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

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003619
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
14 October 2015 10:00	14 October 2015 18:00
15 October 2015 10:00	15 October 2015 18:00

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

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

Summary of findings from this inspection

As part of the application for registration the provider nominee was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspector reviewed this documentation, obtained the views of residents and staff members, observed practices, assessed the premises and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff records.

A monitoring inspection of the service was carried out in June 2014, however, since that date the service has been reconfigured and now the designated centre consists

of a residency situated in a town. This was the first inspection of the designated centre.

The centre provides facilities and services for 7 residents with a diagnosis of intellectual disability and /or other conditions. There were no vacancies at the time of the inspection.

The inspector met with the person in charge and manager to outline the inspection process and methodology and provided feedback to the management team at the conclusion of the inspection. The provider nominee was unable to attend.

The person in charge demonstrated a knowledge of the legislation and standards during the inspection process and following the inspection during a fit person assessment .

The inspector met all of the residents currently being accommodated, some were aware of the inspection process and expressed their satisfaction in respect of living in the community and while others did not express an opinion, they appeared happy and content in their community environment. All of the residents are assisted and supported by staff completed questionnaires which were returned to the Authority. The comments were positive and identified that residents are active members of the local community. A relative who returned a completed questionnaire to the Authority was satisfied in all aspects of the facilities and service provision.

There was evidence that residents were consulted with and participate in decisions about their care and about the organisation of the centre. Information was readily available about the advocacy service and each resident's privacy and dignity was respected. A complaints policy procedure was available and was assessed as being effective.

Residents had good access to nursing, medical and allied health care. There were measures in place to protect residents from being harmed or suffering abuse. The inspector saw that person centred care was promoted and there was evidence of opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities.

The location, design and layout of the each of the premises met the needs of residents.

Primarily the health and safety of residents, visitors and staff was promoted and protected as staff were in the main observant in identifying, analysing and controlling risks, however, some risks were not identified and assessed in a risk register.

From an examination of the duty roster, observation of residents and communication with staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents with the exception of nursing staff. The designated nurse is contracted for 30 hours, however, is also the manager of the centre. Senior management were aware of this situation and are in the process of addressing any deficits.

There was evidence that staff had access to education and training. Staff demonstrated that they had good knowledge of the residents and their needs. They emphasised the importance of promoting a holistic care model which embraced the concept of each resident being enabled to exercise choice and control over their lives in accordance with their preferences while maximising their independence.

Scrutiny of records showed that the written agreement for the provision of services did not identify the fees to be charged.

The application received for this designated centre was submitted to the Authority in 2014 and was currently out of date. The inspector requested that management communicate with the Authority's registration section to be issued with another application form for completion and return.

Areas requiring improvement are identified in the action plan at the end of the report to be addressed by the provider and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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:

There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, house meetings have been convened in order to work out menus for the evening meals and social programmes.

The inspector observed staff engaging with residents in a manner that was respectful. The inspector found that some staff had worked with in the service for many years while others were recently recruited. All staff were familiar with the residents' needs, capabilities and their life histories and family support circles.

Some residents remained at home from their activation programme to welcome and show the inspector their home including their bedroom accommodation. In other instances, staff members had obtained residents' permission for the inspector to view their private bedroom space and review their care planning records/documentation in their absence due to attendance at day programmes. The inspector was informed by staff that there are was sufficient staff available if residents chose to remain at home from their activation programme or return home at any time if they wished to do so.

Residents had individual bedrooms which were spatial, accommodating double/king-sized or single beds, had ample storage space for personal possessions and comfortable seating so that they could receive visitors in private. Residents' bedrooms were personalised with photographs of families and friends, were decorated in accordance with the residents' preferences and choices, had tasteful soft furnishings and the private spaces reflected their personalities and interests.

The inspector observed residents freely access all aspects of the premises and making use of the kitchen to independently make a hot refreshment.

The inspector saw notice boards conveying information to residents in relation to the dates and times when staff would be working, menus and social activities.

Resident had access to an independent advocacy service, however, none of the residents had availed of this service.

