Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002890
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Helen Lindsey
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	14
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 May 2015 09:30	19 May 2015 19:00
20 May 2015 08:15	20 May 2015 13:00

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

This was the first inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspectors visited the three houses that made up the centre, met with most of the residents, some relatives and staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

This centre is designated as a centre for male and female adults with varied levels of intellectual disabilities. The aim of the service is to ensure the residents are cared for, supported and valued within an environment that promotes their health and wellbeing, community participation and independence promotion.

House one was open 5 days a week, and the other two houses were open seven days a week.

One house had five bedrooms and accommodated five residents, three had their own rooms. One larger bedroom was shared by two residents, and another one was used by staff as an office, and sleep over room. There was also a lounge, kitchen and dining room. A bathroom upstairs, and a shower room and separate toilet downstairs. There was also a garage used for storage.

The next house provided accommodation for five men. It was a six bedroom house, with one downstairs bedroom used by staff. There was a lounge area with doors through to a dining room, and also a conservatory. The conservatory was used as an office, but residents could also use the room to relax in. There was a bathroom upstairs and a shower room and two toilets downstairs.

The third house was a five bedroomed detached house where four women lived. Two bedrooms were downstairs, along with a kitchen dining room, and office and a large lounge. There was a wet room downstairs and a bathroom up stairs. This house was accessible for wheelchair users.
Residents who spoke with the inspectors said they liked the houses they lived in and enjoyed the variety of activities they were involved in including meaningful daytime activity, and social arrangements.

Overall inspectors found that the residents individual needs were assessed, and they were supported by a staff team who understood their needs and supported them appropriately. Some residents were independent in accessing the community, and needed support from staff in some areas of their lives, others were being supported to develop skills such as public transport training.

Policies and procedures that were in place guided staff practice and were well known by the team. Some needed to be reviewed to ensure they were being followed in practice, for example the risk policy, medication policy and complaints policy.

Staff had access to training, and supervision by their line manager. The governance and management arrangements in the centre allowed for areas of concern to be brought to the attention of the regional managers and the provider nominee. Evidence was seen that where issues were identified they were responded to in a way that supported residents to receive a good quality service from the provider.

Areas of non compliance related to clarity of the complainants procedures, the contract setting out the service provided, fire checks and some assessments of residents skills in responding to fire, administration and receipt of medication and making an annual report of the service available to residents.

These areas are discussed further in the report and included 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:
Inspectors found residents were consulted with, and participated in the organisation of the centre. However, an area of improvement in relation to the complaints policy was required.

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

Inspectors reviewed the compliant log, and saw a clear record of any complaints made, and whether they had been resolved, with the satisfaction of complainant recorded in most cases. Some documents had not been fully completed, but the person in charge was able to explain the gaps. Some were linked to not having an outcome, and escalating the information to senior managers.

It was evident from reviewing the complaints that they had been taken seriously, and action had been taken to resolve the issues. This included reviewing the compatibility of the residents who were living together in the houses.

There were procedures displayed in each unit, and they described how to make a complaint. A notice board contained information on an external advocacy service available to residents if they wished to access it. Residents confirmed to inspectors they knew who to speak to, and pointed out the contact details for the complaints officers on

the wall in the houses.

Family members also confirmed in person, or through questionnaires completed for HIQA that they knew who to complain to if the need arose.

Through the inspection residents spoke with inspectors about the way they spent their time and were enabled to exercise choice and control over their lives. Residents explained how they had chosen the decor of their personal rooms and the communal rooms in the houses. They made decisions together about shopping and meals, but were able to make individual choices about what they prepared and ate. Residents also explained they had a weekly meeting. The minutes of these meeting were read by inspectors, and outlined a range of matters being discussed such as meals, activities, HIQA and household routines. The minutes were in an accessible format and it was evident they were read and signed by the residents.

Where residents were sharing a room, they were happy to do so, and described the ways they respected each other's privacy, for example not having the television on late.

Inspectors found there were measures in place to safeguard residents monies. The procedures in place for completing transactions by staff on residents behalf were adequate. A sample of cash balances were checked, counted and found to be correct.

During the inspection, inspectors observed staff treating the residents with dignity and respect, and supported routines and practice in a manner maximising residents' independence and exercise their rights.

