

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cooperscross
Centre ID:	OSV-0003646
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Clare Dempsey
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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:
15 November 2016 09:30	15 November 2016 17:30
16 November 2016 09:30	16 November 2016 16:30

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

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

Summary of findings from this inspection

Background to Inspection:

This was a registration inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God North East Services (the provider). The centre was a large semi detached residence supporting four individual residents.

The centre was last inspected in March 2016 where some non compliances were identified in residents rights, social care needs and safeguarding. Most of those non compliances had been addressed by the time of this inspection however, some issues still remained with social care needs.

Overall good levels of compliance was found across 15 of the 18 outcomes assessed and areas on non compliance was found in risk management, premises and in meeting the social care needs of the residents.

The inspector observed that staff were at all times courteous towards the residents and had an in-depth knowledge of their individual needs. Management of the centre were also aware of the needs of each resident and family members were extremely positive of the service overall.

Residents appeared very content in their home and overall the inspector observed that the service was managed in a way that respectfully supported meeting the individual needs of each person residing there.

How we Gathered Evidence:

The inspector interviewed three staff and met with all four residents that lived in the centre. The person in charge was also spoken with at length as was the person participating in management. The inspector also met and spoke with the Director of Nursing over the course of the inspection process.

Policies and documents were also viewed as part of the process including the resident's health and social care plans, complaints policy, contract of care, health and safety documentation and risk assessments.

Two family members were also spoken with on the first day of the inspection. Their feedback was extremely positive and complimentary of the overall service provided.

Description of the Service:

The centre comprised of a very large two storey semi detached house. It was located in Castlebellingham, County Louth and was a short distance away from local amenities such as churches, restaurants, pubs and cafes.

It was also in easy reach of the busy towns of Dundalk and Drogheda. The centre had its own transport for trips further afield if and when requested by residents.

Overall Judgment of our Findings:

Overall good levels of compliance were found across the majority of the outcomes assessed. Of the core outcomes assessed residents' rights was found to be compliant as was healthcare needs, medication management, governance and management and safeguarding.

Communication was also found to be compliant as was workforce and general welfare and development however, issues regarding health, safety and risk management, premises and social care needs were identified during this inspection

Of the 18 outcomes assessed 15 were found to be compliant, two were found to have moderate non-compliances and one outcome was found to be substantially compliant.

These are further discussed in the main body of the report and in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

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

An issue was identified in the last inspection regarding one residents bedroom however, the inspector was satisfied that this had been satisfactorily addressed.

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

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

The inspector viewed a sample of the minutes of these meetings and found that residents made choices about what outings to organise and participate in, planned weekly menus and discussed any safety issues in the centre.

The inspector also observed that these meetings also provided the residents with a platform to raise any concerns they may have about any aspect of the service provided. Time was also made available at the meetings to discuss the importance of issues such as safeguarding, how to access an independent advocate and the role of HIQA in

promoting safe and effective services.

The inspector was satisfied that access to advocacy services and information about resident rights formed part of the support services made available to each resident. The identity and contact detail of an external advocate and two advocacy agencies was made available to residents and was on display in the centre.

It was also observed that an independent advocate had visited the centre recently to discuss the concept of advocacy with both staff and residents.

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

The complaints procedures were displayed on the notice board and an easy to read version was also available in each residents file. A dedicated log book for recording complaints was also available in the centre. While the number of complaints were few, the inspector observed that they were being logged, recorded, and responded to accordingly.

Oral and written feedback from family members also informed the inspector that while they had no complaints about the service, they would complain if they felt they had to and were aware of how to go about making a complaint. However, all feedback was very positive and extremely complimentary about the service and staff working there.

The inspector viewed a sample of residents' personal finances. All residents had a financial passport in place which informed the inspector that they all required staff support in managing their personal finances. It was observed that all monies could be accounted for and there were robust systems in place to ensure the safeguarding of residents finances.

