

**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-0003580
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Valerie McLoughlin
Support inspector(s):	Deirdre Byrne;Liam Strahan;
Type of inspection	Announced
Number of residents on the date of inspection:	20
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:
25 March 2015 09:30	25 March 2015 17:00
26 March 2015 09:00	26 March 2015 14:00

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

This was the first inspection of this centre by the Health Information and Quality Authority (HIQA). The provider had applied for registration for twenty places. Inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Inspectors received questionnaires from residents which were complimentary of the service being provided at the centre. Elvira Close comprises of 10 self contained apartments, home to twenty residents, both male and female, over eighteen years of age. All residents have an intellectual disability. All residents are mobile and are supported by staff to live in their apartment independently. Over time, residents have learned life skills to enable them

to move from accommodation with "live in staff", support to being independent with some degree of staff support.

Residents spoke with the inspectors and said they felt that they were well supported to live as independently as possible and to maintain contact with friends, family and the local community.

Residents talked about the range of work, social activities and educational opportunities they were involved in. Residents had been informed about the purpose of this inspection and they were keen to chat with inspectors and show them around their home.

Family members spoke highly of the services and told inspectors how residents had developed independence since living in the centre.

Inspectors found that the residents received a very good service, and were supported to live an active life and they reported to have a good quality of life.

They were seen to live in a very pleasant environment that was well maintained, and met their needs. The staff team that supported them were caring and knowledgeable about their needs, and they supported and encouraged individuals to be as independent as possible in relation to their assessed needs.

Personal support plans encouraged residents to set out their goals for the future, and health care plans covered all assessed needs and ensured that residents received the care and support they needed to maintain a healthy lifestyle.

Areas of non compliance related to the contract, records required for (PRN) medication and involvement of family members in the development and review of resident's person plans, availability of internet access. These issues are discussed further in the report and included in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy and there was recorded evidence of referrals made to this service on behalf of some residents. Information about residents rights was available to residents.

Inspectors found that residents were consulted via the residents committee about how the centre was managed. There was weekly discussion with the residents to plan things like activities, the menu, maintenance issues and household tasks. The residents reported to inspectors that they felt they were involved in making decisions about their daily routine, and decisions such as how they decorated and cared for their apartment.

There was a resident's guide available for everyone in the centre, this included information about the services provided to them, and the procedure for making complaints. All of the residents spoken with said they knew who to speak to if they had any worries. There was a summary of the complaints procedure in an accessible formation available on the wall in the sitting room in each of the apartments.

A review of the complaints procedure showed that all complaints were recorded, followed up on, and action had been taken to resolve the issue. The satisfaction of the complainant were recorded to complete the investigation. There was one investigation in progress and near completion. The person in charge had reviewed the complaints to see if there were any themes to the issues raised. It was noted that a number of the complaints were about the behaviour of the other residents that a person lived with. There were discussions with residents with input from the multidisciplinary team to address these difficulties and small changes to morning and evening routines were

agreed with residents, implemented, reviewed daily and deemed effective by residents, staff and family members.

Residents told inspectors that they had their own keys for their house and they could come and go as they pleased. Staff were respectful of residents' privacy and dignity and were observed knocking on the main door of residents homes bedroom, and waiting for a response to enter.

In the questionnaires that residents completed for inspectors they used comments like 'I love living here', and, 'staff help me when I need it', and; 'staff listen to me' and; 'staff respect me'. On the day of the inspection residents spoken with knew the staff by name and said they felt the staff treated them well and were kind to them. Inspectors observed residents and staff to have a friendly, caring relationship. Relatives commented in the feedback questionnaire that, 'the staff are excellent', and 'they do a great job'.

Staff respected residents' personal information. Inspectors saw that resident's files were stored securely to maintain confidentiality. Personal letters were delivered to residents, and residents had access to a phone to make calls in private if they wished.

Residents have opportunities to participate in activities that provide meaning and purpose to them, and which suited their needs, interests and capacities.