The Authority received completed questionnaires (assisted and supported by staff advocating on their behalf) from all of the residents living in the designated centre. There was evidence that residents enjoyed the facilities and services and were active members of the local community.

There was a complaints policy and procedure which was translated into an understandable format for those residents who had the capacity to understand it. An examination of the record showed that the complaints policy/procedure was effective.

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:

In residents' personal care plans the inspector saw that the mode of communication used by the individual residents were described and staff working with residents were able to interpret residents' verbal and non-verbal expressions. There was also documentary evidence in respect of speech and language professionals providing a service to some of the residents.

Some of the residents communicated freely with the inspector and the inspector observed other residents using gestures in order to express their wishes, for example a resident communicated to the staff member the time to leave the dining room and go to the sitting room or other parts of the centre.

The inspector saw that information that was relevant to residents was in an appropriate format for the residents' communication abilities and capacity of understanding, for

example, menu planning.

Local newspapers and the television guide were available in the communal areas for residents and there were televisions and CDs/radios in all of the residents' bedrooms. One resident had an iPad which he showed to the inspector and explained how useful it was in taking photographs which was one of his favourite activities.

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:
There was substantial evidence that residents are supported to develop and maintain personal relationships and links with the wider community. For example residents shopped for foodstuffs from the preplanned menu choices and some residents participated in community events and went to the local pub, restaurants, hairdressers, post office and cinema. The inspector heard that a resident was involved in social dancing in the community.

Staff and management informed the inspector that relatives and family members are provided with up-to-date information regarding residents' care and condition and are invited to attend care planning reviews. Some residents highlighted that they particularly enjoy visits from their family who bring them out for a drive and or go and stay with their families. The inspector heard that staff advocating on behalf of a resident located the resident's extended family members. Some residents had enlarged photographs of significant people in their lives hanging on the walls of their bedrooms.

Each house has suitable communal facilities including sufficient space in residents' private bedroom space to receive visitors.

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 was a policy and procedure in respect of the admission transfer and discharge of residents. The resident group were compatible and assisted one and other to have a comfortable lifestyle.

The admission process is initiated when an application supported by clinical and other relevant reports are received by the organisation. The designated centre does not facilitate emergency admissions.

If the admission is deemed appropriate written agreement is forwarded to the resident/or their representatives, if the resident is not capable of giving consent. This includes the terms of occupancy.

Each resident had a written contract agreed within a month of admission to the service, which sets out the services to be provided, however, the fees (including items which incur additional charges) charged had not been identified or were out of date.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The designated centre accommodates 7 residents and there were no vacancies. All of the residents have an intellectual disability and some residents have other conditions for example mental health.

Each resident had an Individual Personal Plan (IPP) which referenced assessments completed and identified the arrangements in place to meet their needs. The personal care plans were developed in respect of each resident's care and addressed key aspects of the social, emotional, psychological and health care needs of the residents.

Residents' aspirations and goals were stated, and there was evidence that residents were empowered and supported in achieving their goals, which resulted in successful outcomes. For example a resident going on holiday and another resident visited members of his extended family whom he had not previously met.

Documentation showed that there were regular reviews of residents' care plans in consultation with residents and or their next of kin/families.

Staff in their communications with the inspector demonstrated that they were knowledgeable of residents' needs and behaviour management plans were in place where necessary.

The inspector saw that pictorial aids were used to assist the residents to understand the care planning process.

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 location, design and layout of the community house was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The designated centre consists of a bungalow type residency in the community.

Residents' private space consists of 7 individual ensuite bedrooms. All bedrooms have a call system so that residents can alert staff if they require assistance.

Communal facilities include, sitting, dining kitchen and utility room and ample toilets/bathrooms including a parker bath and wet room. The house and grounds are accessible to residents using wheelchairs.

Storage facilities were adequate.

The furnishings and fixtures are modern and bright and the premises have been well maintained.

There was appropriate equipment for use by residents and staff which was maintained in good working order including wheelchair accessible transport.

Externally, the grounds were well maintained and there was adequate car parking.

