Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Blossomville
Centre ID:	OSV-0001822
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	Catherine O'Connell
Lead inspector:	Cora McCarthy
Support inspector(s):	Kieran Murphy
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

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 renewal 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:
26 July 2017 12:30	26 July 2017 19:00
27 July 2017 08:00	27 July 2017 15:30

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 the inspection

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). The current inspection was scheduled following an application by St Joseph's Foundation to renew the registration of the centre. St Joseph's Foundation provide a range of day, residential and respite services in North Cork and Limerick.

Description of the service

The centre provided a home to five residents and was based in a community setting

in County Limerick.

All of the residents had high support needs and inspectors met the senior social worker for the service who outlined that two residents were currently in an assessment process to apply to be made wards of court.

How we gathered the evidence
Over the duration of the two day inspection all five residents met with the inspectors. Inspectors also met with staff and observed their interactions with the residents. In addition, inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Five resident and two family feedback forms were received by HIQA prior to the inspection with one of the families saying that their family member was "happy, well cared for and treated with respect and dignity and given choices on everything".

HIQA was also in receipt of unsolicited information which was explored during the inspection. The inspectors reviewed documentation in relation to the unsolicited information such as care plans and policies and procedures.

Overall judgment of our findings
There was some evidence of good practice. Two of the residents had moved to this house in the last number of years as part of a de-congregation process from institutionalised care. There was evidence that the quality of life for these two residents had improved since the move to this centre, with greater choice in their lives and better access to activities in the local community.

However, improvement was required in relation to:
- the process for risk assessment for some specific hazards was not always completed to accurately reflect the current risk rating (Outcome 7: Risk management)
- restrictive procedures were not in line with evidence based practice and in particular the use of chemical restraint. Improvement was also required to support plans to ensure appropriate support was given to residents at all times. (Outcome 8: Safeguarding and safety)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are 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):
No actions were required from the previous inspection.

Findings:
Residents were consulted with and participate in decisions about their care and about the organisation of the centre. Residents had access to advocacy services and information about their rights. There was a comprehensive complaints management system in place.

Inspectors noted that residents were treated with dignity and respect.

Inspectors viewed minutes of house meetings which outlined the involvement of the residents in the centre. Visual planners to support activity and meal choice were visible on the notice board. Staff were observed providing residents with choice: for example; a resident chose to have biscuits instead of scone with cup of tea. Staff facilitated residents' individual preferences in relation to their daily routine and assisted residents in personalising their bedrooms. The inspector observed that steps were taken to support and assist residents to provide consent and make decisions about their care and support.

The centre had a complaints policy which was also available in an accessible format; there was a social story in use regarding how to make a complaint. The complaints policy identified the nominated complaints officer and also included a clear appeals process as required by legislation. The policy was displayed prominently on a whiteboard in the kitchen and discussion on complaints, dignity and promoting independence featured regularly in the house meeting minutes. A picture of the designated officer was also shown to the residents at the house meeting and the subject of safeguarding was discussed.

Interaction between residents and staff was observed and inspectors noted that staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Residents were encouraged and facilitated to have control over their own possessions. There was adequate space provided for storage of personal possessions. An inventory of personal possessions was maintained and updated regularly in line with the centre-specific policy.

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 communication policy in place and residents were facilitated to access assistive technology; a resident had procured a computerised tablet and a support plan was being drawn up around the use of it.

Staff were aware of individual communication needs and demonstrated effective communication with those residents. Inspectors noted that residents had access to, televisions and radio; some residents had televisions in their bedrooms and large flat screen televisions were in communal sitting rooms. While communication requirements were highlighted in residents' personal plans, communication assessments had not been completed although one resident had been referred for assessment. This will be actioned under outcome 5. Speech and language assessments had been carried out for medical needs such as dysphagia (swallowing difficulties) and guidelines provided around diet as a result of this.

Residents had access to multidisciplinary professionals such as speech and language therapy, occupational therapy and audiology to assist them in their communication needs.

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):
No actions were required from the previous inspection.

Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community. Completed questionnaires from residents and relatives were also submitted for feedback about the service.

Inspectors noted that there was a second sitting room in each house where residents could meet family and friends in private.
Inspectors viewed logs of phone calls and notes of visits from family members indicating that families were encouraged to be involved in the lives of the residents. Overall feedback from questionnaires was positive.

Residents did engage in community activities; notes in personal file indicated that some residents went to the local pub and restaurants with staff members.

