

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0001819
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	David Doyle
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
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:
06 October 2014 09:30	06 October 2014 18:00
07 October 2014 09:30	07 October 2014 14:00

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 carried out by the Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

The centre provides 24 hour care and support for people with autism and /or intellectual disability who present with behaviour that challenge and who have medium to high dependency levels.

The centre comprises one main house and two individual apartments. The main house accommodates up to 5 residents on a full time residential basis, the two apartments are for single occupancy and accommodate two residents who require a high level of support need on a respite basis.

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies, procedures and staff files.

Overall, the inspector found that residents received a good quality service in the centre. Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. Residents were supported to pursue their interests, hobbies and training workshops.

The centre was warm, comfortable, appropriately furnished and well maintained.

Staff and residents knew each other well, residents were observed to be relaxed and comfortable in the company of staff.

The inspector had some concerns regarding the suitability of the first floor areas of the two apartments. Other areas of non compliance related to inconsistencies in the personal planning documentation, these are discussed further in the report and included in the Action Plan at the end of this report.

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:

The inspector was satisfied that residents were consulted in how the centre was planned and run. There were regular weekly in-house meetings held with residents. Residents discussed and planned the menus for the week ahead, activities that they would like to attend, things that they would like to do and dining out options during the weekend. Staff confirmed that they spoke with all residents on a daily basis to seek their views regarding all daily activities.

Residents had access to advocacy services. The social work department had recently visited and held an information evening for residents and staff, they explained about advocacy and how to access the service. Information leaflets on the national advocacy service were available in the centre.

The inspector found that the management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a complaints policy in place, which included details of the designated complaints officer and appeals process. The policy included the name of the nominated person independent to the person nominated to deal with complaints to ensure all complaints were responded to and all records maintained. 'Your Service - Your Say' brochures were available in the main hallway, the complaints procedure, the name, contact details and photograph of the complaints officer were clearly displayed. The person in charge told the inspector that 'Your Service - Your Say' brochures and quality improvements questionnaires had recently been sent to all families. A key worker was assigned to each resident, they regularly enquired if residents had any concerns or issues.

There was a complaints log book available to record complaints, comments or suggestions. There were no open complaints and recent complaints had been responded to appropriately but there was no evidence of the complainants satisfaction or not with the outcome. The person in charge addressed this before the end of the inspection.

The inspector observed that the privacy and dignity of each resident was respected. Staff spoke with residents in a caring and respectful manner. All residents had single bedrooms. An intimate personal plan was developed for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. Each bedroom had been personalised with residents preferred colour schemes, soft furnishings and furniture. The inspector observed that residents were relaxed and happy in the company of staff.

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):

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

Findings:

The inspector was satisfied that systems were in place to assist and support residents to communicate.

Staff spoken with were aware of the different individual communication needs of each resident. Each resident had a communication profile documented in their personal plan and individualised communication support plans were in place as required. There was evidence of multi-disciplinary input and their recommendations were reflected in the support plans. Some staff had undertaken specific training to assist communication with some residents. The inspector observed staff communicating and being understood by residents. The speech and language department had scheduled training on the use of iPads to assist staff in using them and to support communication with residents.

All residents had access to televisions, radio, newspapers and magazines. Some residents had their own televisions, music systems, and computer game consoles in their bedrooms. Some residents showed the inspector their favourite magazines.

Residents were provided with information on local events at the weekly in-house meetings. Residents told the inspector how they were attending a local social on the evening of the inspection and were looking forward to the music and dancing.

<p>Judgment: Compliant</p>

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
The inspector was satisfied that residents were supported to maintain positive relationships with their families and the local community.

All residents went home and visited families on a regular on going basis. Residents had many photographs of their family members displayed in their bedrooms and some residents showed these to the inspector. There was an open visiting policy in place and family and friends could visit at any time. Staff told the inspector that visitors were always welcomed and offered refreshments. Residents could receive visitors in private if they wished. Residents were supported to visit and socialise with their friends some of whom lived in other houses in the organisation.

Residents were supported to go on day trips in the local area, some residents liked go on shopping trips, go to the cinema, go for drives and dine out in local restaurants. Some residents regularly attended local church ceremonies.

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:
The statement of purpose clearly set out the admissions criteria and process.