Residents told inspectors that they were able to make decisions about their own lives, setting the goals they want to achieve, for example going on holidays, attending events in the community such as football games, drama classes and dining out.

Each resident had their own weekly schedule that included a wide range activities such as training, employment, household tasks and social activities. Residents could make arrangements to do their own laundry and staff offered support as required. It was clear from the records and from talking with the residents that they were involved in developing their support plans, and deciding what to do with their time.

Some residents attended day services where they took part in activities of interest to them, and made new friends. Other residents choose not to attend day services and staff ensured suitable activities were available to meet residents needs such as going out for a drive.

Residents were registered to vote, and supported to access the polling station if they wished.

Inspectors found there were adequate facilities for occupation and recreation. Residents told inspectors that they enjoyed getting together with their friends from other apartments in the communal sitting room. This was a large room, with TV, seating, and pool table and games. Residents told inspectors that they liked their apartment, and that they had enough room to keep personal possessions, for example, DVD's, books and clothing.

There were systems in place to protect and manage residents' personal finances and personal possessions. Inspectors reviewed the policy and found it provided clear guidelines for staff on the care of resident's finances to ensure transparency in relation to the use of residents' monies as required by the Regulations.

Inspectors reviewed the system for safe keeping residents money. Inspectors found the management of transactions was satisfactory. All transactions were recorded and

receipts maintained. The supervisor audited these procedures frequently to ensure resident's finances were consistently safeguarded. Inspectors checked and found balances to be correct.

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:

Overall residents' communication needs were met with the exception of improvement required in the development of a specific care plan for residents with dementia related conditions.

Personal plans detailed residents preferred method of communication, for example, the use of hand gestures, pictures and the use of plain sentences. This was in line with the centres policy.

Residents had access to radio, television, newspapers and magazines. Not all residents had access to the internet and the person in charge was working towards obtaining internet access for all residents.

Residents were seen to access their local communities and explained how they enjoyed going to the swimming club and working as volunteers in local shops.

Judgment:
Non Compliant - Minor

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

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

Theme:
Individualised Supports and Care

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

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

Findings:

Inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community.

Residents told inspectors that they were able to see their family and friends at times that suited them, and that they could see them in private. Family members told inspectors that they could visit any time and that the staff were very welcoming. A number of residents spent weekends at home with their family and went abroad on family holidays.

Support plans set out the key relationships in resident's lives as part of their support network, and any support that was needed to maintain those relationships. There were records of the contact residents had with their family and others

Residents were supported to take risks in their daily lives, following risk assessments of their skills and abilities to identify the support they required. For example, seventeen residents were accessing the community independently while other residents were developing skills in social activities such as swimming while others were learning money management skills.

Many residents sought educational opportunities and were successful in achieving educational certificates which they said they felt very proud of.

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 comprehensive policy in place which outlined the process to support residents moving in and out of the centre. Admission to the service is arranged through St. John of God Caramona Services Supports Committee which operates in line with the Hospitaller Order of St. John of God policy on application for supports.

Transition from the service to alternative accommodation was managed with support from staff and input from the person in charge. Family members expressed satisfaction about their involvement in decision making about choosing appropriate accommodation that would meet the residents changing needs and details of the transition process. A relative expressed satisfaction about supports in place around the admission process in the feedback questionnaire, stating, 'the person in charge and the social worker were very helpful during the admission processes'.

The admission process was in line with the statement of purpose.

Each resident had tenancy agreement in place that explained the service to be provided. In addition each resident had a financial plan in place that outlined payment details for rent, food, ability bills and day care services. However, residents did not have a contract in place as required by the Regulations, to specify the services to be provided or any additional charges that may incur.

Judgment:

Non Compliant - Minor

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:

Care and support provided to residents reflected their assessed needs and the services outlined in the statement of purpose.

Inspector saw from the records that residents were involved in the assessment to identify their needs and choices. Residents explained how staff supported them in their personal, social and educational development and what steps were needed to be put in place to achieve their goals. Residents enjoyed a wide range of activities, for example attending computer courses, life skills training, swimming, gardening, computer skills, shopping trips, sporting events, cinema and going out for a drive.