For example, all purchases were required to have a receipt and two staff checked and signed off that each residents' finances could be accurately accounted for each day.

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):

No actions were required from the previous inspection.

Findings:

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

The policy and guidelines on communicating with the residents was called 'Total Communication Approach'. On reading it the inspector observed that it acknowledged each resident had the ability to communicate and staff were to be respectful of same. Residents' communication needs were identified through an assessment and personal planning process.

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

Assessment documents related to personal plans also included systems and interventions available to meet the diverse and complex communication needs of all residents.

For example, some residents were in the process of being supported to enhance their preferred style of communication using assistive technology such as computers and tablets. In order to achieve this, the centre had arranged for an information technology tutor to work with the residents and support them to use different types of communication applications. .

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

Overall the inspector were satisfied that the systems in place to support the residents' communication requirements were individualised, creative and effective.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged. There were guidelines in place which outlined that visitors were also welcome to the centre at any reasonable time.

From a sample of files viewed, the inspector observed that family members formed an integral part of the individualised planning process with each resident. Residents and family members were invited to attend personal plan meetings and reviews in accordance with the wishes and needs of each resident.

Residents were also supported to keep in regular contact with family members and friends and from a sample of daily logs/files viewed the inspector observed that the staff in the centre supported each resident to keep in contact with their family members. Staff also supported some residents to visit their family home on a weekly basis.

One resident also had a 'talking personal plan' which included information and text of important people in their lives. The inspector briefly viewed this over the course of the inspection.

The inspector observed that residents were also supported to develop and maintain personal relationships and links with their community. Residents frequented the local shops and restaurants and a designated car was provided for trips further afield.

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):

No actions were required from the previous inspection.

Findings:

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

Residents' admissions were in line with the centre's Statement of Purpose and

considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre. The contracts of care stated the services to be provided and the fees to be incurred by residents for such services.

An issue was identified regarding the wording in some of the contracts of care however, the person in charge had addressed this before the completion of the inspection.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall the inspector found that arrangements were in place to meet the residents assessed needs and wishes. However, it was also found that at times there was inadequate information/support available with regard to the progress of some long term goals as identified by some residents.

The inspector found that personal plans supported residents to have opportunities to participate in meaningful activities, appropriate to their interests and preferences.

For example, from a sample of files viewed residents engaged in meaningful community based activities such as using the local shops and hairdressers and frequented the local pubs, restaurants and hotels.

The arrangements to meet each resident's assessed needs were also set out in their individualised personal plans that reflected their needs, interests and capacities.

For example, some residents wished to go on holidays and/or overnights to hotels and to go to see cabarets and pop concerts. The inspector observed that these goals were being supported and facilitated.

Residents and their family members or representatives, where also consulted and involved in the personal planning process. From a sample of files viewed family members attended circle of support meetings as and when required.

While many short and long terms goals had been achieved for each resident living in the centre, there was insufficient evidence available that some goals as identified by residents were adequately reviewed or actioned. For example, the inspector noted that one resident had requested, as part of a long term goal, to participate in a specific activity. This goal was recorded, however there were few actions identified with regard to achieving the goal for the resident.

It was also observed that some goals were basic in nature, such as going for walks and were more part of the residents' everyday activities as opposed to a long term goal.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There were appropriate facilities in place and the layout of the centre promoted residents' safety, dignity, independence and wellbeing.

The centre comprised of a very large semi detached house in close proximity to the town of Castlebellingham. It was suitably furnished and fitted for occupancy for four residents. Accommodation comprised of four large single occupancy bedrooms, of which two were en-suite. There were also large well equipped communal bathrooms available on the first and ground floor.

There was a separate utility room, a large, very well equipped kitchen/dining room, a

separate spacious sitting room and a private sun room/conservatory where residents could meet visitors in private if required.

The house was generally in a good state of repair, it was warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection. Bedrooms were personalised to residents' individual taste and there was ample storage space available.

