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

Item Type	report
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Citation	Karina O'Sullivan, Gary Kiernan, 'A designated centre for people with disabilities operated by St John of God Community Services Limited, Kildare', [report], Health Information and Quality Authority, 2016-04, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended.
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-05-13 21:56:18
Link to Item	https://hdl.handle.net/20.500.14765/76398

**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-0005316
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Michael Stokes
Lead inspector:	Karina O'Sullivan
Support inspector(s):	Gary Kiernan
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	5

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: 03 December 2015 08:00 To: 03 December 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

The provider is St. John of God Community Services Limited (hereafter called the provider). This organisation provides services for adults and children with intellectual disabilities and adults with mental health difficulties.

The proposed designated centre is located in a newly established residential community development based in County Kildare owned and operated by the provider.

The purpose of this inspection was to monitor compliance and inform a registration decision under the Health Act 2007 (Care and Support of Residents in Designated

Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the standards).

There were no residents residing in the proposed designated centre at the time of inspection. This was a new proposed designated centre, the provider had applied to register.

Inspectors visited the proposed designated centre, met with one proposed resident, proposed provider nominee, proposed person in charge and one proposed member of staff. Inspectors also viewed proposed documentation such as care plans, person centred support plans, policies and procedures. Proposed residents for this proposed designated centre currently reside in another designated centre operated by the provider.

Plans were in place to ensure that the health needs of the proposed residents were met. Proposed residents will have access to a general practitioner (GP) and a range of other services.

Plans were also in place to assess the social care needs of residents and to ensure residents will have the opportunity to participate in activities appropriate to their interests and preferences. Proposed residents were consulted about the move and were involved in the decision making process.

All proposals outlined and plans agreed will be verified at the next inspection.

The findings from the inspection are discussed further in the body of the report. No actions were required from this inspection.

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:

Inspectors were satisfied that the rights, privacy and dignity of proposed residents will be promoted and proposed residents choice encouraged.

Proposed residents were consulted in relation to the interior design of the proposed designated centre. This included the purchase of soft furnishings for their proposed bedrooms. One proposed resident visited the centre during the inspection and showed inspectors around the premises. The resident outlined the process of decorating their room including the colour scheme and choosing various individualised items. The proposed resident outlined the enjoyment gained from this process.

There was a complaints policy and procedure in place for the proposed designated centre which identified a complaints officer. However there was no person independent of the complaints officer to deal with complaints identified. The proposed provider nominee took action to address this before the inspection finished. Inspectors were informed that a person was identified and will be in place prior to residents occupying the proposed designated centre.

This proposed designated centre was not yet operational, therefore inspectors had no complaints to review. The complaints procedure will be displayed within the proposed designated centre.

The proposed person in charge informed inspectors that weekly residents meetings (speak up house meetings) will be held. Inspectors viewed the template in place for these meetings which will include discussions pertaining to the following areas: safety

issues, emotional issues, information sharing, good news and events.

Residents and relatives will have access to an advocacy service. The relevant contact information was made available to inspectors and displayed in the proposed designated centre.

Individual safes/ secure storage will also be provided in each proposed resident's room. Money management plans will be in place for each proposed resident as required. Appropriate records will be maintained in relation to managing the residents' finances. In addition weekly checks will be carried out to ensure that balances are correct. The proposed person in charge will also complete audits as an additional safeguard.

Inspectors found systems in place to consult with residents in a manner suitable to their needs and abilities. For example the use of photographs to identify proposed topics to be discussed during weekly residents meetings. Inspectors viewed two transitional plans completed for two residents both contained significant details of consultation with residents. These plans also contained records of visits to the proposed designated centre being maintained. For example, inspectors read where one resident had visited the designated centre with staff members to organise items in their room and also have a take away in the proposed designated centre.

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:

Inspectors were satisfied that residents will be supported and assisted to communicate in accordance with residents' needs and preferences.

Proposed residents' communication needs will be identified in the personal planning documentation and supports put in place where needed. A communication passport will be developed if required and will include information such as 'how I communicate'.

Inspectors found that residents would be supported to communicate in the proposed designated centre in a manner suitable to their individual abilities. Inspectors viewed care plans which will clearly outline the individual communication supports/interventions required by residents. The documentation viewed in relation to communication was

person centred and outlined residents' preferences. The person in charge identified that a pictorial staff schedule is planned so that residents will be aware of what staff will be working within the proposed designated centre.