Judgment:
Substantially Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents were assisted and supported to communicate, appropriate to their identified needs.

Staff were aware of the communication needs of the residents, and residents were seen to be speaking and communicating well with staff throughout the inspection. It was noted that residents also supported each other in ensuring they were understood.

Communication needs were clearly identified in resident's plans in a communication passport.

Pictorial policies and information were available in the centres, and work was ongoing to support residents with documents setting out processes in simple steps, for example managing their money.

There was a policy in place that set out the importance of communication, and assessing resident's needs.

Residents had access to telephones, tablets and computers, TV, radio, DVDs and there were local shops where residents could buy newspapers and magazines. Some also had access to internet and mobile phones. Wifi was available in one house, and residents were considering if they needed it in the others.

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:
Residents were supported to develop and maintain personal relationships and links with the wider community, where needed.

Some residents were able to maintain contact with their friends and families independently. Others needed the support of staff to make calls, and be aware of arrangements made to meet with family.

Residents confirmed to the inspectors that they could have visitors and friends to visit when suited them, and gave examples of when they met people for meals and social activities such as watching a match.

Relatives spoken with and those who completed the questionnaire were positive about the close relationships they had been able to maintain with their relative. They felt the service had been built around the needs of the residents and met them very well.

Each resident had a record of the contact details for their relative. Records showed that

families had been involved to some extent in the care planning process, with the consent of their relatives.

Relatives were seen to be advocating on behalf of the relatives for the increase of one house from five nights to seven nights a week, in order to ensure their needs were met in the longer term. Residents spoken with wanted this also. It was being reviewed by the provider.

There was space in each of the houses for meeting friends and family privately. Residents spoke of their visits home, and the time they spent with their families, and also how friends and family could visit them in their homes. Some residents were having friends over for dinner on a regular basis.

The visitor's policy made it clear residents could have visitors at times that suited them.

Residents spoke with the inspectors about the activities they were involved in, both within the organisation and in the wider community. Each person had their own plan that focused on areas of interest to them. Some attended local day services, others attended classes and courses in the local area such as cooking and exercise classes.

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 clear admissions policy in place, and residents had a contract of the service to be provided, however it needed to be expanded to include the full details of the service provided.

There were policies and procedures in place for admitting and the discharge of residents. The residents were admitted in line with the Statement of Purpose. There had been some recent moves in and out of the centre. The moves had been planned and organised to take place at a pace that suited the resident, with clear communication with the residents family throughout. Where other professionals such as psychology had been involved in the moves, their advice and guidance had shaped the plan. Staff in the houses were clear what information the plans contained, and were supporting the new

residents well.

Each resident has a contract in place that included the fee charged for the service, if there was one.

However, the regulations also require the contract to set out the service to be provided, and this was not fully clear. Inspectors saw agreements in place for residents to contribute to household items such as television and a vacuum cleaner. It was not possible to confirm from the contract if these were to be purchased by the residents, or, provided as part of the contract of living in the house.

Judgment:
Substantially 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:
Care and support provided to residents reflected their assessed needs and respected their wishes.

Each resident had a person centred plan that identified their skills, support needs, their likes and dislikes and the goals they wanted to achieve. The records showed that residents had been involved in the assessments to identify their needs and to help them make choices about how they would spend their time.

There was documented procedures for each resident setting out their skills and support needs in relation to communication, personal and intimate care, education, and training for life skills where appropriate. For healthcare needs, see outcome 11.

Those residents spoken with confirmed they felt the service supported them well. Residents felt their independence was respected and that support was there for them if they needed. Some residents were accessing the community independently, and others were working towards developing their skills through focused training, for example using

public transport.

For those who had recently moved to the centre, there was clear evidence of an assessment of their needs prior to moving in, and ongoing review to ensure their needs were being met. Where necessary, assessments had been multidisciplinary.

Where residents required involvement of other professionals, records showed that this had been supported. For example mental health services, health care specialists, physiotherapy and occupational therapy.

Staff reported that residents personal plans were reviewed every three months, and a full review was carried out annually. The information in the documents was seen to be current, however improved practice around dating documents would support this. Key workers worked with individual residents to put together their plans, and there were written in a person centred way.

