

# eDeposit Ireland

## Ard Na Mara, Louth

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Authors	Carey, Declan;Lynch, Raymond
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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ard Na Mara
<b>Centre ID:</b>	OSV-0003002
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Provider Nominee:</b>	Declan Moore
<b>Lead inspector:</b>	Declan Carey
<b>Support inspector(s):</b>	Raymond Lynch
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
20 March 2017 10:00	20 March 2017 16:30
21 March 2017 09:00	21 March 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to Inspection:

This was an announced registration inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God Community Services Ltd (the provider) to register the centre.

The centre was previously inspected as part of a larger configuration of units however, in 2016 a reconfiguration by the provider was undertaken with this unit becoming a designated centre. This was the centre's first inspection as an entity in its own right.

The statement of purpose for the centre described the service as one that provides care and support for residents and can accommodate a maximum of five residents. The centre was located in a town in County Louth. It was in close distance of all local amenities and shops.

The service described itself as supporting residents to live a happy and fulfilled life in a homely and safe environment. The goal of the service was to encourage and embrace individuality and to support people in pursuit of their aspirations.

How we Gathered our Evidence:

The inspectors met with five staff members and interviewed one of them about the service being provided to the residents. The person in charge and the social care team leader were also spoken with at length, and the provider nominee attended feedback at the end of this two day inspection process.

The inspectors also met with four of the residents over the course of the inspection and had the opportunity to speak with two of them over a cup of tea.

One of those residents discussed their person-centered plan with the inspectors and told the inspectors that they loved living in their home and had no issues with any of the staff members.

The resident was offered a choice of having a day off from organised daily activities and outlined how they chose to spend their day in their local community.

Policies and documents were also viewed as part of the process including a sample of residents' health and social care plans, complaints policy, contracts of care, health and safety documentation, safeguarding documentation and risk assessments.

Description of the Service:

The centre is a dormer bungalow supporting five residents.

The centre provided transport so as residents had access to local amenities such as churches, hotels, restaurants, barbers, pubs, cinema and shopping centres. The centre was in close proximity to a nearby town and within driving distance to a larger, busier town.

Overall Judgment of our Findings:

Overall good levels of compliance were found across most outcomes assessed. Of the 18 outcomes assessed 15 were found to be compliant. From the core outcomes assessed residents' rights were found compliant as were healthcare needs, governance and management and medicines management.

Communication, contract for the provision of services, use of resources, and general welfare and development were also compliant. However actions regarding premises, workforce and documentation were identified during the course of this inspection.

These were further discussed in the main body of this report and in the action plan

at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Overall the inspectors found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents' individual choice was supported and encouraged.

The inspectors observed that policies and procedures were in place to promote and ensure residents were consulted with, and participated in decisions about their care and about the organisation of the centre. For example, there were policies and procedures available on values to practice and rights protection.

These were to ensure that residents' rights were upheld and that their dignity, autonomy and individual choice were respected. This was achieved in a number of ways. For example, residents held weekly meetings to discuss any issues in the house, plan weekly menus and decide on what social activities to partake in.

The inspectors viewed a sample of the minutes of these meetings and found that residents made choices about what outings to organise and to participate in, planned weekly menus and discussed housekeeping issues in the centre. At these meetings the inspectors also noticed that the residents (and family representatives) had been informed about the upcoming visit from the Health Information and Quality Authority (HIQA).

The inspectors were satisfied that access to advocacy services and information about resident rights formed part of the support services made available to each resident. The identity and contact detail of an external advocate was made available to residents and

was on display in the centre.

There was evidence that an advocate was assigned to residents as required, information pertaining to this advocate was on the residents' files in the centre.

A complaints policy on the management of consumer feedback to include comments, compliments, and complaints was available in the centre. The purpose of this policy was to ensure that any complaint could be brought to the attention of the service and would be investigated promptly with the aim of finding a satisfactory resolution.

The complaints procedures were displayed on the notice board and an easy to read version was also available to residents. A dedicated log book for recording complaints was also available in the centre. The inspectors observed complaints were being logged, recorded, and responded to accordingly.

For example, residents had raised minor issues they were unhappy about the designated centre. These issues had been logged and addressed to the residents' satisfaction. There were a number of ways residents had raised issues directly with staff or at resident meetings.