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):
No actions were required from the previous inspection.

Findings:
Each resident had an agreed written contract which included the details of the services to be provided.

Each resident had a written agreement in place in relation to the provision of services that had been agreed and signed by each resident and or their families. The contracts

provided that each resident would be assured security of service for as long as they wished “unless through changing circumstances (the Foundation) was unable to meet the needs, for example, funding or health”. Each resident’s contract also outlined that if “you decide to transfer residence within St Joseph’s Foundation we will provide you with information on other services that would be suitable to your needs”.

Prior to the inspection HIQA had received unsolicited information which was explored during the inspection with a review of documentation in relation to the unsolicited information such as care plans, policies and procedures. While no resident had been discharged from the centre, there was contradictory information in resident healthcare files in relation to a proposed discharge and transfer to an alternative residence within St Joseph’s Foundation. The representative on behalf of St Joseph’s Foundation outlined that it was not proposed to transfer a resident at present and that if this were to occur the provision of the contract of care would be followed. In addition, if such a transfer were to occur the representative on behalf of St Joseph’s Foundation undertook to inform HIQA.

It was noted that there was an error in section 19 of the contracts of care in relation to complaints and the referral of complaints to HIQA. HIQA does not have a statutory remit in relation to complaints.

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):
No actions were required from the previous inspection.

Findings:
Each resident’s assessed needs were set out in an individualised personal plan. However, the process for personal planning required some improvement.

There were separate assessments of residents’ healthcare needs and social care needs in the personal planning process. In relation to social care needs, there was evidence that each resident was being supported to develop an individual lifestyle plan. In the

plans viewed, priority goals or outcomes were developed for each resident. However, there was evidence that social planning goals were being repeated from year to year without any evidence of discussion or oversight of the goals.

In relation to social activities and community living, all residents were facilitated to attend an appropriate day service in the surrounding area and transport was provided. Residents attended local pubs and restaurants on a regular basis. In the feedback received from families of residents prior to inspection, one family had said that the resident "has opportunities to go on social outings if he wishes".

Two of the residents had moved to this house in the last number of years as part of a de-congregation process from institutionalised care. There was evidence that the quality of life for these two residents had improved since the move to this centre, with greater choice in their lives and better access to activities in the local community.

In relation to healthcare needs their care plans had been developed for identified healthcare needs. There had been input from the relevant health professionals in relation to residents needs and in particular a meeting, as required, of the multidisciplinary team to discuss residents needs.

However, the inspectors noted that where some assessments and care plans were required to address residents' needs, the required supports were not in place. For example, while referrals for psychology and behaviour support had been made, those referrals had not been processed. Such assessments or input had been recommended by other clinicians. Also communication assessments had not been completed and one resident had been referred for such an assessment. In other instances information relating to specific diagnoses and weight loss and exercise programmes, for example, was not available to guide staff.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The location, design and layout of the centre was suitable for its stated purpose and met

residents' needs in a comfortable and homely way.

The house was fully accessible and included five single bedrooms all of which were fully furnished and decorated in accordance with the individual resident's personal choice and taste. Each resident was encouraged and supported to personalise their bedrooms with pictures, ornaments or any items they chose.

There was a large kitchen; dining room which led to a fully enclosed garden that had a patio area, a chicken coop and large garden space for residents. There was a large sitting room and a separate quiet room that one of the residents enjoyed using. The centre had two bathrooms, one with a shower and the second bathroom had a bath.

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):
No actions were required from the previous inspection.

Findings:
The health and safety of residents, visitors and staff was promoted and protected. Some improvement was required in relation to the management and ongoing review of risk.

There was a risk management policy that included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. There was a robust incident management system in place and inspectors reviewed the records of incidents reports for a two monthly period; 47 reported incidents.
It was noted that the centre had recently changed the way incidents were recorded and all incidents were now recorded electronically on a computer database. There was a review method in place so that trends of the types of incidents could be identified.

The centre had a separate risk register in place which designed to log all the hazards that the centre is actively managing. Each resident had participated in identifying specific hazards relating to their lives that were all included on the centre risk register. For example, one resident had 11 separate issues on the centre risk register ranging from transportation to medical issues. However, the process for risk assessment for these specific hazards was not always completed to accurately reflect the current risk rating. In practice the risk register identified health and safety issues and did not identify centre specific issues. For example, one of the issues that had been identified on inspection was the lack of access to support for residents from a dietetic service and a psychologist. However, the risk register did not include these examples of hazards that

the centre was actively managing. In addition, it was also unclear if, or how, hazards on the risk register were being escalated to the management team of St Joseph's Foundation.