Residents were involved developing their goals for the year and in the reviews of their plan. Residents chose who joined in the annual planning meetings. Where it was recorded goals could not be met due to staffing implications in day services, evidence was seen that alternative activities had been found. Goals were being set, and progress was noted, but could have been recorded more clearly. The social care leader stated that now work on the residents files had been completed to ensure information was current and up to date, they would now focus on improving the recording of achieving goals.

Through the inspection it was seen by inspectors that resident's plans were being followed as agreed, and additional support was available when needed. This supported residents to live active lives and be part of their local community.

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 designated centre was made up of three houses situated in a local community and

near to local shops, public transport, post office and a church.

House one was open 5 days a week, with the five residents returning home to their families at the weekend. The house had five bedrooms, one was shared by two residents, and one was used by staff as an office, and sleep over room. There was also a lounge, kitchen and dining room. A bathroom upstairs, and a shower room and separate toilet downstairs. There was also a garage used for storage.

The next house was open seven days a week and supported five men. It was seen to be a six bedroom house, with one downstairs bedroom used by staff. There was a lounge area with doors through to a dining room, and also a conservatory. The conservatory was used as an office, but residents could use the room to relax also. There was a bathroom upstairs and a shower room and two toilets downstairs.

The third house was a five bed roomed detached house where four women lived. Two bedrooms were downstairs, along with a kitchen dining room, and office and a large lounge. There was a wet room downstairs and a bathroom up stairs. This house was accessible for wheelchair users.

Each of the houses were seen to be accessible to the residents living in them. They were all clean, well decorated to the residents tastes and well maintained.

There were sufficient bathrooms and toilets to meet the needs of the residents, and each house had a well equipped kitchen. Houses were also seen to be suitably lit and had suitable heating.

Each house also had a garden, one of which had recently been renovated by volunteers. The residents were looking forward to a BBQ to celebrate their new outdoor space.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found the provider had put measures in place to ensure the health and safety of residents, staff and visitors to the designated centre was promoted and protected. However, improvements were required in relation to the assessment of risk, and the arrangements for responding to the risk of fires.

Inspectors observed that the centre had policies and procedures related to health and safety, infection control, evacuation and risk assessment.

There was a risk assessment policy that met the requirements of the Regulations. However, it was not fully implemented in practice in relation to the assessment and identification of risk. for example, the risk register contained risk assessments of individual persons but environmental risks were not all identified. For example steps down in a downstairs bathroom and water temperatures. These issues were addressed as soon as the were raised with the Person in Charge.

Additionally there were some areas of risk that required more detailed risk assessments to be conducted and recorded. One example of this was around medication in one house.

This risk register listed actions and assigned responsibility, however some improvements were needed in order to follow the organisation policy. This was to clearly outline the control measures in place, and the residual risk after control measures had been put in place

All accidents and incidents were seen to be recorded in detail in a manner that facilitated review and learning from incidents/accidents. The Person in Charge showed inspectors the review and analysis of these, and minutes of the quality and safety committee meeting also showed evidence of regular overview, and requirement for action if trends were identified.

Health and safety statements were in place for each house, as were emergency evacuation plans. Staff were clear what the procedure was, and this included which alternative accommodation was to be used in they were unable to return to the designated centre.

The inspectors found that all three houses had adequate and unobstructed means of escape. Each house had suitable fire equipment in place and the inspectors observed that this equipment had been serviced within the last year. Inspectors reviewed records that confirmed that the fire alarm and emergency lighting had been serviced quarterly in each house. Each house also had fire doors, however it was noted that a number of doors were wedged open during the inspection.

All staff had completed the relevant fire safety training and displayed knowledge of what to do if there was a fire. Some residents informed the inspectors that they also knew how to respond on hearing the fire alarm. Fire evacuation procedures were on display in the hallway of each house.

Records of Fire drills were being kept in the houses and the inspectors found that they were being carried out at least once per quarter, with at least one deep sleep drill recorded in each house. Fire Drill assessment forms were also held in each house in order to list any issues that may have arose during a fire drill, however the inspectors found that they were only being completed in one of the three houses. Inspectors were informed of cases where a resident had not heard the fire alarm during a drill, yet this

had not been recorded. Inspectors also noted that the daily and weekly fire checks were not being consistently completed in any of the houses.

