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A designated centre for people with disabilities operated by St John of God Community Services Limited, Wicklow

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**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 John of God Community Services Limited
Centre ID:	OSV-0002879
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Pauline Bergin
Lead inspector:	Conor Brady
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	8
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 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:
28 July 2015 09:00	28 July 2015 17:30
29 July 2015 09:00	29 July 2015 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

This was an inspection of a designated centre operated by St. John of God Community Services Limited (Carmona Services). This was the first inspection of this designated centre by the Health Information and Quality Authority, Regulation Directorate (The Authority). As part of the inspection, inspectors visited the centre and met with residents and the staff members. Inspectors observed practices and reviewed documentation such as personal plans, medical records, accident and incident records, policies and procedures, staff files and training records.

In total 8 residents were living in the centre at the time of inspection with 1 vacancy. Residents in this centre were of an aging profile and some residents had a diagnosis

of dementia and or significant support needs and nursing care.

Overall, the inspectors found that residents received a good quality service and residents enjoyed a good quality of care and had opportunities for meaningful engagement and social interaction. Staff knew the residents well and responded to their needs in a warm and caring way.

There were a number of areas that required some improvement in order to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

For example;

- Admissions and contracts for provision of services
- Policies, records and documentation
- Social care needs assessments
- Medication management
- Complaints management and records
- Annual Review of the Quality and Safety of Care

These matters are discussed further in the report and in the action plan at the end of the 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:

Overall inspectors found that the rights, dignity and consultation with residents was well maintained and protected in this designated centre. Residents were found to be treated with dignity and respect throughout the inspection process. However inspectors found that the management of complaints required some improvement.

Throughout the 2 day inspection members of staff were seen interacting with residents in a caring and considerate manner. Personal care was carried out in private and staff members supported residents respectfully during meal times. Staff members were also heard giving residents choices in how they spent their day. Relatives indicated in pre inspection questionnaires that residents' privacy and dignity was respected.

A policy relating to residents' personal property and possessions was not in operation in the centre. The person in charge provided inspectors with draft guidelines to be followed in the centre however this had not been approved at the time of inspections. It was apparent from a review of residents' files that not all residents had lists of their personal property maintained. This is addressed under Outcome 18.

A complaints policy was in operation in the designated centre. The complaints procedure and information on advocacy services were displayed prominently throughout the centre. An inspector reviewed the complaints log maintained and observed that staff members were facilitating residents to make complaints.

An inspector reviewed minutes of resident meetings which were facilitated by staff. During such meetings issues such as menu choices and activities were discussed. While reading such minutes the inspector noted reference being made to two recent

complaints. However these complaints were not documented in the complaints log.

It was noted for one of these complaints that a complaint form was submitted but the person in charge was unable to locate such a form while she had no knowledge regarding the other complaint. It was also apparent from the complaints log that the satisfaction of the complainant was not always recorded. Such issues relating to the recording of complaints was also highlighted in an unannounced visit by the provider carried out two months before this inspection. However, the required level of improvement had not taken place.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were supported to communicate by staff members who were fully aware of their needs in this area.

A communications policy was in operation the centre which provided that the communication needs of all residents be set out as part of the personal plan. Inspectors reviewed a sample of these plans and found that they outline individual communication requirements. It was also evident from these plans that residents had access to a Speech and Language Therapist (SALT) whose recommendations formed part of the communication plans in place for residents.

Inspectors spoke with staff members who were able to speak with ease about the needs of residents in this area and how they communicated with them. Within the designated centre pictures and activity boards for some residents were used to enable them to communicate and express choices. During inspection members of staff were observed using such aids effectively to communicate with residents as provided for in their care plans.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors reviewed a local procedure relating to visitors to the designated centre which strongly encouraged residents to receive visitors from family and friends. Throughout the 2 day inspection family members were regularly seen visiting their relatives in the centre. A review of the visitors log also indicated that visitors to the centre were a frequent occurrence. It was stated in a relative pre inspection questionnaire that "as visitors we are always made welcome. We get the feeling that the staff are very receptive to visitors".

Inspectors found evidence that family members were encouraged not only to visit the centre but to participate and advocate for their loved ones through the planning process. Inspectors found that community activation was promoted in this centre but due to residents profile was sometimes difficult.

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:

Inspectors found appropriate admissions procedures in place but were not satisfied that there were appropriate arrangements in place regarding contract for provision of services. The fees to be charged to residents were not clearly set out in contracts for the provision of services and not all residents had such contracts in place.