Additional furnishings and decorations were provided for at the request of residents being accommodated. For example, some residents had their own suite of furniture in their bedrooms, with TV's and music centres.

The house also had well maintained gardens to the back and front with adequate parking space available to the rear. There were also two sets of garden furniture available to residents to use if so desired.

The inspector observed that a maintenance system was in place and both management and staff kept a record of all maintenance requests. However, it was observed that at times there could be delays in getting some fixtures and fittings repaired.

There were adequate arrangements in place for the safe disposal of general waste.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

While there were policies and procedures in place for the management of risk, the inspector observed that the some of the recommendations arising from some risk assessments required review as did some of the documentation.

The centre had a safety incident management policy available which was compliment by policies and procedures on risk management, falls prevention, manual handling, hand hygiene, and a site specific emergency response plan to hazards such as flooding, fire, adverse weather conditions and power failure.

There was also a site specific safety statement in place that had been reviewed in September 2016.

A risk management policy was in place which included the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording and investigation of incidents occurring in the centre.

The inspector observed that while risk was being assessed and documented in the centre, some of the recommendations arising from the assessments were not being implemented in a timely manner.

For example, a falls risk assessment for one resident informed that they would require a review by a physiotherapist. This was completed in June 2016 and the resident had still not been seen by a physiotherapist by the time of this inspection.

The inspector also observed that some documentation related to adverse incidents occurring in the centre lacked sufficient detail and had not been completed adequately.

However, it was observed that arrangements for learning from incidents/adverse events were in place. For example, a recent incident between two residents on bus resulted in a specific seating plan being drawn up and safeguarding plans for both residents being updated.

The centre had a fire register in place which was reviewed by the inspector. It was observed that there was adequate means of escape, including emergency lighting, fire signage, and fire exits were seen to be unobstructed.

There were prominently displayed procedures for the safe evacuation from the house in the event of fire.

The fire alarm was serviced annually and maintained on a regular basis and fire safety equipment was serviced and maintained as required by an external fire safety consultancy company. The last checks were in September 2016.

Staff conducted daily checks on the fire panel and escape routes and weekly checks on smoke detectors, emergency lighting and fire extinguishers.

All staff were trained in fire safety and safe evacuation procedures. Fire drills were conducted at regular intervals and fire records to include details of fire drills were maintained.

Evacuation plans and procedures for each resident were also completed and the inspector observed that if any issue was identified with a resident during a fire drill, their personal evacuation emergency plan was updated to reflect this.

The inspector observed that the centre had two fire doors in place which were situated in the kitchen and laundry room however, there was no documentation made available to the inspector to inform if these arrangements were adequate for the containment of fire.

It was found that suitable procedures and arrangements were in place for the

prevention and control of infection. For example, there were adequate laundry facilities in the centre as were there adequate hand sanitizing gels and disposable towel paper.

Judgment:

Non Compliant - Moderate

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that adequate arrangements were in place to protect residents from harm and abuse and the issues found in the last inspection had been adequately addressed. .

There was a policy on and procedures in place for, safeguarding residents which staff were trained on during induction and prior to working in the centre.

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

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

Staff spoken with were also able to verbalise how best to support the intimate care needs of each resident living in the centre.

There was a policy in place for the provision of positive behavioural support. This was to ensure a collaborative and integrative consistent approach in supporting individuals with behaviours of concern.

All staff were trained in the management of challenging behaviour that including de-escalation and intervention techniques as required.

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

There were also guidelines in place on the use of restrictive procedures. (These guidelines formed part of the policy on positive behavioural support).

The inspector observed that some restrictions were in use in the centre however, they were used to keep residents safe, they were reviewed accordingly and were also discussed and evaluated by the organisations 'restrictive actions' committee. The inspector also observed that a record was kept of the times a restriction was in use.

p.r.n. medicine was in use for some residents however, they were reviewed regularly and there were strict protocols in place for their administration. Of the staff spoken with the inspector was satisfied that they were knowledgeable of the protocols guiding the administration of p.r.n. medicines.