During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site. There were records to show, and the person in charge confirmed, that all staff had received training in fire safety management. Each resident had a personal emergency evacuation plan which outlined what assistance, if any, the resident required in the event of an evacuation.

Procedures were in place for the prevention and control of healthcare associated infections. Medical equipment and supplies were stored in secure areas. Staff demonstrated a knowledge and understanding of how to prevent and control the spread of any healthcare associated infection.

Judgment:
Substantially Compliant

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Restrictive procedures were not in line with evidence based practice and in particular the use of chemical restraint. Improvement was also required to support plans to ensure appropriate support was given to residents at all times.

The policy for use of restrictive practices was made available to inspectors and had been in place since 2014. The policy outlined that the organisation aspired to a restriction-free environment and that the least restrictive procedure was to be used for as short a time as possible. The provider was obliged to notify HIQA on a quarterly basis of any occasion on which restraint was used (such as physical, environmental or chemical). HIQA was notified in January 2017 that two environmental restraints had been in place and that chemical restraint (i.e. medication) had been used on five occasions.

There was a register of 15 restrictive practices currently active in the centre that included:
- locking away of cleaning products
- locking of television cabinet
- food storage
- front door
- gates
- office.

However, improvement was required to ensure a rationale for all restrictions was documented clearly. In addition, there was no oversight or review of restrictions either by the multidisciplinary team or by a restrictive interventions review committee to ensure they were proportional to the needs of residents. In addition, support plans for individual residents did not have regular evaluation of restrictions.

Other restrictions were described to inspectors as not being restrictions as they were prescribed by health professionals. For example, there was a note on one resident's file from July 2015 by a health professional with regard to how that resident could be restrained prior to a procedure; the protocol described was not in line with national policy or HIQA guidance. It was not clear if this protocol had been employed or followed on the most recent occasion when the resident had a procedure undertaken.

Inspectors reviewed a selection of "behaviour management" plans and saw that some plans were comprehensive, outlined proactive and reactive strategies as recommended and were person-centred. However, this was not consistent; some plans were not developed in a multidisciplinary manner and lacked clear guidance for staff in order to provide effective and proactive support to residents. This was particularly evident in relation to the use of prescribed "as required" psychotropic medicine as the behaviour support plans did not provide sufficient clear guidance for staff as to when these medicines were to be used.

Training records made available to inspectors indicated that all staff had training on how to safely disengage from situations that present a hazard to themselves or the person receiving care. However, records did not indicate and some staff confirmed that they had not been provided with specific training on how to appropriately support residents.

It is a requirement of the regulations that all serious adverse incidents, including safeguarding issues are reported to HIQA. 15 such incidents had been submitted to the Chief Inspector since the previous inspection. Documentation in relation to these incidents were reviewed during the inspection. All incidents had been managed as per the service protocol and it was noted that a number of incidents were still "open".

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
It is a requirement that all serious adverse incidents are reported to HIQA within three working days of the incident. Since the last inspection a record of all incidents occurring had been maintained and all notifications had been sent to HIQA as required. Due to an administrative error one notification had not been sent on time. However, the representative for St Joseph's Foundation outlined that a new process was now in place to ensure that all notifications would be submitted as 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.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was no assessment evidenced to establish each resident's educational or training goals.

Residents' opportunities for new experiences and social participation were facilitated and supported through attendance at day services. The residents were engaged in social activities internal and external to the centre, for example, some residents went on a day trip to the beach while another resident and staff member went to the local pub in the community.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
Residents were supported on an individual basis to achieve and enjoy the best possible health.

Inspectors reviewed a sample of resident healthcare files and found evidence of regular reviews by the resident's general practitioner (GP). The GP requested review of residents' healthcare needs by consultant specialists as required.

There was evidence that residents were referred for support as required by to allied health professionals including speech and language therapy, physiotherapy and occupational therapy.

Inspectors were told residents' had their main meal in the day service. In the evening and at weekends, the staff prepared meals for the residents.

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):
No actions were required from the previous inspection.

Findings:
Each resident was protected by the centre's policies and procedures for medicines management. However, a number of errors were noted in the record for administering medication.