An admissions policy was in operation in the centre. At the time of inspection there was

1 vacancy in the designated but a new admission was in the process of transitioning into the centre. The person in charge highlighted that a transition plan was in place for this individual. Staff members were aware of this transition plan, the new resident's needs and also spoke of his regular visits to the centre as part of the transition plan.

Inspectors reviewed the contracts for the provision of services and found that only long stay residents had contracts in place while the six residents availing of respite care in the centre had no contracts in place. In addition, while some of the contracts in place were signed by the resident or their representative some were not. It was also observed that some residents had different versions of contracts in their files. Some versions were signed but more recent versions were not.

Although some residents did have contracts in place, the fees to be charged were not clearly set out and it was not apparent what additional charges residents had to pay for things such as clinically recommended equipment and activities provided in the centre. A list of household items to be provided as part of the services provided within the centre was also not completed for all residents. In reviewing residents contracts and associated documentation it was not clear to inspectors what residents were actually paying for the service. Residents and/or representatives were therefore being requested to sign contracts that did not include fees charged. This is not in line with the requirements of the Regulations.

Judgment:

Non Compliant - Moderate

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:

There was good evidence observed regarding residents' individual assessment and social care needs. However, some improvement was required regarding the development of some residents' social care plans and social goal/objective settings.

Inspectors observed residents being facilitated with internal and external activities on

the inspection day. For example, residents going on outings into the community, residents provided with mobility and social activation programmes and on-going social engagement.

An inspector reviewed a number of resident's personal plans and found that plans and assessments were generally to a good standard. For example, plans gave full overviews of residents' abilities, wishes and preferences and highlighted how residents' participated with the services and enjoyed meaningful days. Some residents attended set day services while other residents were activated from the centre. Given the profile of some residents and the deterioration in their health and social functioning, sometimes their participation in social activation was limited. The inspector did however find appropriate activity and social activation offered to residents on a continual basis to ensure opportunities were available to residents.

Regarding improvements required, it was found that one resident did not have a comprehensive assessment in place regarding their social care needs since being admitted to the centre. In addition, some personal plans were found not to include clear time-frames and persons responsible for achieving social objectives with residents. This required improvement to ensure each resident has clear goals that were in line with individual needs, wishes and preferences.

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):

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

Findings:

The premises and facilities provided in this designated centre were suitable to meet the needs of residents.

The designated centre was a single floor premises which was part of a larger building adjoined to another designated centre and a day service. The designated centre was wheelchair accessible by two entries and had sufficient space to ensure that the needs of residents were met.

Residents' bedrooms were painted with bright colours and personalised with

photographs. There was sufficient storage space for residents' belongings with a wardrobe and chest of drawers in each bedroom. There was sufficient communal space including an activities room, conservatory area and dining room.

A suitable kitchen area was provided whereby residents could be involved in the preparation of home cooked meals along with an adequate number of assisted bathrooms and toileting facilities.

Inspectors found the centre was clean, hygienic and bright with appropriate ventilation. The centre was maintained to an appropriate centre inside and outside. Appropriate equipment was available for residents such as hoisting, assisted shower chairs and specialised lounge chairs to ensure individual assessed needs were met.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall residents were protected in this centre and there was a good culture regarding the management of risk and the promotion of the health and safety of residents.

Organisational and location specific safety statements were in place. A risk register was also reviewed by inspectors which contained centre specific risks such as risks of dysphagia/aspiration, use of wheelchair, fire safety, residents moving/handling and the safety of residents while on social outings. Corresponding risks assessments for such risks were also seen by inspectors on residents' files and these assessments had been recently reviewed.

Inspectors observed good practice regarding infection control with safe removal off domestic waste and a good approach to staff hand washing evident in the centre. Inspectors observed safe practice in the preparation of food in this regard also with clear guidance available to staff regarding the importance of food safety.

Inspectors found risk assessments, risk management plans and control measures regarding identified risks. The person in charge and staff were familiar with risks, how to report incidents and accidents and how to implement control measures to reduce risk in the centre.

Inspectors observed safe manual handling practices and resident moving/handling by staff who were trained in the use of hoists and who were observed doing so in a professional, safe and sensitive manner when providing care to residents.