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:

In the main, the inspector found that the health and safety of residents, visitors and staff was promoted and protected as there was a policy and procedure in respect of managing risk and a risk register was available. However the risk register did not include the identification, assessments, and measures and actions in place to control all of the risks as the following general and fire safety risks were noted: –

- The number of staff required to carry out aspects of the provision of personal care for particular residents had not been identified.
- A document in relation to residents' risk assessments was not risk rated.
- The risk register did not identify the dates of the action taken to minimise/control the risks.

Fire equipment was easily accessible and prominently placed throughout the designated centre and servicing was up to date.. Staff and residents are involved in fire safety and evacuation procedures. There were smoke detectors and a fire panel in the designated centre which identified specific zones/areas in the house which would assist in detecting the risk of fire in the event of an emergency.

There was evidence that staff and residents had participated in fire drills.

The following issues were identified: –

- The local fire brigade had not been contacted in order to be familiar with the centre and the residents who may have difficulty leaving their bedrooms in the event of an evacuation.
- The emergency floor plan did not identify the bedrooms in which residents may have difficulty leaving in the event of an evacuation.
- The emergency details were available in a folder, however this may be difficult for staff to retrieve in the event of an emergency.
- Each resident has a personal emergency evacuation plan (PEEP), however, this was not specific regarding the type and level of support required by individual residents.
- A resident's PEEP did not identify that the resident had a "grab bag" necessary to the resident in the event of emergency.
- Some residents' bedroom doors were wedged/ held open.

Infection-control measures were in place for example, there were facilities available for hand hygiene, closed bins for disposal of hand towels, sufficient toilet rolls and holders in place, appropriate storage of toiletries and dental hygiene equipment.

Staff had participated in training in infection control and hand hygiene.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector saw that there were measures in place to protect residents from being harmed or suffering abuse and appropriate action is taken in response to allegations, disclosures, or suspected abuse.

There was a policy and procedure in place relating to the prevention, detection and response to an allegation or suspicion of abuse.

The inspector communicated with staff, who confirmed that they had participated in relevant training and were knowledgeable with regard to what constitutes abuse and their duty to report any allegation, suspicion of abuse, and were aware that this should be fully investigated and protective procedures put in place for residents.

The inspector saw that where residents' challenging behaviour (primarily in respect of self injurious behaviour) necessitated intervention that every effort was made to identify and alleviate the cause of it.

Staff demonstrated that they had knowledge of the behaviours that are challenging for certain residents.

The inspector noted that a restraint free environment is promoted with the reduction in bedrails and the provision of double /king-size beds and in some instances the reduction in chemical restraint.

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 inspector saw that a record of incidents occurring in the designated centre is maintained and, where necessary, notified to the Chief Inspector.

The inspector noted that, notifications in respect of serious injury to residents, and quarterly reports had been forwarded to the Authority.

An internal processing/auditing system is available within the service.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training

and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

The inspector saw that residents had opportunities for new experiences, social participation and education. Transport was available for residents to travel between the community home and day care facilities.

Residents were positive regarding participating in social and recreational activities and of staff who provide assistance in achieving life skills, appropriate to living independently in the community and pursuing favourite activities such as shopping for household items and fashion and style, bowling, swimming and going to mass.

The inspector heard that there is good communication between the residential service and the day care facilities to ensure continuity of care.

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:

From an examination of documentation and the views of residents and staff it was evident that residents are supported on an individual basis to achieve and enjoy good health.

There was a health care plan available in each resident's care planning documentation. Residents' healthcare needs were well monitored and treatments were implemented as recommended or prescribed. Some residents had health conditions such as epilepsy and dysphagia. Referrals and meetings with key significant personnel in the lives of residents including behavioural therapy, occupational therapy, community medical, nursing, care

staff, key workers and family members was evident.

A behavioural therapist and psychologist are available to assist/support residents and care staff. There was evidence of appropriate referrals and appointments to residents' GPs and allied health professionals such as, opticians and speech and language therapists as required.

The inspector was informed that residents with swallowing difficulties were provided with soft consistency dishes. In the kitchen of the inspector saw a variety of foodstuffs and snacks in the cupboards, refrigerators and freezers and an ample availability of fruit.

Residents' records showed that their weights were monitored. There was evidence that residents were able to choose their own foods. Pictorial menu cards were available to inform residents about different menu choices.