A fire evacuation plan was in place for each house. Each resident also had a personal evacuation plan in place. These were held in the fire folder. In the majority of cases the personal evacuation plans were found to be robust and personalised for each resident, taking into account their mobility and cognitive understanding of a fire. However this was not the case for all residents. Three residents were found to have the exact same personal evacuation plan in place. These plans were generic and did not assess the resident's individual cognitive understanding of a fire.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

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

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

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

There was a designated person nominated to oversee the investigation of allegations of abuse, and the person in charge was familiar with her role and responsibilities in relation

to these procedures.

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

There was a policy relating to positive behaviour support that was seen to be operating in practice.

Inspectors read examples of the behaviour support plans in place for residents who required them. They provided clear and comprehensive guidance to staff on the supports to be provided for the resident. It was evident that plans were reviewed regularly by a psychology team. Inspectors discussed the plan with staff, who described supports in place and the strategies they carried out.
There was good access to an internal psychology and psychiatry services, with letters and minutes on residents files of the regular input from these departments.

At the time of the inspection there was no use of restrictive practice carried out in the centre. Inspectors were able to see from records that there were safeguarding measures in place in the organisation to ensure they were utilised in accordance with the National Policy "Towards a Restraint Free Environment".

Any request to use a form of restrictive practice needed a referral to and review by a human rights committee and mechanical restraints committee.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

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

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

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

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

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

Inspectors spoke with residents about the things they liked to do, and where they liked to spend their time. Some residents explained the different day services they attended, others were supported to engage in a range of activities in the community including drama groups and exercise classes. Each resident had their own weekly schedule that set out the range of activities they were involved in, each one was independent to the resident.

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

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors were satisfied residents were supported to achieve and enjoy the best possible health. However, some improvement was needed in plans of care around residents mental health needs.

Inspectors reviewed residents files and found that residents had access to medical and allied health care professionals. This included general practitioners (GPs) occupational therapists, cardiology, urology and oncology services. Records were also seen for ongoing appointments with dentist and chiropodist for residents where appropriate.

Staff were observant for any changes in residents health needs and physical presentation, and mental health. Records showed staff were proactive in supporting contact with appropriate professionals. There was also evidence seen of support plans for residents following treatment, and staff were very familiar with the plans and their role in meeting them.

Each resident had an up to date assessment of their health needs. Where a health need was identified there were care plans in place to advise how that need was to be met. However, a small number of examples were seen where information was not available to staff on how to support the resident. For example some residents had mental health needs, and although they had regular contact with professionals such as psychology and psychiatry and staff were very familiar with the residents' needs, there was no clear information on the signs that indicated an individual were experiencing a mental health episode or how their needs were to be managed in the house.

There were documents on resident's files that confirmed residents consent was sought prior to any intervention. Families were involved as appropriate to support residents.

Some residents shopped and cooked for themselves, or were involved in the preparation of meals. Staff supported other residents to have a varied and health diet, in line with any assessed nutritional needs. Food stuff available in the houses was seen to reflect those required by resident in relation to dietary needs, for example the provision of a gluten free diet.

Residents also reported that they enjoyed eating out, and told inspectors of some of their favorite places to visit.

Menus were seen in each house, and resident explained the meals they chose, and those they especially enjoyed. Snacks and drinks were available in the houses, and residents either accessed them when they wanted, or some had support in line with their dietary requirements.

Where residents had received advise from a dietitian or speech and language therapy, the advice was seen to be followed in the houses. For example provosion of soft diets.

Mealtimes were seen to be positive and social events, with general chat about the day's events, or the plans for the day. Meals were seen to be appetizing, and residents confirmed they were of a good standard. They told inspectors the staff were good cooks.

Judgment:
Non Compliant - Moderate

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 inspectors found there were policies and procedures around the safe administration of medication, however some improvement was needed around the receipt of medication in the house where residents spent regular time away from the centre, and information to guide the correct administration of medication.

There was a policy in place for the administration of medication which did cover key areas such as safe administration, storage, audit and disposal of medication. This included arrangement for controlled medication. Clarity on the requirements for refrigerated medication would improve the document. This was identified as some medication was kept in a fridge that was not locked, and this was not in line with the organisations policy which said all medication must be locked away.