Inspectors reviewed the fire register, fire safety documentation, emergency and evacuation plans and found evidence of maintenance checks on the fire detection system, emergency lighting and fire extinguishers having been carried out. Fire drills were conducted at varying times of the day and it was noted that recent drills had taken place regarding the safe evacuation of residents.

All staff had undergone fire training and all residents had personal evacuation plans in place. Staff members spoken to were knowledgeable about the contents of such plans. All staff demonstrated sufficient knowledge of the fire evacuation systems and procedures to follow in the event of a fire.

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 inspectors found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre.

The inspectors found policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. Staff highlighted these procedures to the inspectors and showed the reporting system to the inspectors.

The inspectors were informed of the designated liaison person and reviewed a recent notification that was investigated through the appropriate process in accordance with organisational policy and regulatory requirements. This matter had been investigated in full and followed up appropriately by the person in charge and provider. Inspectors found appropriate management systems in place to ensure an open culture of reporting

concerns existed and that any issues reported were followed up by the person in charge.

The inspectors were satisfied that staff were familiar with the different types of abuse that residents were vulnerable to and were aware of the mechanisms in place to report and support residents where/when required.

There were clear policies in place on the use of restrictive procedures. On review of documentation and through discussion with staff, the inspectors determined that the centre was promoting a restraint free environment in as far as was possible. Certain restrictions were in place to support the resident's safety. For example, the use of lap straps and bed alarms and control measure to protect residents with limited mobility and dementia. All restrictions were risk assessed, monitored and reviewed on an ongoing basis. There usage was well documented and monitored, and there was clear rationale for the use of any restriction within the designated centre. Inspectors found that this centre was not an overly restrictive environment and any measures implemented were based on residents' safety needs.

Appropriate training had been completed by staff in the areas of protecting vulnerable adults which ensured staff were equipped from a training perspective in line with regulatory requirements.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

Inspectors reviewed the accidents and incident log in the designed centre and found that all matters which required notification the Chief Inspector had been done within the required timeframe.

The person in charge was aware of the notification process and systems were in place for the reporting and submission of notifications to the Authority 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):

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

Findings:

The inspectors were satisfied that the residents were supported to participate socially in activities suitable to their age, interests and needs. The inspectors observed residents and reviewed documentation and found that the residents were provided with suitable activation in line with their own goals, preferences and needs. As highlighted in Outcome 5, the resident profile in this centre was of an older profile with some residents with a diagnosis of dementia. As a result, some resident's social activity and community participation had deteriorated due to their changing needs.

The inspectors found that some residents attended day services while others had individualised activation programmes provided from their home. Residents were encouraged to partake in activities and lead fulfilled and meaningful lives in line with their assessed needs. The inspectors viewed a relaxed atmosphere whereby residents were not hurried in the centre and moved at their own pace in terms of going out and attending day services. The residents in this centre presented as content throughout the inspection process.

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:

Overall inspectors found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspectors saw that residents had the opportunities to access allied health professionals such as G.P., psychiatry, psychology, speech and language therapy (SALT), occupational therapy, chiropody and chaplain. Residents had access to specialist services (dementia specific/diabetes specific) and hospital appointments when and where required.

An inspector saw evidence of the monitoring of weight and specific action planning in place to ensure residents were regularly reviewed by dietician to enjoy best possible health. The inspector saw evidence of speech and language assessment when appropriate for residents. Resident's healthcare documentation was maintained to a good standard and was clear and accessible. For example, assessments and appointment schedules/calendars. It was clear that the person in charge ensured residents were supported and facilitated to have their healthcare needs met to a good standard.

Regarding food and nutrition residents were observed to be provided with healthy home cooked meals. An inspector discussed meals and food with staff who clearly highlighted that they promoted choice regarding what the residents ate and when they ate. The inspector observed menu choices, healthy eating promotion and residents having the freedom to choose food and access food as they wished. Residents were observed being supported with dignity and respect as they relaxed and ate at mealtimes.

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:

There were appropriate medication management practices within the designated centre but some changes were necessary.

An organisational medication policy was in place along with a local operating procedure to guide practice. This procedure provided that all medications received from the pharmacy must be checked, counted, recorded and signed by staff. However a review of the most recent medication order showed that not all medications had been signed off on while one such medication had a different dosage than was listed on the

corresponding prescription document.

Medication was dispensed from a trolley which was securely stored while there were also facilities available for the storage of refrigerated medication. Although staff were a constant presence throughout the designated centre it was observed that the refrigerator was located in a staff room which was not always locked or attended.