The person in charge explained the process that would be followed as part of residents moving in to the centre. At the time of the inspection no new admissions were planned.

Inspectors read a sample of the plans, and they were seen to identify the support needs of the resident, and how they were to be met. They were person centred and focused on what people wanted from life, priority goals, support networks, having the best possible health, exercising rights, being treated fairly, choosing their daily routine, interacting with others in the community. The plans included any goals that had been set, and the progress made in meeting them. Residents told inspectors, 'the staff help me when I need it', for example to cook meals and administer eye drops.

If residents needed specialist support such as psychology or psychiatry specialists, records showed that they were involved and their recommendations were implemented

and monitored and reviewed. Residents reported that they felt supported by the staff and the healthcare team, for example, occupational therapy, chiropody and dietitian.

Residents reported a high level of satisfaction with the service and they appeared to be very happy there. Residents said, 'I am very happy here because my friends are here', 'I decide what I do everyday' and 'I can come and go as I please', and 'I love the freedom'.

The person in charge and the supervisor gave details of the progress residents had made over time, and how they were more settled in their current life than they had been on admission. This was clear from the support plans and from feedback from residents and family members.

Relatives were very complimentary about the service being provided. Relatives said in the feedback questionnaire, 'there is a scheduled routine maintained for her/his developmental needs', and 'there are goals to make her/him as independent as possible'. Relatives mentioned that they would like to have an opportunity to make suggestions and share their views about the running of the centre.

Reviews were completed annually in consultation with residents. However inspectors noted that families were not formally involved in reviews. Some family members told inspectors that they would like to be involved in the review of the care plans with the residents' permission.

Judgment:

Non Compliant - Minor

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 ten apartments that made up the designated centre were suitable in their layout and design.

The apartments were located on a large site with St. Josephs Nursing Home and Crinken House offices. It opened in 2004. It was a ten minute walk to the local village which provided shopping and leisure facilities to the residents of Elvira Close in a local community, and close to public transport and local facilities such as restaurants, shops, and entertainment. It was also situated 3 miles from Bray town which offered a host of

sports, leisure and recreational activities that residents avail of.

There were 4 one bed apartments, 2 four bed apartments, and 2 three bed apartments in the complex. The complex was single story. There was ample parking space available. The apartments are owned by St John of God Trust of which residents are tenants. The inspectors found the apartments met the description provided in the statement of purpose and the residents guide.

The apartments were found to be clean and well maintained. Each apartment was homely, and residents had been involved in making decisions about how it was decorated. On the day of the inspection the houses were found to have a lot of natural light, adequate heating and ventilation in place.

Some residents were happy to show inspectors their bedroom accommodation. The rooms were found to be of a good size, and personal in nature. Residents had adequate furniture to meet their needs.

The kitchens were equipped with the facilities needed for residents to prepare and cook their own meals, or receive support from the staff. This included facilities to carry out laundry independently or with support. Residents explained to inspectors the arrangements for household tasks, and doing their laundry.

There was outdoor space at the front and back of each of the apartments that was accessible to the residents, and they were well maintained. Smoking areas were provided outside where the residents chose to smoke.

There was an adequate number of toilets and showers to meet the needs of the residents.

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:

There were systems in place to promote and protect the health and safety of residents, visitors and staff.

Inspector reviewed the policies and procedures that covered health and safety in the centre, this included policies on incident reporting, infection control and missing persons. There was also an up to date safety statement that covered residents, staff and visitors.

The risk management policy met the requirements of the regulations and it was implemented, for example there was a risk register in place that was kept under review. The provider nominee had a system in place to ensure that the identified risks were being managed effectively. For example, the health and safety committee reviewed the

risks and escalated areas of high risks to the senior management team for review as outlined in the policy.

Each resident had clinical and environment risk assessments in place. The information in these documents was used to support the allocation of resources such as making sure there was enough staffing to consistently meet residents needs.

Inspectors observed a range of measures in place in the centre to manage risks in relation to health and safety, including manual handling training and fire training.