Contracts for the provision of services were agreed with each resident. The inspector reviewed some contracts and noted that they included the services to be provided, the fees to be charged including the details of additional charges.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

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

Findings:

The inspector found that each resident had opportunities to participate in activities, appropriate to their individual interests. Arrangements were in place to meet each resident's assessed needs and these were set out in an individualised personal care plans. Residents were involved in the development of their personal plans and staff provided a good quality of social support to residents.

The inspector reviewed a number of personal plans. The person in charge told the inspector that new personal planning templates were in use and were still in the process of being fully developed. She stated that some information from the older files had not yet been transferred. While the inspector noted that some files were completed and contained very specific individualised support plans there were inconsistencies noted in other files.

The plans set out each residents individual needs, aspirations and choices. The person in charge told the inspector that relatives were regularly involved in the review of plans but there was limited documented evidence to support this. Support plans were in place for most identified needs but there were no support plans in place for some identified issues. There was evidence of referrals to a range of multi disciplinary health professionals and recommendations were reflected in personal plans. Individual goals were clearly set out and included the name of the person responsible for pursuing the goals but the agreed time frames were not always included. The personal plans contained personal profiles of each resident and information about residents' interests. Each file had an individualised weekly plan of things to do. Some residents had specific interests and they were supported by staff. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk

management in place.

The person in charge stated that personal plans designed in an accessible format for individual residents were not in place but would be soon developed.

Judgment:

Non Compliant - Minor

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:

This centre comprised one main house and two individual apartments. The inspector was satisfied that the design and layout of the main house fitted with the statement of purpose and met the needs of residents however the inspector had some concerns regarding the suitability of the first floor areas of the two apartments.

The centre was well maintained internally and externally. It was comfortable, clean, warm and homely.

The main house had a variety of communal day space including a sitting room, sun lounge and a large bright kitchen/ dining and living area. The rooms were comfortably and appropriately furnished. The layout promoted residents independence, privacy and safety.

All bedrooms were for single occupancy; they were bright, well furnished and decorated in varying colour schemes of residents choice. Residents had adequate personal storage space. One bedroom had en suite shower facilities. There was a bathroom, two shower rooms and also a separate toilet.

There was a separate utility room with facilities for washing and drying clothes. Residents were observed using these facilities.

There were adequate arrangements in place for the storage and removal of domestic waste.

The inspector found the kitchen to be well equipped and maintained in a clean condition. There was a plentiful supply of foods available, both fresh and frozen, fruits and juices.

There was a separate office and bedroom for staff.

Signage throughout the centre was clear and pictorial images were used on doors of rooms to indicate their use.

Residents had access to a large enclosed yard and garden area at the rear of the centre. Some residents liked kicking football and playing with the dog in the rear yard.

The centre was secure, all doors were fitted with key pads and all fire doors were connected to the alarm system, the front gates were controlled electronically and kept closed at all times.

The two apartments located to the rear of the main house consisted of a ground floor kitchen/dining room, living room and first floor bedroom and bathroom/shower room. There was a separate bedroom located on the first floor of one apartment for sleepover staff. The apartments were comfortable and suitable furnished.

The inspector had concerns regarding the suitability/safety of the first floor areas. The ceilings were sloped with large wooden beams, these posed a risk to residents as there was inadequate head room to safely move about. One of the bathrooms did not meet the needs of the resident. The toilet was difficult to access due to its positioning underneath the sloping ceiling. The residents could not see out the bedroom window as it was a small velux type window located on the ceiling.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected.

There was an up to date health and safety statement available. There was a recently updated risk management policy and risk register which identified measures in place to control identified risks including the risks specifically mentioned in the Regulations. The inspector saw that measures had been put in place to control recently identified risks. Systems were in place for the regular review of risk. The person in charge met with the health and safety officer on a monthly basis to review risks and discuss any incident/accidents. The person in charge carried out and recorded weekly health and safety checks.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in December 2013 and the fire alarm was serviced on a quarterly basis, the last service took place in October 2014. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. Most staff had received up to date formal fire safety training, further training was scheduled in October for the remaining staff. The provider and person in charge undertook to ensure that only staff that had updated fire safety training would be rostered as being in charge at night time. There was a personal emergency and evacuation plan documented for each resident. The procedures to be followed in the event of fire were displayed. Regular fire drills took place involving all residents and staff. Records were maintained of all monthly fire drills.