Inspectors spoke with three of the residents during this inspection. All were able to verbalise and indicate what they would do and who they would go to if they were not happy about any aspect of the service. However, all three reported that they loved living in the centre, they felt listened to and felt very much at home in it.

For example, a number of residents requested a change to their daily routine and requested the option of staying at home one day a week for activities with staff on a 1:1 basis. It was observed that these requests were facilitated and the resident got to choose what activities they wanted to partake in on this day.

Inspectors also spoke with two family members about the service being provided. Both were complimentary, with one reporting that they felt their relative received a great service and they had no concerns whatsoever. They also reported that staff were very approachable and went out of their way to support visits home.

Negative feedback received by relatives about the service was recorded and the person in charge was actively involved in seeking solutions to issues as they arose.

The inspectors viewed a small sample of residents' personal finances. All residents had a financial passport in place which informed the inspectors that where required staff support in managing their personal finances was provided.

From the sample viewed, it was observed that all monies could be accounted for and there were robust systems in place to ensure the safeguarding of residents finances. The inspectors had some queries about some of the purchases and services bought by some of the residents.

However, on further investigating these issues, speaking directly with relatives and reviewing a sample of documentation provided to HIQA, the inspectors saw evidence

that family representatives were aware of these purchases, supported them and had no issues with same.

The person in charge also informed the inspectors that the centre had recently been subject to a financial audit by an external independent company and the results of that audit would be made available to the centre on completion of the data analysis.

**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:**

There was a policy available in the centre on communication with residents and overall the inspectors found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

From a sample of files viewed the inspectors observed that personal plan documents captured individual communication preferences, abilities and support requirements for each resident. This information was captured in a communication passport kept on each residents file.

Assessment documents related to personal plans also included systems and interventions available to meet the diverse and complex communication needs of all residents. Some residents used different methods of communication such as hand signals and pictures.

For example, key ring pictures to support some residents with menu options were available in the centre. There was also a notice board in the kitchen with pictures chosen by the residents of their favourite activities and restaurants in the local area.

The use of assisted technology (AT) was in use in the centre and the inspectors were shown (by residents) how this was being used for educational and recreational purposes. There was specialised individual training available to residents to develop the use of AT as a communication tool so as to further advance their individual and preferred style of communication. Two residents also used a mobile phone as a medium to communicate with family members.

It was also observed by the inspectors that some of the information held in the centre, was provided in an easy to read version to suit the communication needs of some the residents. Residents also had ample access to radios, TV's, computers and local newspapers.

Overall the inspectors were satisfied that the systems in place to support the residents' communication requirements were individualised, creative and effective. It was also observed that staff knew the preferred and individual style of communication for each resident.

**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:**  
The inspectors were satisfied that family, personal relationships and links with the community were being actively supported and encouraged.

There were guidelines/protocols in place which outlined that visitors were welcome to the centre at any reasonable time. There was also adequate space to receive visitors in private.

There was a visitor's policy in place in the centre and inspectors observed in the visitors' logbook that residents received visitors on a regular basis.

From a sample of files viewed, the inspectors observed that where appropriate, family members formed an integral part of the individualised planning process with each resident.

Residents and family members were invited to attend (or kept informed of) personal plan meetings and reviews in accordance with the wishes and needs of each resident.

Residents were also supported to keep in regular contact with family members and from a sample of daily logs/files viewed the inspectors observed that the staff in the centre supported residents to keep in contact with their family members.

There was regular contact and visits between residents and family members. Some

residents received visits by family members in the centre and some residents visited their families on a regular basis.

Staff also supported some residents to keep in contact with family members via telephone. A sample of daily logs also informed the inspectors that some family members rang the centre on a regular basis to see how their relatives were keeping.

The inspectors observed that residents were also supported to develop and maintain personal relationships and links with their community. For example, they frequented the local shops, restaurants, credit unions, sports clubs and pubs on a regular basis. Staff had an ongoing plan to identify different meaningful activities for residents' different interests and hobbies.

**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:**

There were policies and procedures in place for admitting residents to the centre, including transfers, transitions, discharges and the temporary absence of residents.

Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre.

The contracts of care stated the services to be provided and the fees to be incurred by residents for such services.