Administration records were reviewed by inspectors and were found to be legible and accurately maintained. Medication records of all residents were reviewed and while all contained pertinent information such as residents' name and date of birth, the prescription records of respite residents did not contain any photographs of these residents.

All staff members had undergone training in medication management and were observed to be safely administering medication during the inspection. Staff were aware of the procedure for reporting a medication error while such errors were appropriately responded to. Inspectors found that PRN (as required) medication protocols for residents were also in place.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors were provided with a statement of purpose which complied with the Regulatory requirements.

The statement of purpose was reviewed by inspectors on day 1 of inspection and found not to contain all the requirements of the Regulations. This document was subsequently reviewed and the minor changes necessary were amended by the Person in Charge on inspection.

The Authority found the statement of purpose accurately described the services, facilities and care provided in the designated centre.

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:

Overall the inspectors found that the quality of care and experience of the residents was monitored and developed on an ongoing basis in this designated centre. The inspectors found that effective management systems were in place that support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation. The inspectors found that although auditing was of a high standard it was noted there was no annual review available for inspection which is required as per the Regulations

The inspectors found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had 20 years experience within a variety of roles/locations in the nursing and social care sector and had an appropriate level of experience in the management of services for people with intellectual disabilities. The person in charge had appropriate qualifications in nursing with specific interest in care of the elderly (disability) and dementia specific care. The person in charge demonstrated a good understanding of the Regulations and Standards.

The person in charge highlighted a number of audits carried out in the designated centre in areas such as care planning, healthcare assessments, health and safety, risk assessments, finances, hygiene of premises and records and documentation. The inspectors found evidence of unannounced visits and audits and action/work plans devised by the provider's quality management team. Inspectors found evidence of the implementation of actions arising from these audits such as in the areas of fire safety and care planning. Inspectors found there was not an annual review (2014) completed and available for inspection, which is required by the Regulations.

The inspectors found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to

residents. The person in charge highlighted various checking systems in place with residents and families to ensure she was fully aware of the care provided in the designated centre. The person in charge had regular contact with families and was regularly present within the designated centre. The person in charge was also responsible for the management of another designated centre which was located very close to the centre inspected. The person in charge was found to be well supported by a CNM (Clinical Nurse Manager) and effective staff team.

The inspectors found there were clear lines of authority whereby the person in charge was supported by a local area manager whom was also present at inspection. The inspectors found that staff were satisfied with structures in place and found clear and accurate rosters, staff training schedules and performance management systems were in place and well maintained.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspectors found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was deputising arrangements whereby the local CNM (Clinical Nurse Manager) was supported by the area manager to oversee and manage the designated centre in the absence of the person in charge.

The inspectors found there were no instances whereby the current person in charge was absent for 28 days or more. The person in charge was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

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 inspectors found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The inspectors found that this was evidenced through resident's quality of care, access to appropriate facilities and activities, and on-going care delivered by nursing and social care staff. The resident's home was well maintained, staffed and funded with transport available to residents as required. The inspectors found that the designated centre was sufficiently resourced to meet the needs of all residents.

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:

There were appropriate numbers of staff with the necessary skill mix to meet the needs of residents.

The centre's statement of purpose provided for four members of staff to be on duty during the day and two during the night. The inspectors observed these numbers and found them to be sufficient to meet the needs of residents while a review of staff rosters showed that these staff levels were being adhered to.

The inspectors reviewed a sample of staff files and found that they contained all the

necessary documentation including evidence of Garda vetting. All staff had undergone the required mandatory training as well as training in areas such as hygiene and food safety. Staff members spoken during inspection demonstrated their knowledge and understanding of residents' needs.

There was one volunteer working in the centre at the time of inspection. The inspectors found that documentation was maintained for this volunteer while the appropriate level of supervision was also provided.

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 inspectors found that while some areas regarding policies, procedures and documentation were met within this designated centre there was further improvement required to fully meet the Regulations.

The provider did not have established, implemented or reviewed all of the required written policies and procedures in the designated centre at the time of inspection. An inspector reviewed the Schedule 5 policies which the provider must prepare and adopt as required by the Regulations. Such policies and procedures should be reviewed at 3 yearly intervals but not all policies seen by the inspector had been reviewed within this timeframe. For example the policy on personal intimate care was dated April 2009.