The inspector was informed that the community palliative care team are available to provide advice and assistance to the residential service, however, the inspector noted that end of life care planning has not yet been fully developed.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was a written operational policy/procedure informing ordering, prescribing, storing and administration of medicines to residents, however, this was not specific to the designated centre.

The inspector noted that the policy was not specific regarding the return of medicines to the pharmacist and the centre did not have appropriate and suitable practices relating to the return of unused medicines in that there was no documentary evidence that refused medicines were returned to the pharmacist.

An examination of staffing records identified that staff had received training in the management of medicines on various dates throughout 2014 and 2015.

The inspector saw that medicines were secured safely and a staff member on duty

explained a resident's prescribed medicines and the documents in use to administer prescribed medicines to residents. The inspector observed the administration of medicines and this was carried out satisfactorily

The inspector was informed and saw evidence in the care planning documentation that residents' medication was reviewed.

Judgment:

Non Compliant - Major

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:

There was a statement of purpose available which described the services, facilities and care provided to meet the diverse needs of residents and contained, most of the information required as set out in schedule 1 of the legislation.

It was noted that the number of full-time equivalent staff was inaccurate.

Judgment:

Substantially 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:

A person in charge has been appointed to the designated centre and the post is a full-time position. The person in charge is a qualified intellectual disability nurse with many years of experience in the area of intellectual disability.

The person in charge facilitated the inspection process and made available documentation and information to the inspector.

The inspector heard that a new management structure has been identified for the designated centre. This includes having a manager, responsible for the day-to-day operation of the centre and supervising/mentoring staff. However this staff member, a qualified intellectual disability nurse is the only nurse employed in the designated centre and works only 30 hours per week. Staff and management have acknowledged that this is insufficient hours to provide a nursing service to residents and perform managerial duties. Additional nursing staff is required/being sought. See outcome 17 for action plan.

The person in charge identified that he has authority and is accountable in consultation with senior management for the service and informed the inspector that in due course additional night time staff will be required as residents' healthcare conditions deteriorate.

The inspector found that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the designated centre's statement of purpose for example there was adequate support systems to meet the needs of residents.

Management carried out audits to ensure that the service did meet residents' needs for example there were records and audits of residents' monies and personal possessions.

An annual review of the quality and safety of care and support in the designated centre was not available for the inspector.

Judgment:

Non Compliant - Major

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:

In the absence of the person in charge the inspector noted that suitable arrangements have been put in place for the management of the designated centre and the person identified for this position is a qualified intellectual disability nurse holding a bachelors degree in nursing studies. She has extensive experience, is currently working as a clinical nurse manager 1 in the designated centre with up-to-date registration with the professional body.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspector found that the centre was resourced to ensure the effective delivery of care and support in accordance with the designated centre's statement of purpose with the exception of having an additional qualified nursing staff member on duty. See outcome 17 for action plan.

The inspector noted that there were sufficient resources, including the availability of a minibus in order to ensure residents were able to attend activation programmes of their choice.

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:

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

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

Findings:

The inspector examined copies of planned rosters for the centre and found that staffing levels currently were adequate to meet the needs of residents. Arrangements were in place to manage planned and unplanned staff leave and there was evidence of staff participating in staff meetings.

The inspector found staff had a comprehensive knowledge of the residents' likes, dislikes and life histories. Staff throughout the inspection were helpful.

The only nursing staff member currently employed works 30 hours, however, this staff member is also performing a managerial position in the designated centre with the result that there is insufficient nursing hours to meet the needs of residents. Senior management have already considered this matter and informed the inspector that an additional nursing staff member will be rostered.

The inspector requested documentation in relation to staff members working at the centre and this was provided by staff from headquarters. The inspectors saw that the matters required by schedule 2 were available.

There was evidence of scheduled training that staff had participated in relevant to their role and responsibility for example all of the staff working in the designated centre had participated in training in safeguarding, fire safety, protection of residents from abuse and medication management. However there were some gaps in relation to training for example manual handling and food hygiene.

Documentation in relation to training showed that there was a planned schedule identifying dates and times of various different training modules.