There was a comprehensive medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines.

Medicines for residents were supplied by a local community pharmacy to the main St Joseph's campus which staff from the centre then collected and brought to the designated centre. There was a comprehensive method of checking medicines and for returning unused medicines to the pharmacist. Residents' medicine was stored and secured in a locked cupboard in each premises and there was a key holding procedure in place. There had been a recent medicines management audit in the centre completed by the pharmacist. The results of this audit were not yet available by the time of the inspection.

One of the residents required medication that was on schedule 2 of the Misuse of Drugs Acts (commonly referred to as controlled drugs or schedule 2 drugs). There was a register for the recording stock balance of this schedule 2 medication. On this inspection it was found that there were adequate security systems in place for monitoring or checking a stock balance at each transaction of the pain medication as two staff members were counting the medication. In addition, at changeover of shifts there two staff completing the count of this medication. This medication was stored in a locked press within a locked cabinet.

A sample of medication prescription and administration records was reviewed by an inspector. Photographic identification was available for each resident on the medication administration record to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. However, a number of errors were noted in the records for administering medication.

Staff demonstrated an understanding of medicines management and adherence to guidelines and regulatory requirements. It was noted that not all staff were trained in the safe administration of medicines. However, the roster made available to inspectors confirmed that there was always one staff on duty who was competent to administer medicines.

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):
No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents. The statement of purpose contained all of the information required by schedule 1 of the regulations and was also available in an easy to read format.
There was one minor error in the statement of purpose that service undertook to amend.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The quality of care and experience of the residents was monitored on an ongoing basis. Effective management systems were in place which supported and promoted the delivery of safe, quality care services.

There was evidence of a defined management structure that identified the lines of authority and accountability. The person in charge had the required qualifications, skills and experience. They were committed to their own professional development and demonstrated sufficient knowledge of the legislation and their statutory responsibility. However, the person in charge was also on the daily roster and therefore did not have adequate oversight of the operational management of the centre.

Residents and staff could identify the person in charge and reported that the person in charge and the provider representative were always accessible. The provider representative had regular scheduled visits to the centre; this was also noted in the minutes of meetings.

There was a annual review and an unannounced inspection of the quality and safety of care in the designated centre which outlined areas for improvement with an associated action plan. Inspectors also noted that there was effective oversight of the actions by the person in charge which promoted the delivery of safe, quality care services.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
Adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify HIQA any such absence. The provider was aware of the need to notify HIQA 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):
No actions were required from the previous inspection.

Findings:
The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes.

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):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that there was the appropriate number of staff to meet the needs of the residents.

Throughout the inspection, warm and respectful interactions were observed between residents and staff. Staff with whom the inspector spoke demonstrated a good knowledge of their roles and were competent to deliver care as their learning and development needs had been met.

The person in charge was on the roster and therefore did not have adequate oversight of the operational management of the centre; the provider representative acknowledged that the issue of the person in charge supernumerary hours was being addressed across the service.

The education and training available to staff enabled them to provide care that reflects contemporary evidenced based practice.

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):
No actions were required from the previous inspection.

Findings:
Some improvement was required in relation to the management of residents' healthcare information.

There were two systems for the management of residents' healthcare information. There was the person centred planning file that had paper documentation including:
- information about the person
- healthcare plans
- healthcare assessments
- social care goals (person centred planning information)

There was an active file (called a "running file") that contained information about the resident that was recorded on a daily basis. This file contained updates about the resident's day, including activities or appointments they may have attended.

There was also a computerised system that contained healthcare assessments and reports from the multidisciplinary team including social work, psychology, psychiatry, speech and language and occupational therapy. There was information on the computer system that may not always have informed a resident's healthcare plan. Also there were occasions during the inspection when relevant information was available but had not been included in the person centred planning file.

In some examples for an assessed healthcare need referrals for input from an allied health professional had been made. However, it was not always tracked on the healthcare plan for the resident.

The residents guide accurately reflected the services and facilities available to residents. A directory of residents was maintained in the centre and was made available to the inspectors.

Judgment:
Substantially 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:

Cora McCarthy
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 report[1]

Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0001822
Date of Inspection:	26 July 2017 and 27 July 2017
Date of response:	7 September 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 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:
It was noted that there was an error in section 19 of the contracts of care in relation to complaints and the referral of complaints to HIQA, HIQA does not have a statutory remit in relation to complaints.