There was also a policy available on intimate care which was approved in February 2016. Each resident also had intimate care guidelines in their personal files. The inspector found that they were informative of how best to support the residents while at the same time maintaining their privacy, dignity and respect.

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):

No actions were required from the previous inspection.

Findings:

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

The person in charge and person participating in management demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that arrangements were in place to ensure that the welfare and development needs of residents were promoted and residents were provided with social inclusion activities and social skills training experiences based on their interests and assessed needs.

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

The inspector observed that where requested, residents were supported and facilitated to attend day services which were independent of the centre. A range of meaningful activities were offered to residents in these day services such as relaxation therapies, reflexology, exercise classes and social outings.

The person in charge also informed the inspector that individual training was being provided to some residents that used computers and tablets. This was to enhance their preferred style of communication.

A tutor had been sourced for this training and on the day of inspection the inspector observed some residents using their tablets and computers with the support of staff

Social activities, internal and external to the centre were also available to residents to promote their general welfare and development. For example, some residents liked to pop concerts, avail of social outings and have meals out with the support of staff.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that the residents living in the centre presented with a range of multiple and complex medical conditions however, robust arrangements were in place to ensure that residents health care needs were supported and regularly reviewed with appropriate input from multidisciplinary professionals as and when required.

The person in charge and person participating in management also informed the inspector that arrangements for residents to have access to a GP and a range of allied health care services were available.

From a sample of files viewed, the inspector observed that residents had regular access to a GP, and a range of other allied health care professionals. For example, appointments with dentists, clinical nurse specialists, dieticians and opticians were arranged and facilitated annually or sooner if and when required.

Other conditions such as mental health issues were also comprehensively provided for. Where required residents had access to psychiatry, a psychologist and a clinical nurse specialist to support their mental health and wellbeing.

The inspector also observed that residents with epilepsy were regularly reviewed by a neurologist and in-depth care plans were on file to support these residents. Of the staff spoke with they were able to demonstrate their knowledge of these plans and where required all had training in the administration of rescue medication.

Residents were also supported to eat healthily and make healthy choices with regard to meals and where required were reviewed by a clinical nurse specialist in health promotion. Specialist conditions such as high cholesterol were also managed carefully. Where a resident had high cholesterol the inspector observed that a care plan on how best to manage the condition was in place.

The inspector found that arrangements were in place to meet the residents' nutritional needs. Weights were also recorded and monitored on a regular basis. Menu planning and healthy eating choices formed part of the discussion between residents and staff in weekly meetings. Mealtimes were also seen to be relaxed and a positive social experience for residents in the centre

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

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

The medicines management policy in place in the centre had been reviewed and updated in September 2016. The overall aim of the policy was to ensure safe and effective administration of medication in line with best practice.

A locked drug press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

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

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

Only qualified nursing staff or staff trained in the safe administration of medicines were permitted to administer the everyday medicines and p.r.n. medicines in the centre.

All p.r.n. medicines had strict protocols in place for their use and were reviewed regularly by the GP and/or psychiatrist. From speaking with staff members the inspector was assured that they were very familiar with and could vocalise the strict protocols for the use and administration of p.r.n. medicines.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

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

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

During the inspection process the inspector observed that some parts of the statement of purpose required updating however, this had been completed prior to the inspection being completed.

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

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

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

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

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

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

The inspector found that appropriate management systems were in place for the absence of the person in charge as there was a Clinical Nurse Manager I working in the centre as team leader. It was found that he too was aware of the needs of each resident living there and engaged in the operational governance and management of the centre.

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

The provider nominee (or someone nominated on her behalf) made announced visits and unannounced visits to the centre. She also ensured that an annual audit of the safety and care provided in the centre was completed.

The inspector viewed a sample of this report and found it to be thorough and informative of where the centre was meeting their statutory obligations and what actions were required to address areas of non compliance.

