

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0003652
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Clare Dempsey
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 02 June 2016 11:30 To: 02 June 2016 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management

**Background to inspection**

This was an unannounced follow up inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God North East Services (the provider). The centre previously had a registration inspection in November 2015 and was found to demonstrate a high level of compliance across most outcomes. However, issues were found with premises, health safety and risk management and complaints procedures.

This inspection was to follow up and assess the action plan submitted by the centre in addressing the issues identified above. The inspector was satisfied that all areas of non-compliance had been addressed adequately and no actions resulted from this inspection.

**How we gathered evidence**

The inspector met with the person in charge and the team leader on this inspection. No residents were at home, however the inspector requested the person in charge to make contact with some residents and/or their representatives to establish if they were happy for the inspector to read their files and view their rooms.

One resident and one representative of a resident were happy for the inspector to read their personal plans and to view their bedrooms. The inspector spoke with one resident over the phone and they were very complimentary of the service they received. They also informed the inspector that it was fine to read their files and view their room.

The inspector also spoke over the phone to a brother of one of the residents. This relative was extremely complimentary of both the service and the staff working in the centre. He said that he felt his relative received a very good level of service, was very well supported and cared for and that he had no worries or concerns about the quality of care provided. He also commented that the team leader and person in charge kept him informed and up-to-date on all aspects of the service.

The inspector also spoke with the person in charge and team leader in detail over the course of the inspection. Key policies and documents were also viewed as part of the process including the risk management policy, complaints policy, the safety statement and the fire register. A small sample of personal plans were also viewed.

#### Description of the service

The centre comprised of a single story house supporting male and female residents. It was located in the north east of Ireland in County Louth and was in close proximity to a local town which provided access to a range of amenities such as shops, restaurants, churches, pubs and cafes. It was also within walking distance to the beach and the local golf club. Residents frequented both the beach and golf club on a regular basis and one resident liked to play golf and was a member of the club. There was also adequate transport provided by the centre for trips further afield if and when requested by residents.

#### Overall judgement of our findings

This was a follow up inspection to a registration inspection that was carried out in November 2015 and was to assess the implementation of the action plan submitted to HIQA after that inspection. At the previous inspection a number of non-compliances were found in premises and risk management. Issues were also identified with regard to how complaints were being managed in the centre. This inspection specifically focused on those issues and the actions required from the last inspection to bring them into compliance.

The inspector was satisfied that all of the actions required from the previous inspection had been implemented and no actions resulted from this inspection.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents' choice was supported and encouraged. Issues were identified in the last inspection regarding how complaints were being managed however, the inspector was satisfied that they had been satisfactorily addressed.

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, residents held regular meetings to discuss any issues in the house, plan weekly menus and decide on social activities.

The inspector viewed a sample of the minutes of these meetings and found that residents made decisions about where to do the weekly shopping, what to buy and what events and/or activities to participate in. It was observed that at one of these meetings a resident requested to attend a local cookery course. This had been facilitated with the support of the resident's key worker.

The inspector observed that these meetings also provided the residents with a platform to raise any concerns they may have about any aspect of the service provided. Time was also made available at the meetings to discuss the importance of issues such as safeguarding, to provide information on rights and how to access an independent advocate and the role of HIQA in promoting safe and effective services.

The inspector was also 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 was made available to residents and was on display in the centre. Recently, one resident had been supported to access an independent advocate concerning an issue with their day service placement. The inspector observed that the issue had been resolved to the satisfaction of the resident.

A complaints policy was in place which had been reviewed since the last inspection, it was reviewed in April 2016. The purpose of the complaints 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. A dedicated log book for recording complaints was also available in the centre.

An issue with how complaints were being managed and resolved in the centre had been identified during the last inspection. The issue was to do with how a resident was being supported to manage their personal finances. The inspector observed that this issue had now been dealt with to the satisfaction of the resident.

It was observed that the centre received few complaints about the service provided. However, where an issue was identified the inspector was satisfied that it would be dealt with in a prompt and transparent manner by both the team leader and the person in charge. For example, recently one resident had expressed concerns regarding the way in which an agency staff member had spoken to them. This concern was fully investigated by the team leader and person in charge and the inspector saw evidence that the issue had been dealt with very promptly and to the satisfaction of the resident who raised the concern.

The inspector spoke with one resident over the phone during this inspection. The resident in question had no concerns about any aspect of the service and was happy for the inspector to view their personal files and room. A brother of a resident was also spoken with over the phone. He was extremely complimentary of the quality of service provided and said the staff were always very supportive, approachable and attentive to the needs of the residents.