Inspectors reviewed records for some of the incidents and accidents that had occurred. The person in charge reviewed all incidents to identify if there were any patterns, or any actions required to reduce the risk of recurrence. The multidisciplinary team were also involved in minimising risk as required. Learning from incidents and accidents was incorporated in residents care plans to minimise risk of recurrence, for example risk of absconding.

There was a range of fire equipment available in each apartment including fire extinguishers and fire blankets, it was recorded on the equipment that it had been serviced. All apartments had emergency lighting and fire doors in place and all fire exits were seen to be unobstructed during inspection.

There was a fire plan in place that was displayed in each apartment and clearly described the route to use in an evacuation. Inspectors read a sample of the personal evacuation plans that had been completed for residents to consider what support if any would be needed in the evacuation of the centre. There was also an emergency plan, and staff knew who to contact in the case of an emergency.

Fire drills were completed regularly and mock evacuation of residents took place during the day and early morning to familiarise residents with the procedure should an emergency occur. Residents spoken with were aware of what to do should an evacuation of an apartment be required.

Inspectors saw records of frequent checks of safety equipment and alarms and exits. Records read confirmed that fire fighting equipment was serviced regularly. Fire orders were displayed prominently in each apartment.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were systems in place to safeguard residents and protect them from the risk of abuse and evidence of a culture of safeguarding residents.

There was a policy and procedure on the prevention, detection and response to abuse for adults. It included the definitions of different types of abuse including neglect and psychological abuse. Staff members had all received training in adult protection. Staff spoken with were knowledgeable in relation to the prevention, detection and management of an allegation of abuse.

The person in charge was educated in safeguarding and very clear around the process of managing an allegation of abuse and its investigation. The provider nominee promoted residents safety by putting a safeguarding committee in place to act on any allegations. At the time of inspection, there were no cases of allegations of abuse recorded.

Residents told inspectors that they felt safe in their apartment; because they could lock the door and staff were readily available if they needed help at any time.

Staff managed behaviour that challenges very well and restrictive practices such as physical and chemical restraint were not used to control behaviours.

All staff were trained about de escalation techniques. One restrictive was in use to promote a residents safety. This had been discussed with the resident and family. There was recorded evidence that alternatives had been tried previously. Care plans were in place detailing the management and reviews and these were implemented.

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 person in charge was aware of the legal requirement to notify the Chief Inspector regarding any incidents and accidents. The management team were clear of what incidents needed to be notified and the timescales in which they must be notified to the Authority. To the knowledge of inspectors all incidents and accidents were reported clearly, and in a timely manner

Judgment:

Compliant

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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:
Residents had opportunities for new experiences, social participation, education and employment.
Each resident had their own plan about the activities they took part in. They worked with the staff to identify the different things they wanted to do, and then steps were taken to identify how to achieve the outcome they wanted.
Residents told the inspectors about their personal activities such as training courses at local collages, personal skill development with support staff, attending the day centre, and hobbies such as watching football matches, going swimming or trips to the cinema or concerts.
Residents had very active social lives. Residents told inspectors about their plans, such as going home to their family for the weekend, having friends around and going out with staff for the day.
Some residents shared photographs and stories about their family and events that they had celebrated as a family.

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:
Inspector found that there were effective and efficient arrangements in place to provide health care for each resident.

Health care needs were met to a high standard. Residents with a history of diabetes, dysphagia (difficulty swallowing). Residents had comprehensive care plans that guided staff to provide evidenced based practice. The person in charge sought the expertise of a clinical nurse to assist in the development of these plans and staff had received training on the residents health care issues. When required residents were assessed by allied health professionals such as speech and language therapists, dietician, chiropodist and their recommendations were reflected in the care plan, implemented and monitored closely.

Plans were formally reviewed yearly, but more frequently if there was a change in the residents' health status, for example evidence of difficulty swallowing, raised blood glucose levels or unexplained falls.

Residents had access to a range of medical and allied healthcare professionals based on their assessed needs, for example physiotherapist, diet, occupational therapy, chiropody, psychology, psychiatry and medical consultants.