The processes in place for the handling of medication were well known by staff spoken with during the inspection. They were able to describe the process competently including administration and disposal. Records showed that all staff had received training in safe medication administration, which included being assessed in safe administration by an approved assessor.

However, in one house the arrangements for the receipt of medications from residents arriving from their family home was not robust enough to ensure the medication policy could be fully complied with. The social care leader showed the inspector a form they had developed to address this, as they had noted themselves that this system needed to be improved.

Some residents had completed an assessment to identify if they had the skills to manage their own medication. For some it was noted that with further skills training this would be something they could work to achieve.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation had been completed, for example staff had signed for all medication administered. However, it was noted that some information

was not accessible, for example it was not recorded for one medication the dose that should be administered, for others it was not clear what the maximum dose in 24hours would be. Also an example was seen where a support plan for a health condition did not match the information in the prescription.

It was also noted on review of prescriptions that there was one example of a medication available in the house that was no longer prescribed to the resident. Also there were two examples seen where 'as required' medications were not available in the house should they be required.

The inspectors observed that the medication storage was in a locked cupboard that was used solely for the purpose of medication storage (with the exception of the fridge noted in paragraph two). The staff member responsible for administering medication was responsible for looking after the key.

There was a system in place for reviewing medication errors, and they were reviewed regularly to identify if there was any learning for individuals or the organisation to reduce the risk of the error occurring again. Learning was seen following one medication error that involved a resident, and practice had improved to reduce the risk of it occurring again.

Inspectors saw records of internal reviews for the medication system, with actions clearly identified where needed. There was also a copy of an audit completed by an external pharmacist, they did not identify any areas for improvement.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The statement of purpose outlined the aims, objectives and ethos of the centre. However, it did not contain all information that is required by the Schedule 1 of the Health Act 2007 (Care and Support of residents in Designated Centres for Persons(Children and Adults)with Disabilities) Regulations 2013).

The detail on the services provided did not cover the range of services seen on

inspection, it was not possible to read the room sizes and more information was required on the complaints policy.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

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

The person in charge was suitably qualified and experienced, and managed the centre with authority, accountability and responsibility for the provision of the service. The person in charge was full time in her role in the organisation.

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

There were satisfactory governance arrangements in place and supervision at unit level. A social care leader oversaw the day to day management of the three units. The records of meetings between the person in charge and the social care leader were clear as to the subjects discussed, and showed that formal meetings were regular, but both the social care leader and person in charge confirmed informal contact was very regular. There were also minutes of staff meetings covering similar topics.

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

There were systems in place to monitor the safety and quality of care provided to residents, with comprehensive audits completed by a quality and safety department within the organisation. These audits were un-announced and took place up to twice a year.

Inspectors read these documents and found the reviews were very thorough, and followed the format of the standards and regulations. The areas looked at included complaints, personal plans, interviews with residents and staff. A detailed action plan was also read that outlined the area that required improvement. The person in charge explained she was implementing the changes, and showed inspectors her own improvement plan to implement the recommendations. It was noted good progress was being made.

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

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

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

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

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

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

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors observed that there were sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. Residents were enjoying conversations with the staff about their day, and their plans for the weekend.

Relatives feedback both in questionnaires submitted to HIQA or in person was very positive about the staff. One said 'the standard of care is excellent', another said 'staff are to be complimented and admired for the thought and work they put in to the house'.

Staff knew the residents well, and were seen to have sufficient skills and experience to meet their needs. Where residents had recently moved to the centre, staff had been supported to access all the relevant information needed to support individuals.

On each shift there was a person identified as being in charge. The staff rota matched the staffing in place at the time of the inspection.

Annual appraisal were being completed, and the information supported the development of the training plan.
Regular supervision meetings had also been introduced and staff felt they were a positive way to receive support from the social care leader.

Minutes were seen of staff meetings, where resident's needs and staff training were discussed among other relevant information for the house.

Training records confirmed that staff had received training both on an annual basis and an as needed basis. All staff had completed training in fire safety, protection of vulnerable adults and moving and handling. Staff could also request training that they themselves identified as needed. For example medication administration refresher training.