It was observed that one resident had recently transitioned into the centre (at their own request), and family members spoke very highly of the supports provided during that transition and indeed the on-going continuing support and care being provided to their relative.

**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:**

Overall the inspectors found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found to be meaningful and supported the residents to have valued social roles in the community.

The inspectors found that the care and support provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from the sample viewed by the inspectors, it was observed that goal were being documented and a plan of action in place to support their achievement.

For example, one resident as part of their personal plan chose to take one day off per week from their day activation centre. This goal was achieved for the resident in 2016.

Other goals included trips away, holidays, learning new community based skills (such as independent travel), attending literacy classes and joining the local credit union.

The inspectors observed that all these goals had been achieved or where in the process of being achieved at the time of this inspection. It was also observed that the residents had important goals identified that they wanted to achieve later in 2017.

Residents also attended a range of various day services where they had the option to engage in activities such as exercise programmes, social skills development initiatives, gardening and various social outings.

Staff of the centre also supported residents to frequent local amenities such as pubs, shops, cinema, swimming pools and restaurants. Some residents were also members of local clubs in the nearby town.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspectors found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

However, some minor issues were identified regarding the maintenance and upkeep of the centre.

The centre comprised of a large semi detached, five bedroom house in Co. Louth and was in close proximity to a large nearby town where residents had access to a range of community based facilities such as shopping centres, shops, restaurants, hotels, pubs, leisure centres and parks.

Accommodation comprised of five single occupancy bedrooms, one of which was en-suite. There were also large well equipped communal bathrooms available to residents on the first and ground floor.

There was a small separate utility room, a compact but well equipped kitchen inclusive of a small dining area, a separate spacious dining room, a large tastefully decorated sitting room and a second sitting room/visitors lounge.

The centre was warm, well ventilated, had adequate lighting and found to be clean on

the day of the inspection. Bedrooms were personalised to residents' individual taste and there was ample storage space available throughout the centre.

Additional furnishings and decorations were provided for at the request of residents being accommodated. For example, some residents had relaxations chairs in their rooms and another resident chose to have their room decorated by an interior designer.

The house also had well maintained gardens to the back and front with adequate private parking space available to the front. There was also ample on street parking to the front and side of the house. Garden furniture was available to residents to use if so desired.

It was observed that there were adequate arrangements in place for the disposal of waste.

The inspectors observed that a maintenance system was in place in the centre however, some issues regarding the modernisation, upkeep and maintenance of the house required attention.

For example, the tiles in one of the bathrooms required repair as did the ceiling. As identified by a recent audit on the centre, some of the furnishings were very dated and there were also large cracks in the walls of the utility room. The person in charge and the director of services were made aware of these issues by the inspectors at the end of the inspection process.

That said, the inspectors found that the house was very much a home and was personalised to the residents' style and taste. There were pictures of the residents on the walls and each resident had pictures of their loved ones and family members on display in their bedrooms.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that the health and safety of residents, visitors and staff was promoted and protected and adequate systems were in place for the management of risk in the centre.

There was a Health and Safety Statement in place which was specific to the centre and updated in 2016. The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management which had been reviewed in 2016. The risk management policy was comprehensive and met the requirements of the Regulations. The centre also had a risk register which was made available to the inspectors on the day of inspection.

The inspectors were satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it.

For example, a resident who was at risk of choking had suitable risks assessment, a specialised diet, was supervised when eating and had an assessment by a speech and language therapist. All these measures were found to be in place on the day of this inspection.

As with policy, all residents had a falls risk assessment in place. The inspectors found that any resident who was prone to falling had a comprehensive falls risk assessment in place that was regularly reviewed and updated.

One resident prone to falling had a number of measures in place to mitigate this risk with the installation of ramps at the front and back of the centre, along with the installation of handrails where necessary.

There was also good evidence available that the centre responded to and learned from all adverse incidents occurring and there was a system in place to review all incidents and accidents. There were incident report forms completed for all incidents under the National Incident Management System.

The person in charge said that should an adverse incident occur in the centre it would be recorded, reported and discussed at staff meetings so as learning from the incident could be shared among the entire staff team.

The inspectors also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been checked by a consultancy company in 2016.