Residents had access to a general practitioner (GP) of their choice, and access out of hour's service medical services.

Health assessments had recently been put in place to ensure residents received appropriate health screening, for example breast check and mammogram as required. The person in charge showed inspectors health educational booklets in picture and large print /plain English format which the staff planned to discuss with residents and their family members.

Residents planned their own menus and bought food from the supermarket with support from the staff. Assistance was provided with meal preparation as required. Residents planned dinner parties in their apartment for their friends and staff were available to provide discrete supervision as required. Inspectors found that there was an ample supply of fresh and frozen food. Fresh fruit and juice was available during the day which residents could access whenever they wished.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There was evidence of good medication management practices and there was one area that required some improvement.

Inspectors were satisfied that each resident was protected by the designated centre's

policies and procedures for medication management. The medication policy met the requirements of the regulations; it included procedures on relating to the ordering, prescribing, storing and administration of medicines.

The policy included a procedure for self-administration of medication and this policy was implemented in practice. A number of residents managed their own medications. Residents had a risk assessment completed, support by a plan of care which was reviewed regularly by staff. Residents were knowledgeable about their medications.

Inspectors reviewed the prescription sheets for a number of residents and found each medication was accompanied by a signature from the prescribing GP.

Inspectors found staff were knowledgeable in medication management. For example there were safe processes around the management of insulin and the potential risks associated with diabetes. Staff were vigilant in monitoring blood glucose levels and were aware of how to manage a low and a high blood sugar.

Inspectors reviewed a sample of residents' medication files which were clear and legible. Resident identifiers were in place including photographic identification available on the chart for each resident to ensure the correct identity of the resident receiving the medication thus reducing the risk of a medication error. Medication was administered within the prescribed timeframe. Discontinued medications were signed off and dated by the Doctor.

Prescription sheets reviewed were clear and distinguished between "as required" (PRN) and regular medication. The maximum amount for PRN medication was not consistently recorded on prescription sheets or the purpose of the required medication.

A medication fridge was provided in a locked room.

Inspectors observed that there were appropriate procedures for the handling and disposal of unused and out of date medicines in line with the policy. Medication management was the subject of a regular audit by the supervisor.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a statement of purpose that met the requirements of the regulations. Inspectors read the statement of purpose and found that it provided information about the service. It accurately reflected the services and facilities to be provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep this document up to date, and to notify the Authority of any changes.

Judgment:
Compliant

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

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

Findings:

Inspectors found there were effective management systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services provided. There was a cohesive team in place and staff were very clear about their role, the support and the reporting structures in place. For example, the person in charge was supported in her role by the programme manager, regional manager, supervisor and staff team.

The centre is managed by a suitably skilled, qualified and experienced person in charge who works full-time and is based near by the designated centre. The person in charge had good knowledge of the legislation and her statutory responsibilities. She demonstrated very good managerial and leadership skills.

She was enthusiastic about her role and strived to promote a high standard of care and a good quality of life for residents. She was actively engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She maintained her own professional development and had attended a number of courses and conferences.

The person in charge had been employed in the centre for a number of years and was

well known to residents and relatives. Residents said that the person in charge was very friendly and it was easy to talk to her. A relative described the person in charge as, 'as excellent manager, she is making a huge difference to resident(s) lives'.

The person in charge also managed another designated centres nearby. She visited residents and staff weekly and had an office based on site.

There was an on call system provider out of hours including weekends and staff were aware that they could seek advice at any time.

The provider nominee had commenced an annual review of the quality and safety of care in the designated centre. The person in charge provided a summary of the review for Elvira to inspectors.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider nominee was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider nominee had appropriate contingency plans in place to manage any such absence. There were satisfactory arrangements in place through the availability of the supervisor to cover short absences of the person in charge, and a period of absence greater than 28 days would be covered by the programme manager. The supervisor and the programme manager demonstrated a clear understanding of their role and responsibilities under the Regulations if required to deputise for the person in charge. The provider nominee was aware of the requirements to notify the Authority in the event of the person in charge being absent.