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 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 Statement of Purpose has been updated in relation to the Complaints process and does not reflect HIQA in the referral process.

Proposed Timescale: Completed.

Proposed Timescale: 07/09/2017

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Social planning goals were being repeated from year to year without any evidence of discussion or oversight of the goals.

2. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
•The personal goals of each resident are scheduled for review by a Multi-Disciplinary Team on 20/09/2017.

Proposed Timescale: 20/09/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspectors noted that where some assessments and care plans were required to address residents' needs, the required supports were not in place. For example, while referrals for psychology and behaviour support had been made, those referrals had not been processed. Such assessments or input had been recommended by other clinicians. Also communication assessments had not been completed and one resident had been referred for such an assessment.In other instances information relating to specific diagnoses and weight loss and exercise programmes, for example, was not available to guide staff. In addition staff did not have appropriate guidance on specific diagnoses to support residents effectively.

3. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
•Behaviour Support Plans are being reviewed by the psychology department:
1 is completed;
1 is in process;
3 scheduled to be completed on 15/09/2017;
•Referral to Speech & Language has been processed and observation assessments have been scheduled by the Speech & Language Therapist for relevant residents in the house and communication needs when identified will be supported by appropriate interventions. This work will be completed by the 15/11/2017;
•Educational assessments have been completed for all residents on 01/09/2017;
•The support plan relating to a resident with a specific diagnosis has been reviewed and updated to support the resident in relevant areas of concern.
•Staff are scheduled to meet with the consultant psychiatrist for appropriate guidance on specific diagnosis week beginning 25/09/17.

Proposed Timescale: 08/09/2017;
15/11/2017;
Completed;
25/09/17

Proposed Timescale: 15/11/2017

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 process for risk assessment for some specific hazards was not always completed to accurately reflect the current risk rating.

4. 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:
•Risks relating to specific hazards have been reviewed and now accurately reflect the current risk rating;
•A review of the Risk Management process is presently being conducted and training on risk has been scheduled for 18/10/2017 for all Persons in Charge with particular reference to completion & review of risk assessments and escalation process.

Proposed Timescale: Completed;
18/10/2017

Proposed Timescale: 18/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
7(4) Restrictive procedures were not being applied in accordance with national policy or evidence based practice.
Regulation.

5. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
•A review of the Policy on the Use of Restrictive Interventions has been completed and is in line with national policy and evidence based practice;
•A full review of all Restrictive Interventions has been scheduled for review by a Multi-Disciplinary Team on 20/09/2017. This team will discuss and complete an Assessment & Decision Making Form with associated risk assessments for all interventions relating to individual residents. Review dates for all restrictive interventions will be scheduled.

Proposed Timescale: 13/09/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Support plans did not always provide adequate guidance to staff.

6. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
•Behaviour Support Plans are being reviewed by the psychology department:
1 is completed;
1 is in process;
3 scheduled to be completed on 08/09/2017;

•All residents prescribed psychotropic medication are being reviewed by the consultant psychiatrist and guidance on the use of 'as prescribed' medication will be reflected in a PRN protocol and will be completed by 11/09/2017.

Proposed Timescale: 09/09/2017;
11/09/2017

Proposed Timescale: 11/09/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records did not indicate and some staff confirmed that they had not been provided with specific training on how to appropriately support residents.

7. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
•Person in Charge had attended training in Positive Behaviour Support provided by a Clinical Psychologist;
•Positive Behaviour Support will be provided to all staff be end of November. This will be provided by an external agency.

Proposed Timescale: 30/11/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no assessment evidenced to establish each resident's educational or training goals in order to support these potential needs

8. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
•Educational assessments have been completed for all residents on 01/09/2017;

Proposed Timescale: 01/09/2017

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:
A sample of medication prescription and administration records was reviewed by inspectors. A number of errors were noted in the record for administering medication.

9. Action Required:
Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
•Competency based refresher days have been scheduled whereby all staff who administer medication will attend and will include practical training – to be completed by 30/09/17;
•Medication errors will be reviewed on a monthly basis by the Person in Charge and will be a standing agenda item at supervision meetings & staff meetings;

Proposed Timescale: 30/09/2017;
Completed & ongoing

Proposed Timescale: 30/09/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some improvement was required in relation to the management of residents' healthcare information.

10. Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
•All health care referrals and associated responses are now all included in the file of each resident.

Proposed Timescale: Completed.

Proposed Timescale: 07/09/2017