There was also emergency lighting, smoke detectors and fire doors installed

Documentation read by the inspectors outlined that staff did checks on escape routes and fire alarm panel. Weekly checks were also carried out on manual call points, smoke detectors, emergency lighting and fire doors.

Fire drills were carried out quarterly and all residents had individual personal emergency evacuation plan in place. For example, one resident required extra support during fire drills and measures were in place to support this resident in the event of an emergency evacuation. This information was available on the resident's file in the centre.

The inspectors also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of an adverse incident should it occur. This covered areas such as adverse weather conditions and flooding.

It was observed that there was adequate hand sanitizing gels, hand washing facilities and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety and manual handling. It was observed that one staff member required refresher training in dysphasia however, this was discussed under Outcome 17: Workforce.

**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 there were adequate arrangements in place to protect the residents from harm and abuse in the centre. A sample of files also informed the inspectors that staff had training in the safeguarding of vulnerable adults

There was a policy on and procedures in place for, safeguarding residents which staff had training on.

Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting procedures.

They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

Inspectors who spoke with staff were able to verbalise how best to support the intimate care needs of each resident living in the centre.

There was a policy in place for the provision of positive behavioural support. This was to ensure a collaborative and integrative consistent approach in supporting individuals with behaviours of concern. All staff were trained in the management of challenging behaviour that included de-escalation and intervention techniques as required.

Of the staff spoken with by the inspectors, they were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to manage problematic behaviour in line with policy, standard operating procedures and each resident's positive behavioural support plan.

A minor issue was observed regarding the upkeep of documentation related to some positive behavioural supports plans, however this is discussed under Outcome 18: Documentation.

There were also guidelines in place on the use of restrictive procedures. (These guidelines formed part of the policy on positive behavioural support). There were no physical restrictions in use in the centre, however one resident was on PRN medication.

It was observed that this was used only as a last resort and there were strict protocols in place for its administration, which were adhered to.

**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:**

There were guidelines in place regarding to notifiable incidents occurring in the centre and the inspectors found that arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required,

notified to the Chief Inspector.

The person in charge and social care leader demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when 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 found that arrangements were in place to ensure that the welfare, educational and development needs of each resident was promoted and residents were provided with social inclusion activities and social skills training experiences that were meaningful and based on their interests and assessed needs.

There was a policy on access to education, training and life skills development which was reviewed in November 2015. The purpose of the policy was to recognise that training and education opportunities could promote the self esteem and self worth of the individuals living in the centre.

The inspectors observed that where requested, residents were supported and facilitated to attend day services which were independent of the centre. A range of meaningful activities and community outings were offered to residents in these day services

The centre also provided an individualised day service to some residents that chose not to attend a day activation unit on a full time basis. It was observed that these residents chose the activities that they wished to participate in and also chose the staff member they wished to accompany them.

Residents were also engaged in a range of educational initiatives such as attending numeracy and literacy classes, social skills training such as independent travel and some were using assistive technology so as to better support their individual style of communication.

One resident had also completed a third level course in advocacy in a nearby Institute of Technology and was delighted to inform the inspectors of what they had learned from

this course and how it had helped them.

Some residents attended community based clubs on a weekly basis and one resident had been supported to work with the tidy towns committee in their own hometown which had resulted in that resident making meaningful reconnections with people from their past. The resident in question was involved in a gardening project, which was something that was meaningful to them and they loved to do.

Social activities, internal and external to the centre were also available to residents to promote their general welfare and development. For example, some residents attended weekly clubs supported by staff and all engaged in social activities and outings again with the support of the staff.

**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 inspectors found that there were arrangements in place to ensure that residents' health care needs were supported and regularly reviewed with appropriate input from multidisciplinary professionals as and when required.

Staff on duty on the day of the inspection informed the inspectors that arrangements for residents to have access to a GP and a range of allied health care services were available.

From a sample of files viewed, the inspector observed that residents had access to a GP as and when required, and a range of other allied health care professionals.

For example, appointments with dentists, dental hygienists, clinical nurse specialists, speech and language therapists, occupational therapists, speech and language therapists, chiropodists, and mental health professionals were arranged and facilitated if required.

