire doors.

An issue was found regarding the servicing of the fire panel as it had not been organised as required by the centres own documentation. However, the person in charge and team leader immediately addressed this and an external fire consultancy company were sourced prior to completion of the inspection and addressed this issue.

Fire drills were carried out quarterly and all residents had individual personal emergency evacuation plan in place.

There was also a missing person's policy in place which had been reviewed in August 2016. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from their home.

The inspector also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of an adverse incident should it occur.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety and manual handling.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided

with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspector found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. A sample of files also informed the inspector that staff had training in the safeguarding of vulnerable adults

There was a policy on and procedures in place for, safeguarding residents which staff that worked in the centre had training on.

Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation and all corresponding reporting procedures.

They were also able to identify who the designated person was in the centre and make reference to the safeguarding policies and procedures.

There was also a policy in place for the provision of personal intimate care in each resident's personal plan. Personal intimate care guidelines were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

Staff spoken with were also able to verbalise how best to support the intimate care needs of each resident living in the centre and of a sample of files viewed, the inspector observed that intimate care plans were informative of how best to support the residents while maintaining their respect and dignity.

There was a policy in place for the provision of positive behavioural support. This was to ensure a collaborative and integrative consistent approach in supporting individuals with behaviours of concern. All staff were trained in the management of challenging behaviour that including de-escalation and intervention techniques as required.

Of the staff spoken with by the inspector, they were able to verbalise their knowledge of each residents positive behavioural support plan and knew how to manage problematic behaviour in line with policy, standard operating procedures and each residents positive behavioural support plan.

There were also guidelines in place on the use of restrictive procedures. (These guidelines formed part of the policy on positive behavioural support).

The inspector observed that some restrictions were in use in the centre however, they

were used to keep residents safe, they were reviewed accordingly and were also discussed and evaluated by the organisations 'restrictive interventions' committee. The inspector also observed that a record was kept of all restrictions were kept in the centre.

p.r.n. medicine was in use for some residents however, they were reviewed regularly and there were strict protocols in place for their administration. Of the staff spoken with the inspector was satisfied that they were knowledgeable of the protocols guiding the administration of p.r.n. medicines.

There was also a policy available on intimate care which was approved in 2016. Each resident also had intimate care guidelines in their personal files. The inspector found that they were informative of how best to support the residents while at the same time maintaining their privacy, dignity and respect.

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:

There were guidelines in place regarding to notifiable incidents occurring in the centre and the inspector found that arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The person in charge and person participating in management demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that arrangements were in place to ensure that the welfare and development needs of residents were promoted and residents were provided with social inclusion activities and social skills training experiences based on their interests and assessed needs.</p> <p>There was a policy on access to education, training and life skills development which was reviewed in November 2015. The purpose of the policy was to recognise that training and education opportunities could promote the self esteem and self worth of the individuals living in the centre.</p> <p>The inspector observed that where requested, residents were supported and facilitated to attend day services which were independent of the centre. A range of meaningful activities and community outings were offered to residents in these day services</p> <p>The centre also provided a day service to residents that chose not to attend day activation centres. These residents were offered a range of activities from using the sensory room, in house activities and community based activities.</p> <p>Social activities, internal and external to the centre were also available to residents to promote their general welfare and development. For example, some residents liked to pop concerts, avail of social outings and have meals out with the support of staff.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that there were arrangements in place to ensure that residents health care needs were supported and regularly reviewed with appropriate input from</p>

multidisciplinary professionals as and when required.

The staff nurse on duty on the day of the inspection informed the inspector that arrangements for residents to have access to a GP and a range of allied health care services were available.

From a sample of files viewed, the inspector observed that residents had access to a GP as and when required, and a range of other allied health care professionals.

For example, appointments with dentists, clinical nurse specialists, speech and language therapists, occupational therapists, speech and language therapists, chiropodists, and mental health professionals were arranged and facilitated annually or sooner if required.

Other conditions such as mental health issues were also comprehensively provided for. Where required residents had access to psychiatry supports and a clinical nurse specialist in behaviour to support their mental health and wellbeing.

The inspector also observed that residents with epilepsy were regularly reviewed by a neurologist and in-depth care plans were on file to support these residents.

Of the staff spoke with they were able to demonstrate their knowledge of these plans and where required all had training in the administration of rescue medication. Hospital appointments were also supported and provided for

There was a policy available on food and nutrition which was approved in 2016. The purpose of the policy was to provide clear information the importance of good nutrition and physical activity.

The inspector observe that residents were supported to eat healthily, make healthy choices with regard to meals and where required were reviewed by a clinical nurse specialist in health promotion.

It was also observed that physical exercise programmes were supported and encouraged and as part of the personal plans residents were supported to engage in activities such as swimming and walking.

The inspector also found that arrangements were in place to meet the residents' nutritional needs. Weights were also recorded and monitored on a regular basis.

Menu planning and healthy eating choices formed part of the discussion between residents and staff in weekly meetings. Mealtimes were also seen to be relaxed and a positive social experience for residents in the centre

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:

The inspector found that the medicines management policies were satisfactory and that practices described by the staff nurse on duty were suitable and safe.

