



# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	St Joseph's Unit
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	01 August 2018
Centre ID:	OSV-0002705
Fieldwork ID:	MON-0021723

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre is a large single floor building which is attached to another building on one side and on the other end, a corridor adjoining to another building. The centre is in a small town in Co. Kildare. The centre can accommodate up to 17 residents male and female with varying degrees of intellectual and physical disability, chronic physical conditions and dementia. The centre comprises of 17 bedrooms with three of the rooms having an en suite facility. Out of the 17 bedrooms two bedrooms are kept for respite residents and one for emergency convalescence admissions. There are four bathrooms, two toilet areas and two single toilets. There is a shower room, a storage room, a nurse's station, a manager's office, a sitting room, a kitchen, a dining area, a conservatory with seating area, a visitors room, three storage cupboards/areas, staff locker rooms and staff room and a day activation room. Outside there is a garden and plant area with seating. A bus is available to the service on a daily basis for appointments and social activities. There is a full-time person in charged, 13 nurses, 19 care assistants, three house-keepers, two internship students (Jan - Sept ) and two clerical officers employed at this centre.

**The following information outlines some additional data on this centre.**

Current registration end date:	31/01/2019
Number of residents on the date of inspection:	15

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
01 August 2018	10:00hrs to 18:30hrs	Jacqueline Joynt	Lead

## Views of people who use the service

The inspector met with a number of the residents on the day of the inspection and observed elements of their daily lives. The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from HIQA questionnaires, residents' house meeting minutes, the designated centre's annual review and various other records that endeavoured to voice the residents' opinions.

Residents who spoke with the inspector said they were happy to be living in the centre. Residents said that they liked the food they got and that there was plenty of choice. Residents also advised the inspector that the staff were very caring and helpful.

Questionnaires provided to the inspector relayed that residents enjoyed the garden space, the privacy of the visitors room and the spa treatments that were provided. All residents advised that they were happy with their bedrooms.

The inspector also met with two of the residents families who relayed their own views and views of their family members living in the centre. The families advised the inspector that they felt there was a high standard of care being provided and that their family members were happy and content living in the centre.

The inspector observed that there was an atmosphere of friendliness in the centre and that staff were kind and respectful towards the residents through positive, mindful and caring interactions.

## Capacity and capability

The inspector found that overall, the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibility and who they were accountable to. Improvements that were required from the previous inspection had been implemented.

The inspector observed caring and considerate interactions between staff and residents throughout the day. Family members, who supported residents complete

HIOA questionnaires and who spoke with the inspector on the day, noted that they were happy with how staff engaged with the residents and how they also supported family members and kept them updated on a regular basis. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships was promoted. A high cohort of the workforce had worked in the centre over four years and the person in charge informed the inspector that if relief staff was required, the same relief staff who were known to residents, were employed.

Overall, the inspector found evidence that staff had received mandatory training to enable them provide care that reflected up to date evidence-based practice however, improvements were required to ensure that all staff had completed a number of refresher courses. Staff who spoke with the inspector demonstrated good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents.

Governance and management systems in place ensured that overall, the residents received positive outcomes in their lives and the delivery of a safe and quality service. The inspector found that there was an auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

There was also an auditing information technology system in place which provided the person in charge with actions and time-lines arising from the six monthly and annual review. The system assisted the person in charge in ensuring that the operational management and administration of centre resulted in safe and effective service delivery.

The person in charge had commenced in the role in May 2018. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents. The person in charge was familiar with the residents' needs and ensured that they were met in practice. There was evidence to demonstrate that the person charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The person in charge had carried out one to one supervision and support meetings with all staff to support them perform their duties to the best of their ability. Staff advised the inspector that they found these meetings to be beneficial to their practice. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

## Regulation 14: Persons in charge

The centre is managed by a suitably skilled , qualified and experienced person in charge who was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment: Compliant

### Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received relevant training and demonstrated knowledge and competence in these areas however, a number of staff had not completed three different refresher training course.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Unannounced six monthly reviews and annual reviews were being carried out in line with regulation.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Residents' admissions were in line with the statement of purpose.

Judgment: Compliant

### Regulation 3: Statement of purpose

The service being delivered was in line with the current statement of purpose.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Overall all Schedule 5 policies and procedures were adopted, implemented and made available to staff. However, of the 21 policies reviewed, 8 were not reviewed within a 3 year period as required.

Judgment: Substantially compliant

### Quality and safety

Overall, the inspector found the centre was well run and provided a caring and friendly environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of each residents' needs and knowledgeable in the care practices required to meet those needs.