The designated centre supported residents with other health issues. Where required residents had access to psychiatry supports and a clinical nurse specialist in behaviour to support positive mental health and wellbeing.

The inspectors also observed that residents with epilepsy were regularly reviewed by a neurologist and in-depth care plans were on file to support these residents.

Of the staff spoken with they were able to demonstrate their knowledge of these plans and where required all had training in the safe administration of medication. Hospital appointments were also supported and provided for residents.

There was a policy available on food and nutrition which was approved in 2016. The purpose of the policy was to provide clear information the importance of good nutrition and physical activity. Where required residents had an eating and drinking care plan in place.

The inspectors observed that residents were supported to eat healthily, make healthy choices with regard to meals and where required were reviewed by a clinical nurse specialist in health promotion.

Residents were involved in the planning and preparation of some of their meals with the supervision of staff. Mealtimes were also seen to be relaxed and a positive social experience for residents in the centre.

It was also observed that physical exercise was supported and encouraged as part of a balanced lifestyle. As part of the personal plans residents were supported to engage in activities such as reflexology, walking and boxing.

The inspectors also found that arrangements were in place to meet the residents' nutritional needs. Weights were also recorded and monitored on a regular basis.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

No actions were required from the previous inspection.

### **Findings:**

The inspectors found that the medicines management policies were satisfactory and that practices described by the staff on duty were suitable and safe.

The medicines management policy in place in the centre had been reviewed recently.

The overall aim of the policy was to ensure safe and effective administration of medication in line with best practice.

A locked medicine press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre. Medicines were ordered on a monthly basis to ensure there was adequate supply of the prescribed medicines available in the centre.

There was a system in place to record any medication errors. The inspectors observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure. However, the inspectors observed that there had been no recent medication errors on record in the centre.

The staff regularly audited all medicines kept in the centre and from viewing a sample of these audits, the inspectors observed that all medications in use could be accounted for at all times.

It was observed that if non nursing personnel were to administer medication, they were suitably trained in the safe administration of medication.

All as required (p.r.n.) medicines had strict protocols in place for their use. From speaking with staff members the inspectors were assured that they were very familiar with and could vocalise these protocols for the use and administration of p.r.n. medicines. However, it was rare that p.r.n. medicine was administered in this centre.

**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 inspectors were satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that was being provided in the centre and the person in charge informed the inspectors that it would be kept under regular review.

The statement of purpose was also available to residents in a format that was accessible to them.

**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 there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. From speaking with the person in charge at length over the course of the inspection it was evident that she had an in-depth knowledge of the individual needs and support requirements of each resident living in the centre

She was also supported in her role by a Director of Nursing (DON). The inspectors met with the DON on day one of the inspection and observed that she was also familiar with the centre and residents living there.

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The inspectors found that appropriate management systems were in place for the absence of the person in charge as there was a qualified social care leader working in

the centre who was in charge of the day to day operations.

It was found that she too was aware of the needs of each resident living there and engaged in the operational governance and management of the centre on a regular basis.

There was a number of qualified nursing staff and social care professionals on duty in the centre and one of these would assume the role of shift leader in the absence of the person in charge or social care leader. There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

It was observed that this was an effective system as recently a staff member had to make contact with the out of hours on call manager due to an adverse incident occurring in the centre. The on call manager arrived at the centre shortly after the call was made and provided staff with support and advice.

It was also observed that the recommendations made by the on call manager were followed through by the staff working in the centre.

An annual audit of the safety and care provided in the centre was completed for 2016. The inspectors viewed a sample of this report and found some more detail was required regarding where the centre was meeting regulations and areas that required review. (This issue was further discussed under outcome 18: Documentation). However, there was a quality enhancement plan in place that clearly provided this information.

The quality enhancement team made announced visits and unannounced visits to the centre and undertook audits as part of their remit. Random internal audits were also carried out in the centre by the person in charge. These audits were in-depth and also identified areas of compliance and non compliance.

For example a recent unannounced audit informed that the arrangements in place regarding the storage of medications in the centre. The inspectors observed that this issue had been addressed satisfactorily by the time of this inspection.

A sample of staff supervision records informed the inspectors that the person in charge was providing supervision, support and leadership to her staff team. The person in charge worked on a full time basis in the organisation and was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was committed to her own professional development, was a qualified nurse and engaged in all required staff training in the centre.