The medicines management policy in place in the centre had been reviewed and updated in September 2016. The overall aim of the policy was to ensure safe and effective administration of medication in line with best practice.

A locked drug press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any drug errors. The inspector observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure. However, the inspector observed that there had been no recent drug errors on record in the centre.

The nursing staff regularly audited all medicines kept in the centre and from viewing a sample of these audits, the inspector observed that all medications in use could be accounted for at all times.

It was observed that if non nursing personnel were to administer medication, they were suitably trained in the safe administration of medication.

All p.r.n. medicines had strict protocols in place for their use. From speaking with staff members the inspector was assured that they were very familiar with and could vocalise these protocols for the use and administration of p.r.n. medicines.

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector was satisfied that the statement of purpose met the requirements of the Regulations.</p> <p>The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.</p> <p>It accurately described the service that was being provided in the centre and the person in charge informed the inspector that it would be kept under regular review.</p> <p>The statement of purpose was also available to residents in a format that was accessible to them.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision and quality of the service delivered.</p> <p>The centre was managed by a suitably qualified, skilled and experienced person in charge who was a Clinical Nurse Manager III. From speaking with the person in charge in length over the course of the inspection it was evident that she had an in-depth knowledge of the individual needs and support requirements of each resident living in</p>

the centre

She was also supported in her role by a Director of Nursing (DON). The inspector met with the DON over both days of the inspection and observed that she was also familiar with the centre and residents living there.

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The inspector found that appropriate management systems were in place for the absence of the person in charge as there was a Clinical Nurse Manager I working in the centre as team leader. It was found that he too was aware of the needs of each resident living there and engaged in the operational governance and management of the centre.

There was a number of qualified nursing staff and social care professionals on duty in the centre and one of these would assume the role of shift leader in the absence of the person in charge or team leader. There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual audit of the safety and care provided in the centre was completed for 2016. The inspector viewed a sample of this report and found it could have been more descriptive in its account of where the centre was meeting regulations and areas that required review. However, there was a quality enhancement plan in place that clearly provided this information.

The quality enhancement team made announced visits and unannounced visits to the centre and undertook audits as part of their remit. Random internal audits were also carried out in the centre by the person in charge. These audits were in-depth and also identified areas of compliance and non compliance.

For example a recent unannounced audit informed that some personal plans required updating and staff required more information regarding the management of complaints. Both these issues had been addressed by the time of this inspection.

A sample of staff supervision records informed the inspector that the person in charge was providing supervision, support and leadership to her staff team. The person in charge worked on a full time basis in the organisation and was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was committed to her own professional development and engaged in all required staff training in the centre. She also held an accredited qualification in training. The team leader, who was a nurse, had just completed a course in management as well,

Throughout the course of the inspection the inspector observed that all the residents were familiar with the person in charge and team leader and appeared very comfortable in their presence.

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:

The person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

It was also observed that suitable arrangements were in place for the management of the centre in her absence. There was also on call system in place 24/7 for all staff working in the centre.

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 observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs, activity, dependency and occupancy levels.

For example, where a resident (or group of residents) wanted to go to a late night concert or have an overnight in a hotel, staffing arrangements could be adjusted to facilitate this.

The inspector also observed that there were adequate equipment and appliances in the centre, such as mobility aids in order to support residents with their mobility needs.

The centre also had the use of a vehicle for social outings. The vehicle was maintained and insured appropriately.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents however some gaps were identified in staff training.

There was a team of social care workers, registered nurses and health care assistants working in the centre. From a sample of files viewed all nursing staff had up to date registration with their relevant professional body. It was also observed that the social care worker and health care assistants held relevant qualifications in a health and/or social care discipline.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action it was evident that they were competent to deliver the complex care and supports needs required by the residents.

Feedback from one family member was also positive about the service provided.

The person in charge met with her staff team on a regular basis in order to support them in their roles, as did the team leader. A sample of supervision notes were viewed by the inspector. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

From viewing a sample of staff files the inspector observed that some staff required refresher training in manual handling, site specific fire training and the administration of rescue medication.

However, the inspector was presented with a schedule of training dates and any staff member that required refresher training had been scheduled to attend in the very near future.

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:

The inspector found that systems were in place to maintain complete and accurate records in the centre.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5.

A residents' guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspector found that records that related to residents and staff, were comprehensive and maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

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:

Raymond Lynch
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 report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0004337
Date of Inspection:	25 and 26 January 2017
Date of response:	06 March 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff required refresher training in areas such as site specific fire training, the administration of rescue medication and manual handling

1. Action Required:

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

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:

1. The person who required refresher training in Rescue medication received this training on 01.03.17
2. The person who requires refresher training on Manual Handling is scheduled to receive this training on 15.03.17
3. The person who required site specific fire training received this training on 02.02.17

Proposed Timescale:

1. 01.03.17
2. 15.03.17
3. 02.02.17

Proposed Timescale: 15/03/2017