Training records showed that induction training included, but was not limited to, Health and Safety, Fire safety and evacuation, manual moving and lifting of residents, prevention of abuse and responding to complaints.

Inspectors reviewed recruitment policies and procedures and found that they reflected the requirements of regulations. A sample of staff recruitment records completed by another inspector found they were compliant with the regulations, and included all the information set out in schedule 2.

One volunteer worked directly with residents in the centre, the recruitment information and supervision arrangements were seen to meet the requirements of the regulations, and included up to date Garda Vetting.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that records were accurate, up-to-date, maintained securely and easily retrievable.

The provider had ensured the designated centre had most of the written operational policies as required by Schedule 5 of the Regulations.

Inspectors reviewed the records listed in Schedules 2, 3 and 4 of the Regulations which were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

It was noted that all documents were completed and presented in a way that ensured information was easily accessible to the reader.

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

Judgment:
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:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0002890
Date of Inspection:	19 and 20 May 2015
Date of response:	25 June 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy did not provide details of the person nominated to oversee that complaints were recorded and responded to.

Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person

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

nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
The Registered Provider has nominated one person, Ms.Lia O'Shea, Administrative Officer.
This information will be communicated to all staff through the monthly Infoshare

Proposed Timescale: 10/07/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract of care did not outline the services to be provided to residents.

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

Please state the actions you have taken or are planning to take:
The Contract of Care will be amended for each resident to include an outline of What the service provides and What the Resident has to contribute to

Proposed Timescale: 30/09/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk policy was not being fully implemented in practice.

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

Please state the actions you have taken or are planning to take:
All Risk Assessments will be reviewed to ensure the assessments clearly outline the control measures and show the residual risk after the control measures have been

applied.

Proposed Timescale: 30/10/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements for review of fire arrangements did not include:
- findings from the fire drills
-not all personal evacuation plans took resident's cognitive understanding of a fire in to account
-daily and weekly fire checks were not consistently completed
-some fire doors were being wedged open

Action Required:
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
The Personal Emergency Evacuation Plans will be updated following Fire Drills where required
The daily and weekly forms will be audited by the Social Care Leader on a fortnightly basis

Personal Emergency Evacuation Plans will be amended to address the individuals cognitive understanding of a fire.

The practice of wedging fire doors open will be risk assessed as the reason for doing this is to allow Residents to access their own home independently, however all doors are closed at night time.

Proposed Timescale: 30/07/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all personal plans provided sufficient detail to ensure staff were clear about how to support residents with mental health needs.

Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
A Mental Health Care Plan will be developed for residents to ensure that critical information is available in order to respond appropriately and consistently to any episode they may experience.

Proposed Timescale: 30/08/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all medication had clear guidance about how it was to be administered. Medication in the centre did not match the resident's prescription in all cases.

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

Please state the actions you have taken or are planning to take:
PIC will meet with the Pharmacy provider to address the issues outlined to ensure that
The dose is recorded clearly
The maximum dose on PRN medication is outlined clearly and always available for the person it is prescribed for and that medication not in use is disposed of safely

Proposed Timescale: 30/07/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The process of receipt of medication was not being carried out in line with national guidelines in one house in the designated centre.

Action Required:
Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

Please state the actions you have taken or are planning to take:
The forms devised to record medications sent to and from Day Services and
to and from the family home of the resident will be used in all locations in the D.C

Proposed Timescale: 10/07/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Information on the services provided by the designated centre are not specific enough and do not accurately describe how identified care needs are met in the centre.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose and Function will be amended to include additional information on how residents changing care needs are met at times of crisis.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Room sizes listed on the floor plans are illegible.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose and Function will be resubmitted to the Authority with a clearer description of room sizes provided.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

There is not enough information provided on the complaints procedure.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose and Function will be amended to include additional information on the Complaints policy as requested.

Proposed Timescale: 30/06/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An accessible version of the annual report was not yet available to the residents.

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

Please state the actions you have taken or are planning to take:
A referral will be submitted to the Speech and Language Therapy Department for assistance in adapting the current Annual report of the D.C in to an accessible version for residents.

Proposed Timescale: 30/12/2015