Throughout the course of the inspection the inspectors observed that all the residents were familiar with the person in charge and social care leader and appeared very comfortable in their presence.

**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 was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

It was also observed that suitable arrangements were in place for the management of the centre in her absence.

There was a full time qualified social care leader working in the centre, who was an experienced social care professional and knew the needs of each resident living in the centre intimately.

There was also on call system in place 24/7 for staff to avail of if and when required.

**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 observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre.

Core staffing levels were rostered that reflected the whole time equivalent numbers

included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs and social care needs.

For example, where a resident (or group of residents) wanted to go to a late night concert or have an overnight in a hotel, staffing arrangements could be adjusted to facilitate this.

Residents were also supported to attend weekly clubs, have days off from their day activation centres and to visit family members.

The inspectors also observed that there were required adaptations had been made in the centre. For example, ramps and handrails had been installed at the front and back of the centre in order to support some residents with their mobility needs.

The centre also had the use of a vehicle for social outings. The vehicle was insured appropriately and had an up to date NCT certificate.

**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 inspectors found that there was sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents however, some gaps were identified in staff training.

There was a team that consisted of a person in charge (registered nurse) a social care leader, social care workers, registered nurses and health care assistants working in the centre.

From a sample of files viewed all nursing staff had up to date registration with their relevant professional body. The inspectors spoke with one of the nursing staff and found her to have an intimate knowledge of the residents needs and she spoke very positively about the residents she supported

It was also observed that the social care leader, social care workers and health care assistants held relevant qualifications in a health and/or social care and/or social science discipline.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspectors reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action it was evident that they were competent to deliver the care and supports needs required by the residents. Feedback from one family member and all residents spoken with was also positive about the service provided.

The person in charge met with her staff team on a regular basis in order to support them in their roles, as did the team leader. A sample of supervision notes were viewed by the inspectors. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

From viewing a sample of staff files the inspectors observed that one staff required refresher training in dysphasia. The person in charge assured the inspectors that this training would be prioritised for the staff member in question.

**Judgment:**

Substantially 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:**

There were policies and procedures in place as per Schedule 5 of the Regulations however, the inspectors found that documentation in relation to some social care plans, positive behavioural support plans, the annual review of the quality and safety of care and the risk register required review.

Behavioural support plans and risk assessments where required were maintained however some required review and updating as they were not always reflective of current practice or staffs in-depth knowledge of the needs of each resident living in the centre. That said, staff were able to competently discuss with the inspectors the knowledge and appropriate practices required to safely support the residents.

It was also observed that the upkeep of documentation related to some of the residents' social care plans required updating as did the information contained in the annual review of the quality and safety of care in the centre. The annual review required more detail about the quality and safety of care being provided in the centre and the actions required to ensure the centre was in compliance with the regulations.

All records maintained in respect of residents were secure and easily retrievable. There was a residents' guide in place and a complete directory of residents was maintained in respect of each resident living in the centre.

All of the records as per Schedule 3 and 4 of the Regulations were maintained in the centre.

The inspectors reviewed an up to date certificate of insurance for the centre.

**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:***

Declan Carey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0003002
<b>Date of Inspection:</b>	20 and 21 March 2017
<b>Date of response:</b>	15 June 2017

### Requirements

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

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

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

Some parts of the premises required modernisation, updating and/or repair.

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

**1. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

1. Tiles in Bathroom repaired on evening of inspection
2. We have asked the Housing Association to carry out an inspection on the small Utility extension, and await their report.

Proposed Timescale:

1. 22.09.17
2. 12.06.17

**Proposed Timescale:** 22/09/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

From a sample of files viewed one staff member required refresher training in Dysphasia.

**2. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

1. The staff that required the Dysphagia refresher training received same

**Proposed Timescale:** 12/04/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Some of the documentation as required by schedule 5 of the Regulations required review and/or updating.

**3. 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:**

- 1.The Support Plan for one Gentleman was reviewed and updated
- 2.The Risk register was reviewed and updated to reflect the Behaviour support plan

Proposed Timescale:

- 1 .24.03.17
2. 22.03.17

**Proposed Timescale:** 24/03/2017