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:

Inspectors found from a review of residents' needs that the designated centre was adequately resourced to support the needs of residents to achieve their person centred plans. The provider nominee ensured there was adequate staffing and skill mix to promote good outcomes for residents. For example, staff were available to facilitate residents to attend activities of their choice during the week and over the weekend, and to provide additional 1:1 support as and when required as staffing levels remained consistent 7 days per week.

Records of maintenance being carried out in a timely manner were seen. Apartments were seen to meet the needs of the residents and had the facilities they needed.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

Inspectors observed that there was sufficient staff with appropriate skills and experience to meet the assessed needs of the residents at the time of the inspection.

Inspectors found that residents received continuity of care and that there was appropriate staff numbers and skill mix to meet the needs of residents. Records demonstrated that staff had up to date mandatory training.

Residents spoken with were very positive about the staff who supported them.

Residents told inspectors that they had a very good relationship with the staff and felt

they could depend on them to provide support as required. Family members reported that her/ his relative appeared to be more content since a system of night time support was implemented due to changing needs of the resident. Relatives said they were very happy with the staffing levels. Staff training records were reviewed by inspectors and found that all mandatory training was up to date. Additional appropriate training had been given to staff to meet the needs of residents. The additional training recorded included safe administration of medication, crisis intervention training and diabetic training. Inspectors noted from the training schedule that training was scheduled for March and April for food hygiene and the management of epilepsy. Staff were positive about the training they received, and felt they were supported to work well with the residents. The staff rota matched the staffing in each apartment. Records indicated that the person in charge had begun the process of supervision and appraisal in recent months. The programme of supervision and appraisal was being rolled out for all staff at the time of inspections. Minutes were seen of staff meetings, covering issues such as residents' needs and training.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

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

Findings:

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

Written operational policies were in place to inform practice and provide guidance to staff. Inspector found that staff members were sufficiently knowledgeable regarding these operational policies.

Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner.

The directory of residents was maintained up-to-date.
Satisfactory evidence of insurance cover was in place.
Inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

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:

Valerie McLoughlin
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-0003580
Date of Inspection:	25 March 2015
Date of response:	30 April 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 02: Communication

Theme: Individualised Supports and Care

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

Not all residents had access to the internet.

Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their

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

full capabilities.

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

Residents meeting held on 28th April 2015 to go through internet provider options including costings for same.

Internet to be sourced for all interested residents following this meeting.

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

Specific communication care plans were not in place for residents with dementia related conditions.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Communication training for People with Dementia delivered to five staff and the social care leader in the designated centre by Speech & Language Therapy on 27th April 2015.

Referral sent to Psychology and Speech & Language Therapy in relation to Communication Care Plan development on 1st April 2015.

Communication Care Plan to be put in place in conjunction with Psychology and Speech and Language Therapy for resident with Dementia.

Proposed Timescale: 01/06/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Residents did not have a contract in place as required by the Regulations, to specify the services to be provided or any additional charges that may incur.

Action Required:

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

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

Individualised support agreement to be put in place for all residents taking the current financial passport information into consideration.
Support agreement to outline exact charges that each individual resident incurs that are payable to the designated centre and what this covers.
Additional charges that may be incurred for various reasons will be outlined in the support agreement.

Proposed Timescale: 30/09/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Families were not formally involved in the annual review of care plans with the resident and staff.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Residents will be asked for their written consent to invite families to an annual planning meeting.

Families will be invited to resident's annual planning meeting once consent has been obtained.

Proposed Timescale: 30/06/2015

Outcome 12. Medication Management

Theme: Health and Development

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

The maximum amount for PRN medication was not consistently recorded on prescription sheets and the purpose of the required medication was not recorded.

Action Required:

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

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

PRN medication amounts and criteria for use to be explicitly written on Cardex for all residents who use PRN medication.

New pharmacy supplier and system for medication management to be explored and utilised with residents consent.

Proposed Timescale: 30/06/2015