There was an updated emergency plan in place which outlined clear guidance for staff in the event of a number of different types of emergencies including fire, flooding, burst pipe, power failure and evacuation of the centre. Arrangements were in place for alternative accommodation in the event of evacuation.

The buildings were found to be maintained in a clean and hygienic condition throughout. Infection prevention and control guidelines for community disability services were in place and being implemented. There was a specific toolkit available to staff in the event of Norovirus/infection control outbreak. Hand sanitizers were located at the front entrance. Staff confirmed that they had attended recent training in relation to hand hygiene and the inspector observed good practice during the inspection.

All staff had received up to date training in moving and handling and further training was scheduled.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policy on the safeguarding of adults with a disability from abuse. The policy outlined clear guidance for staff as to what their role would be if they suspected any form of abuse and outlined clear guidelines for managing allegations or suspicions of abuse. It also included the name and contact details of the designated contact person. Staff spoken to confirmed that they had received training in relation to adult protection and were knowledgeable regarding their responsibilities in this area. A recent audit of adult protection had been carried out by the designated person and further refresher training was scheduled for 28/29 October 2014.

The inspector reviewed the comprehensive policies on responding to behaviours that challenge, management of aggressive behaviours and use of restraint - the last resort. The policies outlined clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. Positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans included known triggers, displayed behaviour, actions required and behavioural strategies developed in conjunction with the psychologist. All staff had attended crisis prevention intervention training and some staff had attended training on managing actual and potential aggression. The person in charge told the inspector that this training was now being scheduled for all staff.

The policy on restraint included clear directions on the use of restrictive procedures including ensuring that the least restrictive intervention was used for the shortest period possible. The inspector was told that there were no restrictive measures in place.

The inspector observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care.

The inspector was satisfied that residents finances were managed in a clear and transparent manner. All money was securely stored in the safe. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two persons. Receipts were maintained for all purchases. The financial administrator had recently carried out an audit of all files and no discrepancies were noted.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The person in charge and management staff spoken with were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

The inspector reviewed the incident book and noted that comprehensive details of all incidents were maintained. Systems were in place to forward a copy of the incident record to the health and safety officer and another copy to the provider. The health and safety officer met with the person in charge on a monthly basis and discussed all incidents.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

The inspector was satisfied that residents were supported to participate in education, training and employment to assist them achieve their potential.

All of the residents in the centre attended a variety of training workshops from Monday to Friday each week. Each resident was supported to attend training in line with their own personal interests and capabilities. Some residents were supported to work in the organisations coffee shop.

Residents attended regular in house training/information sessions.

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:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a range of allied health professionals including physiotherapy, OT, speech and language therapy, psychology and psychiatry.

The inspector noted that residents' nutritional needs were well monitored. Residents who required specialised diets were catered for. Advice was sought from the dietician as required and residents were weighed regularly. Residents were supported and encouraged to eat healthy balanced diets. Individualised support plans were in place for some residents.

The inspector was satisfied that residents' were supported to buy, prepare and cook the foods that they wished to eat. Residents had access to the kitchen at all times and could choose a time that suited them to have their meals. Residents had access to drinks and snacks throughout the day. The inspector observed residents helping themselves to drinks, snacks and fruit. All residents had their main meal at the workshop during the week days and had their breakfast and evening meal in the centre. Residents spoken to told the inspector that they planned their own menus each week following consultation with one another, they stated that they ate out sometimes and also had occasional takeaways at weekends.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector noted that the policies and procedures for medication management were generally robust.

There was a comprehensive medication management policy guiding practice. Staff on

duty told the inspector that only staff who had completed medication management training administered medications. Staff spoken with were knowledgeable regarding medication management policies and practices.

The inspector reviewed a sample of prescription/administration charts and noted that they contained all the information required to enable staff to safely administer medications. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN medications were prescribed and all medications were regularly reviewed by the GP.

Controlled drugs were appropriately stored and managed.

There were no medications requiring refrigeration at the time of inspection.

Systems were in place for checking medications on receipt from the pharmacy and recording medications on return to the pharmacy. Systems were in place to record medication errors and staff were familiar with them.