The inspector was informed that annual staff performance development review takes place, however, there was no evidence of a formal supervisory process underpinning the performance development review.

Judgment:

Non Compliant - Major

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

Theme:

Use of Information

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

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

Findings:

The application received for this designated centre was submitted to the Authority in 2014 and was currently out of date. The inspector requested that management communicate with the Authority's registration section to be issued with another application form for completion and return.

There was adequate insurance against accidents or injury to residents, staff and visitors.

Written confirmation of fire safety compliance was received.

The designated centre has procedures/guidelines on matters identified in schedule 5 of the Health Act 2007, however, some of these were not specific to the designated centre.

The directory of residents was being maintained.

The records listed in the Health Act 2007 were being maintained in a manner so as to ensure completeness, accuracy and ease of retrieval with the exception of the following:

–

- A fluid chart had not been completed.
- A risk assessment identified the incorrect weight of a resident.
- Some documents did not refer to the official title of the designated.
- Some documents had been updated but the previous documents had not been archived thus making current information difficult to retrieve.

A dependency tool was used which provided a score, however, there was no guidance to interpret the scoring

Judgment:

Substantially 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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003619
Date of Inspection:	14 October 2015
Date of response:	19 November 2015

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The written contract did not include the fees (including items which incur additional charges) charged.

1. Action Required:

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

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

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

On 6/11/15 The Housing association were contacted by house manager and all residents within this Designated Centre now have updated contracts which have the current fees listed.

Proposed Timescale: 30/10/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk register did not include the identification, assessments and measures and actions in place to control as follows: –

- The number of staff required to carry out aspects of the provision of personal care for particular residents had not been identified.
- A document in relation to residents' risk assessments was not risk rated.
- The dates of the action taken to minimise/control the risks.

2. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

1. A Risk assessment was carried out on the Personal Care needs of one resident. This assessment now has recommendations on the number of staff needed to support the resident with Personal Care
2. This resident's risk assessment has been risk rated
3. The risk assessment for the resident has been reviewed and dated appropriately

Proposed Timescale: 25/10/2015

Theme: Effective Services

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

Some residents' bedroom doors were wedged/ held open.

3. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Sonic devices will be fitted to the resident's bedroom doors in this house by the 30/11/2015 and until then fire doors will be kept closed and residents will be supported around this practice.

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

The following fire evacuation issues were identified: –

- The local fire brigade had not been contacted in order to be familiar with the centre and the residents who may have difficulty leaving their bedrooms in the event of an evacuation.
- The emergency floor plan did not identify the bedrooms in which residents may have difficulty leaving in the event of an evacuation.
- The emergency details were available in a folder, however this may be difficult for staff to retrieve in the event of an emergency.
- Each resident has a personal emergency evacuation plan (PEEP), however, this was not specific regarding the type and level of support required by individual residents.
- A resident's PEEP did not identify that the resident had a "grab bag" necessary to the resident in the event of emergency.

4. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

1. Written communication has been sent to Local Fire Services to arrange for them to call to the house, to review the resident's evacuation needs.
2. The emergency floor plan has been amended and the bedrooms where residents may have difficulty leaving the house have been highlighted.
3. Emergency details have been put into a "grab bag" which is located beside the front door of the house. This will be taken by staff on evacuation of house.
4. All residents PEEP's have been reviewed and the type and level of support required by each individual has been specified.
5. All information relating to residents, which would be needed in the event of an evacuation has been put into the "house Grab Bag" which will be taken by staff in the event of an emergency situation.

Proposed Timescale:

1. 09/11/15
2. 27/10/15
3. 27/10/15
4. 27/10/15
5. 27/10/15

Proposed Timescale: 09/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

End of life care planning has not yet been fully developed.

5. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

1. A Multi- disciplinary meeting is being organized to commence the development of an end of life plan to support residents living within this house.
2. Communication and consultation will take place with all residents and their families as appropriate.

Proposed Timescale:

1. 17/12/15
2. 30/03/16

Proposed Timescale: 30/03/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The written operational policy/procedure informing ordering, prescribing, storing and administration of medicines to residents, was not specific to the designated centre.

The policy was not specific regarding the return of medicines to the pharmacist and there was no documentary evidence that refused medicines were returned to the pharmacist.

6. Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

1. A House specific medication procedure will be developed on all aspects of medication. This will cover the areas of ordering, receipt, prescribing, storing, disposal and administration of medicines storage and disposal of out of date, or unused medication.
2. All staff will be fully inducted into this policy

Proposed Timescale:

1. 30/11/15
2. 31/12/15

Proposed Timescale: 31/12/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The number of full-time equivalent staff was inaccurate.

7. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 statement of Purpose and function was reviewed and the full time equivalent staff for this house was amended.
2. A copy of this revised statement of purpose is available within Designated Centre and will be submitted to the Authority.

Proposed Timescale:

1. 15/11/15
2. 30/11/15

Proposed Timescale: 30/11/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

An annual review of the quality and safety of care and support in the designated centre

was not available for the inspector.

8. Action Required:

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

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

The Annual Review of the quality and safety of care and support in this Designated Centre will be completed for 2015.

Proposed Timescale: 30/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Additional nursing staff hours need to be rostered in order to complement the current nursing staff member who is carrying out managerial duties.

9. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

1. A Recruitment process for qualified Nursing staff has taken place and a Registered Nurse has been offered a post and will take up this post in January 2016.
2. Until the registered Nurse take up her post the house will be supported by the Person in Charge who is a registered nurse, Clinical Nurse Specialist, Health Promotion who is a registered nurse, & Clinical Nurse Specialist, Dementia, who is a registered nurse.

Proposed Timescale:

1. 14/01/16
2. On-going

Proposed Timescale: 14/01/2016

Theme: Responsive Workforce

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

Currently the annual performance development review of staff member does not include formal supervisory sessions.

10. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

1. Supervision sessions is commencing on 20/11/15 and will be carried for Clinical Nurse Manager with the Person in Charge on monthly basis at a minimum.
2. Supervision sessions will be carried out on a scheduled basis with all other staff members by the Clinical Nurse Manager.

Proposed Timescale: 20/11/2015

Theme: Responsive Workforce

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

All staff had not participated in appropriate training, including refresher training as part of a continuous professional development programme for example manual handling and food hygiene.

11. 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. Manual handling training is now up to date for all staff working in this house
2. A schedule of Food Hygiene training has been arranged for staff in the House with completion date of 14/12/15.

Proposed Timescale:

1. 21/10/15
2. 14/12/15

Proposed Timescale: 14/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The designated centre has procedures/guidelines on matters identified in schedule 5 of the Health Act 2007, however, some of these were not specific to the designated centre.

12. 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. All procedure are being amended to make them specific to this Designated Centre
2. All staff will be fully inducted to these revised procedures.

Proposed Timescale:

1. 20/12/15
2. 30/12/15

Proposed Timescale: 30/12/2015

Theme: Use of Information

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

The records listed in the Health Act 2007 were being maintained in a manner so as to ensure completeness, accuracy and ease of retrieval with the exception of the following: –

- A fluid chart had not been completed.
- A risk assessment identified the incorrect weight of a resident.
- Some documents did not refer to the official title of the designated.
- Some documents had been updated but the previous documents had not been archived thus making current information difficult to retrieve.

A dependency tool was used which provided a score, however, there was no guidance to interpret the scoring

The application received for this designated centre was submitted to the Authority in 2014 and was currently out of date. The inspector requested that management communicate with the Authority's registration section to be issued with another application form for completion and return.

13. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

1. Fluid charts which were totalled over a 12 hour period as identified during the inspection visit are now being totalled over a 24 hour period. All staff have been inducted on this practice.
2. The Risk assessment has been amended to record the correct weight of the resident
3. All documents have been updated to include the correct title of the Designated

Centre

4. The second copy of the personal evacuation plans have been removed from Resident's Individual Plans

5. Guidance document on Dependency Assessments is now in the Designated Centre and is available to all staff.

6. All up to date registration documentation has been forwarded to the Authority National Office.

Proposed Timescale:

1. 15/10/15

2. 27/10/15

3. 15/11/15

4. 16/10/15

5. 16/10/15

6. 10/11/15

Proposed Timescale: 10/11/2015