He also stated that he had absolute no concerns about the quality of care provided in the centre and if he had any issues he wouldn't hesitate to speak to the team leader and/or the person in charge.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**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. On entering this centre the inspector observed that it felt very much like a person's home, with personal items and photographs belonging to the residents displayed throughout each room of the house.

The centre comprised of a single storey house, which was suitably furnished and fitted for occupancy for four residents. Resident accommodation included four single occupancy bedrooms, of which one was en-suite. A spacious communal bathroom was also available for use.

There was a very well equipped and spacious kitchen with an adjoining dining room provided. Just off the dining room a modern and spacious conservatory was available to residents to relax in. There was also a separate fully equipped utility room off the kitchen. A separate, spacious and very well decorated sitting room was also available to residents living in the centre.

Two external patios were provided with some garden furniture to the back of the premises. The substantially large gardens were very well maintained and provided for a scenic view from residents' bedrooms, kitchen and conservatory. The back garden also contained a fish pond. There was ample space for parking cars to the front of the centre and ample off street parking available as well.

The centre was clean, suitably decorated and well-maintained. Additional furnishings and decorations were provided at the request of residents being accommodated. The premises had adequate heating, lighting and ventilation throughout.

Bedrooms were spacious and decorated to suit the individual style and preference of the residents. All residents had their own personal items on display in their rooms such as family photographs. Some residents liked football and the inspector noted that they had decorated their rooms with memorabilia from their favourite football clubs.

A maintenance system was in place and arrangements were in place for the safe disposal of general waste. There were also adequate hand sanitising gels, warm water and hand towels available throughout the centre.

A number of issues were identified and actioned in the last inspection regarding one of the bathrooms, access to one of the bedrooms, the steps leading out to the garden and a panel on the front door. The inspector walked through the house with the person in charge and the team leader and was satisfied that all these issues had been addressed adequately.

A concern was also raised in the last inspection that a resident may fall on entering or exiting the centre as the front door frame was slightly raised from the ground. However, this had been risked assessed and no adverse incidents had been recorded regarding this concern. It was also noted that the centre had ordered a new front door that would eliminate this risk once installed.

**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

#### **Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted in the centre. Issues were identified in the last inspection relating to the arrangements in place for detecting a fire and the provision of emergency lighting in the centre. However, these issues were addressed since that inspection and this outcome was found to be compliant.

There was a Health and Safety Statement in place which was specific to the centre and was developed in January 2015. 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 inspector was satisfied that where a risk was being identified it was being appropriately addressed and actions put in place to mitigate it.



For example, recently some of the residents needs were changing in the centre and from this a risk assessment identified the need for closer supervision at night time. The inspector observed that the person in charge had put in place a waking night duty staff member to ensure the residents safety and to mitigate the risk.

The inspector also reviewed recent incidents and accidents occurring in the centre. It was observed that one resident recently had a minor fall in the bathroom. Although not injured the team leader and person in charge arranged for an assessment of the resident and their environment to be carried out by an allied health care professional.

The team leader had also arranged for the resident to have a check up with their GP as a precautionary measure. The resident's falls risk assessment had been updated to take into account these developments. It was observed that all this information was captured in a daily diary that all staff read at the start of each shift so as they were up to date with important information relevant to the resident.

The person in charge also informed the inspector that all learning from any adverse incidents occurring in the centre was discussed at regular team meetings with her staff.

Since the last inspection emergency lighting had been installed in the centre. The inspector also found that the fire register was up to date having last been checked and signed off by an external fire consultancy company in November 2015. Fire equipment such as fire blankets and fire extinguishers had also been checked in 2015.

Documentation read by the inspector informed that staff did daily checks on the alarm panel and checked that escape routes were clear. Weekly checks were carried out on emergency lighting, fire doors and smoke alarms.

Fire drills were carried out quarterly and from viewing the relevant documentation the inspector observed that no issues were identified with the last drill carried out in the centre. Each resident also had an individual personal emergency evacuation plan in place.

There was a missing person's policy in place which had been reviewed in 2014. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from their home. However, on view a sample of individual risk assessments the inspector observed that it was unlikely that a resident would go missing from their home.

Staff training records were not checked as part of this inspection however, there were no issues identified with regard to fire safety training or manual handling in the registration inspection held in November 2015.

**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:***

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