In addition, not all of the required policies had been written and adopted. As highlighted under Outcome 1 there was no approved policy or procedure in effect in the designated centre for residents' personal property and possessions. As a result not all residents had a list of their possession maintained.

The inspectors reviewed residents' documentation and while this was kept to a good

standard in general, there were some areas that required further attention. For example, the directory of residents was limited to only long stay residents and did not include the six respite residents availing of the services provided. In addition the directory of residents did not provide for the name and address of any authority, organisation or other body which arranged residents' admission to the designated centre.

Furthermore records and documentation around complaints and some of residents healthcare information required further attention to ensure completeness, accuracy and ease of retrieval. For example, completed records for residents nutritional assessment were not completed.

All other documents requested by inspectors were made available during inspection and found to meet the Regulations' requirements.

Judgment:

Non Compliant - Moderate

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:

Conor Brady
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 John of God Community Services Limited
Centre ID:	OSV-0002879
Date of Inspection:	28 July 2015
Date of response:	16 September 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Some complaints and the satisfaction levels of the complainants were not always recorded.

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The Person in Charge will record the satisfaction levels of complainants on all complaints and sign off on status of complaints.

Proposed Timescale: 02/10/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Respite residents did not have contracts in place.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

- A Respite Agreement and Contract will be drawn up for service users availing of Respite within the Designated Centre.
- This Contract will be circulated to Representative and signed by same.
- This contract will be kept on file in the Designated Centre.

Proposed Timescale: 23/10/2015

Theme: Effective Services

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

The fees to be charged to residents were not clearly set out in contracts and a list of household items to be provided as part of the services provided within the centre was also not completed for all residents.

3. Action Required:

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

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

- A Review of the fees being charged to residents will take place with the Senior

Accountant. 31/12/15

- A local operational Procedure for Long Stay Charges (In-Service Charges) will be drawn up for the Designated Centre. 25/9/15
- All residents will have up to date Contracts of Care in place to reflect the new procedure for charging fees. 31/10/15

Proposed Timescale: 31/12/2015

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:

All residents' did not have a comprehensive assessment in place regarding assessed social care needs.

4. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

- A Comprehensive Assessment will be completed for the resident whose assessment was outstanding.
- This will be completed by the key-worker with oversight from Clinical Nurse Manager in the Designated Centre.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

There were not clearly defined plans and social goals/objectives for all residents outlined in personal plans with set timeframes and persons responsible highlighted.

5. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

- A local operational procedure for reviewing Personal Plans will be drawn up
- This Procedure will include the process for bi-annual and full annual review

- This will also provide a formal system for recording the persons responsible, timelines and rationale for proposed changes.

Proposed Timescale: 09/10/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Refrigerated medication was not securely stored, respite resident prescription records did not have photographs and medication received from the pharmacy was not always signed off by staff.

6. Action Required:

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

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

- Lock to be put on the Medication Fridge
- Respite Clients will all have photographs on their individual Kardexes
- A local operational procedure will be drawn up to outline the process for receiving medication from the pharmacy. All staff will be inducted into this LOP.

Proposed Timescale: 09/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was not a 2014 annual review of the quality and safety of care and support in the designated centre.

7. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review of the Quality and Safety of Care and Support in the Designated Centre in 2014 will be compiled by the Person In Charge.

Proposed Timescale: 20/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all the required policies were place during inspection.

8. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A Procedure on Personal Possessions will be drawn up in line with regulations by the Policy, Procedure and Protocol group

Proposed Timescale: 31/12/2015

Theme: Use of Information

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

Not all policies had been reviewed at the required intervals.

9. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All Polices will be brought up to date within 3 three years as per regulations

Proposed Timescale: 31/12/2015

Theme: Use of Information

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

The directory of residents did not include respite residents.

10. Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

All respite clients and their information will be included on the Directory of Resident of the Designated Centre.

Proposed Timescale: 30/09/2015

Theme: Use of Information

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

The directory of residents did not provide for the name and address of any authority, organisation or other body which arranged residents' admission to the designated centre.

11. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Directory of Residents will include the name and address of the agency making the referral for the resident to the Designated Centre.

Proposed Timescale: 30/09/2015

Theme: Use of Information

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

A record of all residents' personal property and possessions was not maintained.

12. 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 residents will have fully complete and up to date inventories of Personal Possession on file.

Proposed Timescale: 30/09/2015