Regular medication management audits were carried out by the nurse coordinator and the pharmacist. Staff confirmed that the results of audits were discussed with them. The inspector noted that issued identified in the October 2014 audit had been addressed.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector reviewed the updated statement of purpose dated October 2014 and noted that it complied with the requirements of the Regulations. It accurately described the services provided and was demonstrated in practice.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She had been working as a social care leader in the organisation for the past nine years. She had been recently appointed as the person in charge in this centre. She worked full-time including evenings, sleepovers and weekends. She was knowledgeable regarding the requirements of the Regulations and Standards, and had very clear knowledge about the support needs of each resident. The inspector observed that she was well known to staff and residents. A senior social care worker deputised in the absence of the person in charge, they both normally worked opposite shifts. There was an on call out-of-hours rota system in place.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a nurse coordinator, assistant adult services manager and adult services manager/designated person to act on behalf of the provider. The designated person to act on behalf of the provider visited the centre regularly and was knowledgeable about the service. He was well known to staff and residents. Weekly management meetings took place to discuss issues of concern in the centre. There were formal meetings of all persons in charge from centres in the group to discuss common areas of interest and share their learning.

The person in charge told inspectors that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service and she felt well supported in her role.

There was no formal annual review of the quality and safety of care in the centre, however, some audits had been completed including medication management, medication errors, incidents/accidents, residents finances and adult protection. The person in charge stated that the results of all audits were discussed with staff to ensure learning and improvement to practice.

Judgment:

Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The person in charge and management staff were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. Notification as required had recently been made to the Chief Inspector.

Judgment:
Compliant

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

Theme:
Use of Resources

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

Findings:
The inspector was satisfied that there was sufficient resources to support residents achieve their individual personal plans.

Management staff told the inspector that all service users had agreed residential placements funded by the HSE in place.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector noted adequate staffing levels to meet the needs of residents at the time of inspection. In the main house there was normally one social care leader and one care assistant on duty in the mornings from 7.00am to 9.00am. There was a social care worker on duty in the evenings from 16.00 to 23.00 and also on sleepover. There was one care assistant on duty in the evenings from 16.00 to 20.30 and another care assistant on duty at night time from 20.30 to 8.30. There was an additional staff member on duty at the weekends. Staff spoken with were generally satisfied with the staffing levels and told the inspector that there were no issues in rostering additional staff at short notice if required. The two apartments were staffed separately as both residents required a high level of support.

There was a comprehensive staff recruitment policy based on the requirements of the Regulations. The inspector reviewed a number of staff files and found them to contain all the information as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had attended on going training and records of training were maintained in staff files. Recent training included safe administration of medications, health and safety, epilepsy and rescue medication, hand hygiene, front line management and management of actual and potential aggression. Further training was scheduled in occupational first aid, complaints, dignity at work, hand hygiene and front line management. The speech and language department in the organisation had scheduled training for staff at the end of October 2014 on creating and using visual supports, iPads, food consistencies and eating, drinking and swallowing.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspector was satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available and up to date. The person in charge had put systems in place to ensure that staff read and understand policies.

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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0001819
Date of Inspection:	06 October 2014
Date of response:	22 October 2014

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 05: Social Care Needs

Theme: Effective Services

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

Personal plans were not available in an accessible format for individual residents.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are

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

made available in an accessible format to the residents and, where appropriate, their representatives.

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

Under Regulation 05 (5) the Person in Charge will ensure that the residents personal plans will be made available in an accessible format.

Proposed Timescale: 01/12/2014

Theme: Effective Services

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

There was limited documentary evidence to support the involvement of residents representative at review meetings.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Under Regulation 05 (6) (b) the Person in Charge will ensure that the residents and/or their representatives are involved in the meetings to review the residents personal plans and that this involvement is documented.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

There were no documented support plans in place for some identified issues.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Under Regulation 05 (4) (a) the Person in Charge will ensure that the personal plans will be reviewed and that all issues requiring a support plan will be identified and a support plan implemented for same.

Proposed Timescale: 31/12/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The ceilings to the two apartments were sloped with large wooden beams, these posed a risk to residents as there was inadequate head room to safely move about. One of the bathrooms did not meet the needs of the resident. The toilet was difficult to access due to its positioning underneath the sloping ceiling. The residents could not see out the bedroom window as it was a small velux type window located on the ceiling.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The Registered Provider will reassess the second floor living areas of the residence and seek the advice of suitably qualified professional re alterations to be made to meet Regulation 17 (1) (a). The residents will be offered the opportunity to rearrange their living space and supported to make any changes they request.

Proposed Timescale: 30/04/2015