For example, the annual review highlighted non compliances with regard information not being accessible to residents in the centre. This had been addressed by the time of this inspection.

The annual audit also highlighted the need for greater contact between the centre and family members regarding the individual planning process and circle of support meetings. Again the inspector observed that this was in place by the time of this inspection.

Random internal audits were also carried out in the centre. These audits were in-depth and also identified areas of compliance and non compliance. For example a recent internal audit informed that weekly residents meetings needed to be facilitated. The

inspector observed that this had been actioned and was now in place.

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

She was committed to her own professional development and engaged in all required staff training in the centre. Throughout the course of the inspection the inspector observed that all the residents were familiar with the person in charge and appeared very comfortable in her presence.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

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

It was also observed that suitable arrangements were in place for the management of the centre in her absence. There was also on call system in place 24/7 for all staff working in the centre.

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):

No actions were required from the previous inspection.

Findings:

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

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources could be adjusted and increased based on resident support needs, activity, dependency and occupancy levels.

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

The inspector also observed that there were adequate equipment and appliances in the centre, such as mobility aids in order to support residents with their mobility needs.

The centre also had the use of a vehicle for social outings. The vehicle was maintained and insured appropriately.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents and the issue identified in the previous inspection had been addressed adequately.

The person in charge informed the inspector that all staff had completed mandatory and

relevant training in line with regulation. From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support.

There was a team of registered nurses working in the centre, a social care worker and a team of health care assistants. From a sample of files viewed all nursing staff had up to date registration with their relevant professional body. It was also observed that the social care worker and all health care assistants had completed the required mandatory training.

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

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action it was evident that they were competent to deliver the complex care and supports required by the residents. Family members also spoke very highly of the entire staff team and feedback from questionnaires was also very complimentary.

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

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):

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to maintain complete and accurate records in the centre. Some minor issues were identified with regard to the updating of some records however, once these were brought to the attention of the person in charge and the person participating in management, they were rectified before the inspection had been completed.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5.

A residents' guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspector found that records that related to residents and staff, were comprehensive and maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

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:

Raymond Lynch
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-0003646
Date of Inspection:	15 and 16 November 2016
Date of response:	01 December 2016

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 05: Social Care Needs

Theme: Effective Services

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

Some goals were basic in nature such as going for a walk while others were not actioned adequately to ensure their achievement.

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

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

1. All residents goals will be reviewed to ensure they are suitable and of the residents choice
2. The actions related to one particular goal have now been identified and dated to achieve the residents overall goal set.
3. All staff will be made aware of the importance of actions related to goal setting.

Proposed Timescale:

1. 30.11.16
2. 25.11.16
3. 30.11.16

Proposed Timescale: 30/11/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There were delays in getting some of the fixtures and fittings serviced and/or repaired.

2. Action Required:

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

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

1. The fixtures and fitting Maintenance log has been reviewed and all maintenance issues have been addressed
2. A log book of maintenance completion dates has been established.

Proposed Timescale:

- 1.16.11.16
- 2 21.11.16

Proposed Timescale: 21/11/2016

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:

Some of the recommendations arising from the risk assessment process were not being implemented in a timely manner. Some of the documentation related to the way in

which adverse incidents were being recorded also required review.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. The recommendation from the falls risk assessment has now been followed through and a referral sent to the physiotherapist.
2. The risk register has now been updated to highlight the particular falls risk
3. All other recommendation from the risk assessments have been checked and found to have been actioned.

Proposed Timescale:

1. 17.11.16
2. 17.11.16
3. 18.11.16

Proposed Timescale: 18/11/2016

Theme: Effective Services

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

There was no written evidence available on the day of inspection to inform the inspector if the systems in place regarding the fire door arrangements were adequate for the containment of fire.

4. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

1. An Additional 5 fire doors will be installed in the premises to enhance the present fire system.

Proposed Timescale: 31/12/2016