The residents had individualised holistic assessment and care plans which were part of everyday life with appropriate staff involvement. The care plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The health and development of each resident was promoted and supported in a variety of ways. Residents had up to date health care plans which demonstrated appropriate access to a GP of their choice and allied health professionals when required.

The inspector looked at a sample of personal plans and found that residents had up to date personal plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied health care professionals and family members.

A keyworker and staff nurse was identified for each resident to support them achieve their goals, and within the expected time-frame. Personal plans sampled primarily included goals pertaining to social outings and activities such as day and overnight trips away, going to concerts and musicals and family visits.



The personal plans were in an assessable format and there was evidence to demonstrate that residents were consulted in the process. However, improvements were required around supporting staff be more creative in assisting residents with goal setting to enable residents' relationships within the community flourish and have meaningful experiences that include the benefits of holding valued social roles.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. Overall, the residents were protected by practices that promoted their safety.

On the day of inspection, in relation to an un-witnessed incident, the inspector sought further clarification around the follow up actions in response to this incident. This information was provided including the development of a protocol for staff to follow in similar circumstances.

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Regular house meetings occurred with the agenda including matters such as complaints, health and safety, person centred planning, news and upcoming activities on offer.

The inspector saw that residents had a daily choice of menu and where residents did not want what was on the menu, they were offered another choice. Food was appetising and served in an appropriate way that ensured the residents enjoyed their food. The inspector observed that residents had plenty of time to eat and drink and that mealtimes were relaxed and a time of pleasant social sharing. Staff sat with residents during mealtimes to enhance residents dining experience and to provide support where appropriate.

The design and layout of the of the premises ensured that each resident could enjoy living in an accessible and comfortable environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the house. There was an on-site day activation room that provided sensory stimulation, relaxation and self-care therapeutic treatments to any resident who wished to part-take. Overall, the physical environment of the house was clean and in good structural repair however, some paint and repair work to a number of rooms in the centre was required.

The inspector found that overall the fire fighting equipment and fire alarm system were appropriately serviced and checked and that there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. However, the inspector found that the night evacuation procedure for the centre and the recording of such required improvements.

The inspector found that the pharmacist in place was acceptable to the residents. The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. Medication was administered and monitored according to best practice as individually and clinically indicated to

increase the quality of each person's life. The inspector found that medication was reviewed at regular specified intervals as documented in resident's personal plans.

### Regulation 17: Premises

Overall, the designated centre was in good structural repair however, a number of rooms in the centre required paint and plaster work to walls. There was a number of doors and door frames with scuff marks which were in need of maintenance. In general bedrooms promoted a homely atmosphere however, many of the rooms contained unused and unnecessary curtain rails which had previously been used to divide up the room.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

There was adequate amounts of food and drink which was wholesome, nutritious, and offered choice at mealtimes to residents.

Judgment: Compliant

### Regulation 28: Fire precautions

Night-time fire evacuation records and procedures did not clearly state the staff who were involved in the procedure. Of fire evacuation records sampled, the majority were not completed fully to include learning from the event. There was no evidence that the kitchen fire blanket had been serviced. However, on the day of the inspection the person in charge, in a prompt manner, either completed or contacted the appropriate person to complete all of the above actions.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Safe medical management practices were in place and were appropriately

reviewed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a person centred plan that was kept under review and reflected practice however, from plans sampled the inspector found that improvements were required to ensure goal setting provided meaningfulness and maximised the residents' personal development.

Judgment: Substantially compliant

### Regulation 6: Health care

The health and wellbeing of each resident was promoted and supported in a variety of ways, including through diet, nutrition, recreation and exercise. One resident had made a substantial recovery from a health related matter which they had previous to their admission. As a result there had been considerable improvements to the resident's quality of life and wellbeing.

Judgment: Compliant

### Regulation 8: Protection

Overall, the inspector found that residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed staff treating residents with dignity and respect. Advocacy

service were made available to residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Joseph's Unit OSV-0002705

Inspection ID: MON-0021723

Date of inspection: 01/08/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff, who at the time of the inspection, who had not completed refresher training courses have been scheduled to attend same.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The eight policies referred to in the inspection report will be reviewed in line with the regulation.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

The Regional Director will apply to the HSE for funding for a full repaint of the unit to include repair of plaster work where required. Unused curtain rails have been removed.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
As per the report the actions identified at the inspection have been completed.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
  
The Person in Charge will ensure that person centered plans will be reviewed and amended to ensure goal setting is meaningful and that they maximize the residents' personal development

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
  
N/A



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	07/11/2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	03/01/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	01/08/2018

Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/10/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	15/10/2018
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	N/A