Inspectors were satisfied the designated centre would provide access to television, radio and wireless internet connection once the proposed designated centre was in operation.

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:

From the information available inspectors were satisfied that families and friends will be encouraged to get involved in the lives of the proposed residents.

The proposed person in charge outlined how staff will facilitate proposed residents to maintain contact with their families. This included access to telephones, visual internet communication, transport home/ visits and family invitations to events in the proposed designated centre.

Regular contact will also be maintained between the staff and the relatives in accordance with proposed residents' wishes.

Inspectors viewed transition plans within these plans were evidence of meetings held with family members pertaining to the move. Residents also discussed these meetings with inspectors and various visits by family and friends of proposed residents to view the proposed designated centre.

Visitors will be welcomed within the proposed designated centre. Inspectors noted the absence of the visitor's policy within the proposed designated centre. This was subsequently provided to the inspectors. The proposed person in charge outlined plans in place in relation to building relationships among the local community. This includes neighbours and participating in community based activities such as a drama group.

Judgment:

Compliant

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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 were satisfied that there was a system in place regarding admissions into the proposed designated centre. There were policies and procedures in place to guide the admissions process.

The proposed person in charge outlined the proposed plans for admitting proposed residents including the supports that will be available during the transition period. This included prospective residents looking around the premises and sourcing items for their bedroom.

Details of the services to be provided including fees to be charged where appropriate will be included in written agreements outlining the support, care and welfare of the proposed residents.

Contract of care will be completed for proposed residents within the proposed designated centre. Inspectors viewed the template document pertaining to residents' contracts of care and were satisfied the requirements of the Regulations were met.

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:

Inspectors were satisfied with the care and support as described by the proposed person in charge, If implemented will consistently and sufficiently reflect residents' assessed needs and wishes.

Inspectors reviewed a sample of the proposed documentation. If completed this will comprehensively identify residents' care needs and plans to address those needs. Each resident will be assigned a key worker who will complete care plan reviews in consultation with the resident to monitor progress against agreed goals.

Inspectors were satisfied the personal plans will contain important holistic person centred information. Including information pertaining to the proposed residents' lives, likes, dislikes, interests, family members and other people who are important to proposed residents.

The proposed person in charge discussed how residents will be supported in transition between services. This plan was already in operation and evidence of visits and time spent within the proposed designated centre was maintained for two proposed residents.

Inspectors determined that the care and support that will be offered in the designated centre will be in line with the assessed needs and wishes of residents'. Inspectors viewed two samples of residents' files and assessments. One contained a home and safety assessment that resulted in identifying areas requiring additional support for one resident. Through viewing care and support plans, inspectors found that the proposed person in charge had a good understanding of the particular needs for two proposed residents. The information provided to inspectors directly correlated with the communication plans and transitional plans.

Goals set for 2015 were viewed and inspectors found that residents were being supported to achieve these goals. The proposed person in charge identified that goals identified will be reviewed as required within the proposed designated centre. The current plans viewed pertained to the designated centre where the proposed residents currently reside. Examples of these included the use of public transport and cooking. One proposed resident discussed their goals with inspectors and outlined a step by step process to cooking a meal. The person in charged informed inspectors of this system continuing within the proposed designated centre once opened.

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 proposed designated centre is a large spacious eight bedroom detached three storey house developed to a very high standard. This property located in close proximity to the town centre and will be suitable and safe for the proposed number and needs of residents.

The ground floor consists of a large open plan kitchen cum dining room and two separate sitting rooms. There was an en suite bedroom for one of the identified proposed residents. There was also a utility room and a separate toilet located on the ground floor. On the first floor there were five bedrooms two of which were en suite. Four of these bedrooms will be for proposed residents and one will accommodate staff when on sleepovers. The staff bedroom will also contain facilities for items to be securely stored such as files and medications. The other identified proposed resident will have one of the en suite bedrooms on the first floor. The second floor consists of two bedrooms and a bathroom.

The proposed designated centre has a garden to the back of the house. Proposed person in charge outlined plans from discussions with proposed residents to develop this area with plants.

The proposed designated centre will have adequate space for parking.

Inspectors found the proposed designated centre will meet the requirements of Schedule 6 in the regulations. For example, the designated centre was suitably heated, had suitable kitchen and laundry facilities while adequate private and communal accommodation was available.

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:

Inspectors were satisfied the health and safety of proposed residents, visitors and staff will be promoted.

There was a health and safety statement in place. The risk management policy met the requirements of the regulations.

The person in charge discussed the safety management structure within the proposed designated centre. Emergency procedures to guide staff and residents in the event of a fire, loss of electricity and heating were viewed by inspectors. The identification of a suitable location to accommodate the proposed residents should an emergency arise was evident within the procedure. Inspectors were satisfied the emergency procedures contained sufficient detail to guide staff.

Appropriate steps were in place to manage the risk of fire. The person in charge discussed plans in relation to both weekly and monthly checks of the fire detection, alarm system, emergency lighting and equipment. Inspectors viewed evidence of a recent service of fire detection equipment conducted by a fire professional. The person in charge outlined plans to conduct fire drills once the proposed designated centre is in operation. Inspectors viewed a template for PEEP's (personal emergency evacuation plans). These will be conducted for proposed residents and will include any particular arrangements proposed residents may require, such as the use of mobility aids.

Inspectors reviewed the risk management policies and procedures and found them to meet the requirements of the regulations. There was a clear system in place to identify, examine and manage potential hazards in the proposed designated centre. This was evident through the risk register viewed within the proposed designated centre. Any potential or real risk for the proposed residents had been assessed including lone worker pertaining to proposed staff and unexplained absences of proposed residents. Further areas of risk will be identified once the remainder of the proposed residents are identified for proposed designated centre.

Inspectors found that there was an up to date insurance policy in place with adequate cover. From speaking with the person in charge, and reviewing documentation inspectors determined a system of oversight exists in relation to any accidents, incidents and near misses in the proposed designated centre. Inspectors viewed the recording system for these incidents within the designated centre and found that it would provide an appropriate recording mechanism for these events.

The proposed person in charge outlined plans in relation to transport and the use of a vehicle for the proposed designated centre. Documents pertaining to this vehicle were not viewed by inspectors as the vehicle was not yet available for the proposed designated centre.

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:

Inspectors were satisfied that measures were in place to protect proposed residents from being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse. The proposed staff will receive training prior to working in the proposed designated centre. The proposed person in charge outlined the procedures to be followed should an allegation of abuse arise.

Inspectors were satisfied proposed residents will be assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Inspectors were satisfied proposed residents will be provided with emotional, behavioural and therapeutic support. This will promote a positive approach to behaviours that challenge. There were policies in place guiding the management of behaviours that challenge.

The proposed person in charge informed inspectors that behavioural support plans will be developed for residents who require this intervention. Inspectors viewed an example of this in one of the proposed resident's plan. Inspectors found this plan would provide a consistent evidence based approach to the behavioural areas identified if the plan is implemented within the proposed designated centre.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The proposed person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Plans were in place to maintain a detailed log of all incidents occurring in the proposed designated centre.

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:

Inspectors were satisfied that if the plans discussed are implemented, the general welfare and development needs of proposed residents will be promoted. Proposed residents will be afforded opportunities for new experiences, social participation, education, training and employment.

The proposed person in charge outlined how support will be provided to proposed residents to pursue a variety of interests including cooking, gardening and swimming. Care plans and daily records will document the type and range of activities proposed residents will participate in.

Inspectors were informed that various training programmes and educational activities will be available through the provider's day services. Inspectors viewed an example record, there was clear continuity of development for proposed residents within their day service to their residential service. For example skill development pertaining to the

use of household equipment including the dishwasher and washing machine. The proposed person in charge discussed plans to facilitate proposed residents to continue with any training/educational development. The proposed person in charge outlined further skills development that will begin for proposed residents once the proposed residents have settled into the proposed designated centre.

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:

Inspectors were satisfied that residents' health needs will be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

Inspectors were satisfied that residents will have access to a general practitioner (GP) and to a range of allied health professionals.

Inspectors found that proposed residents will be supported to enjoy best possible health while in the proposed designated centre. An annual medical will be conducted by the residents' GP and comprehensive care plans will be developed to address the identified health care needs.

Inspectors discussed the nutritional needs of the residents with person in charge and found that suitable provision had been made to meet these needs. Appropriate care plans were in place and the kitchen facilities were appropriate. The nutritional needs of proposed residents will be met to an acceptable standard and weights will be recorded on a monthly basis or more frequently if required. The menu choices will be on display and plans were in place to facilitate resident involvement in the preparation of meals.

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:

Inspectors found the proposed medication management policies and procedures were satisfactory and safe. The policy provided comprehensive and clear guidance to staff on areas such as medication administration, refusal, medications requiring strict controls, disposal of medications and medication errors.

Safe storage facilities will be provided for medication within the proposed designated centre.

Audits will be undertaken to ensure compliance with the proposed designated centre's policy and that all required documentation is correctly completed.

One proposed resident identified to inspectors the purpose of the medication they were prescribed.

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:

Inspectors were satisfied that the statement of purpose met the requirement of the Regulations. Minor amendments were required and these were subsequently sent in to the inspectors.

The statement of purpose accurately described the services that will be provided in the proposed designated centre. This document will be available to proposed residents and the proposed person in charge will keep this document under review.

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:

Inspectors were satisfied that the quality of care and experience to proposed residents will be monitored and developed on an ongoing basis. Effective management systems will be in place to support and promote the delivery of safe, quality care services.

Arrangements will be in place for "the safety team" nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis. This will review the safety and quality of care and support provided in the proposed designated centre.

The person in charge provided inspectors with a suite of proposed audits they will completed within the proposed designated centre. These audits include "my personal plan audit", "review of client monies" and "medication management" audits. The results of these audits will be used to improve practices and will be communicated to relevant staff through team meetings.

Inspectors were satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The designated centre will be managed by a suitably qualified, skilled and experienced person in charge. The person in charge has authority, accountability and responsibility for the provision of the service. Knowledge pertaining to the requirements of the regulations and standards were demonstrated to inspectors by the person in charge. This staff member will be the person in charge for three designated centres. Inspectors were satisfied that this will be a suitable arrangement due to the number of residents remaining the same with the addition of this designated centre. The three designated centres are in close geographical proximity of each other.

Judgment:
Compliant

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Outcome 15: Absence of the person in charge <i>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.</i>
Theme: Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.
Findings: Inspectors found the proposed person in charge was aware of the requirement to notify the Chief inspector in The Health Information and Quality Authority) of any absence over 28 days.
Judgment: Compliant

Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
Theme: Use of Resources
Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.
Findings: There are currently no residents living in this proposed designated centre as it is not operational as yet. All proposals outlined and plans agreed will be verified at the next inspection. Inspectors found the proposed designated centre was not adequately resourced to effectively meet the needs of proposed residents. This was rectified by the proposed provider nominee on the day on inspection and inspectors were provided with a revised staff roster. The revised staff duty roster provided for adequate staff particularly during the evening time to facilitate residents' needs and wishes for social recreation. Inspectors were satisfied that the proposed designated centre will be adequately resourced. Staffing and transport will be available to sufficiently meet the proposed residents' assessed needs. This will be carried out in line with the statement of purpose.

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:
Inspectors were satisfied that there will be appropriate staff numbers and skill mix to meet the assessed needs of the proposed residents. Evidence was available that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with recruitment practice.

Supervisory meetings will be held with each staff member throughout the year. The person in charge will complete appraisals with staff on a yearly basis. This will incorporate both self assessment and assessment by the person in charge.

Records of staff training will be maintained. There was evidence that a sample of proposed staff had attended a range of training in areas such as first aid, medication management and the management of behaviour that challenge.

It is expected that volunteers will be involved within the proposed designated centre, the proposed person in charge was aware of the requirements of the Regulations in this regard.

Staff files were not reviewed as part of this inspection. However, other inspectors had previously completed a review of staff files. Staff records were in line with the regulations as outlined in Schedule 2. Staff files pertaining to this proposed designated centre will be reviewed at the next inspection.

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:

Inspectors found that there were systems in place to maintain complete and accurate records.

Written operational policies were in place in order to inform practice and provide guidance to staff.

Inspectors read the residents guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the proposed designated centre and a summary of the complaints procedure.

Inspectors found that systems were in place to ensure that medical records and other records, relating to residents and staff, will be maintained in a secure manner.

The proposed person in charge identified plans to develop a directory of residents once the proposed designated centre is in operation.

Inspectors identified gaps in relation to schedule 5 policies and procedures to be maintained within the proposed designated centre. The proposed provider nominee identified that these would be sent to inspectors as a matter of urgency. These documents were available within the wider organisation and one of the inspectors had viewed these within another designated centre very recently.

Inspectors reviewed documentation submitted as part of the application to register, and determined that there was an up to date insurance policy in place for this proposed designated centre.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Karina O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority