

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Gort Na Mara
Centre ID:	OSV-0003645
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Declan Moore
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
21 February 2017 11:00	21 February 2017 15:30
23 February 2017 10:00	23 February 2017 19:00

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

Background to Inspection:

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

The centre was previously inspected as part of a larger configuration of units however, after a reconfiguration in 2016, this centre restructured to three terraced bungalows and one two story house (in close proximity to the bungalows). This was

the centre's first inspection as an entity in its own right.

Overall residents reported to the inspector that they like living in this centre and the inspector observed that they were being supported to achieve best possible health. Their individual communication needs were also respected and very well understood by the staff the inspector met with over the course of this inspection.

At times, some residents were vulnerable to witnessing incidents of aggressive behaviour displayed by other residents and an issue arose with regard to the management of one residents' finances. However, these issues had been addressed (or were in the process of being addressed) prior to the end of this inspection.

How we Gathered Evidence:

The inspector met with four staff members and interviewed three of them (two staff nurses and health care assistant) about the service being provided to the residents. The person in charge was also spoken with at length, and the director of nursing and provider nominee attended feedback at the end of this two day inspection process.

The inspector also met with four of the residents over the course of the inspection and had the opportunity to speak with two of them (one from the bungalows and one from the two storey house) over a cup of tea.

One of those residents went through their person centred plan with the inspector and on the first day of the inspection and told the inspector that they loved living in their home and had no issues with any of the staff members.

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

Description of the Service:

The centre comprised of three terraced compact bungalows supporting five residents and one compact two storey house supporting two residents in Co. Louth.

The centre provided transport so as residents had access to local amenities such as churches, hotels, restaurants, barbers, pubs, cinema and shopping centres. Both parts of the centre were in close proximity to a large major town and within driving distance to other towns close by.

Overall Judgment of our Findings:

Overall very good levels of compliance were found across most outcomes assessed. Of the core outcomes assessed residents' rights was found compliant as were healthcare needs, governance and management and medication management. Communication was also found to be compliant as was contract for the provision of services, use of resources, and documentation.

Of the 18 outcomes assessed 14 were found to be compliant. Minor issues were found in workforce and premises and these outcomes were found to be substantially compliant. Safeguarding was found to have a major non compliance while risk management was found to have a moderate non compliance. These were further discussed in the main body of this report and in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall the inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents' individual choice was supported and encouraged. An issue did arise regarding the management and safeguarding of one residents finances however, this was addressed under outcome 8: safeguarding.

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

These were to ensure that residents' rights were upheld and that their dignity, autonomy and individual choice were respected. This was achieved in a number of ways. For example, residents held 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 they were facilitated so as residents could make choices about what outings to organise and participate in, planned weekly menus and discussed any safety issues in the centre. For example at the last residents meeting in February 2017 residents discussed the importance of fire safety and how to stay safe in their home.

They also had an opportunity to discuss with staff their individualised support requirements to promote their independence and had copies of the staff roster (with

pictures) so as they knew in advance who would be on duty over the coming week.

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 an external advocacy agency was made available to residents and was on display in the centre.

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

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

One resident was spoken with at length and they informed the inspector that if they had any issues in the house they would bring their concerns to staff and or the person in charge. It was observed that this resident knew the person in charge very well.

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 some staff support in managing their personal finances.

It was observed that all monies could be accounted for at all times. For example, all purchases were required to have a receipt and staff checked and signed off that each resident's finances could be accurately accounted for each day.

A recent audit of all residents' finances found that some residents had been inappropriately charged for services such as medical interventions and appliances between 2013 and 2016. However, by the time of this inspection, all residents had been reimbursed these charges back into their bank accounts.

As said above, an issue was found with how one resident was being charged for certain bills in the house however, this was discussed and actioned under outcome 8: safeguarding.

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:

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

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

Findings:

There was a policy available in the centre on communication with residents and overall the 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, one resident used a mobile phone as a medium to communicate with family members. It was observed that a specific ring tone was placed on the phone so as residents knew it was family their members who were ringing them.

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 and newspapers.

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

Judgment:

Compliant

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

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

Theme:

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

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

Findings:

The inspector was satisfied that family, personal relationships and links with the community were being actively supported and encouraged.

While there were guidelines/protocols in place which outlined that visitors were welcome to the centre at any reasonable time, the inspector observed that one set of these guidelines in one house that comprised the centre had a set of protocols in place with regard to visiting the centre.

This was because the residents had difficulty with visitors dropping in unannounced so the centre had agreed with family members that they would give notice to the centre prior to visiting so as the residents could be prepared. The inspector observed that this protocol worked effectively and family members had no issue with it.

In the three bungalows it was observed that visitors could call at any time to see their family members.

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

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

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

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

The inspector observed that residents were also supported to develop and maintain personal relationships and links with their community. For example, they frequented the local shops, restaurants, hairdressers, banks and pubs on a regular basis.

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.

The inspector was informed by the director of nursing that the centre was reassessing all contract of care with residents' and family members to take into account the new directive on residents' charges issued by the Health Services Executive (HSE).

An issue with the way in which one resident was being charged for certain bills in one part of the centre was identified however, this was discussed and actioned under outcome 8: safeguarding.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that the social care needs of each resident was being supported and facilitated in the centre. However, it was also identified that in one part of the centre some of the goals being identified for some residents required review.

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

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

The plans identified social goals that were important to each resident and from the sample viewed by the inspector, it was observed that each goal was documented and a plan of action in place to support its achievement. For example, some resident as part of their personal plans chose some goals that they would like to achieve.

These goals included learning new life and social skills, organising specific outings and train journeys and continued use of community based activities.

However, the inspector observed that for a number of residents in one part of the centre the process of goal setting required review as they were choosing the exact same goals as each other as part of their individualised planning process.

This meant that some plans were not sufficiently individualised so as to adequately support each resident's personal development in accordance with his or her individual wishes.

Staff also supported residents to use local amenities such as pubs, shops and restaurants. Some residents also attended day activation centres where they engaged in a range of centre and community based activities. Residents were also supported to go to the cinema, swimming, theatre, beauticians, be members of local clubs and use the local library.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

order.

Theme:

Effective Services

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

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

Findings:

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and met the current 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' dignity, independence and wellbeing.

However, it was also observed that going forward the centre would be more suited to accommodating five residents as opposed to seven.

The centre comprised of three compact terraced bungalows in Blackrock just outside Dundalk in Co. Louth. The other part of the centre was situated in Dundalk town and comprised of a compact two story semi detached dwelling.

Each bungalow comprised of two bedrooms, a large communal bathroom, a sitting room and small well equipped kitchenette. There was ample parking to the front and very well maintained gardens to the rear, with ample garden furniture.

Overall the bungalows supported five residents and while the residents were happy to share the accommodation, the inspector observed that each bungalow was more suited to single occupancy as opposed to double occupancy.

There were a number of reasons for this. For example, there was no communal space to see visitors in private, there was only one communal space for both residents to avail of, if a resident wanted some time alone they had to use their bedroom and in order to access the back garden, one resident had to seek permission from the other to go through their bedroom as this was the only exit to the back garden was through one of the bedrooms.

However, no resident had complained about these issues and reported to the inspector that they liked sharing a house with each other. Going forward though, the inspector recommended that each bungalow should only accommodate one individual resident.

The two story house consisted of two double bedrooms, a large communal bathroom, a well equipped kitchen cum dining room and a separate spacious sitting room. This house had ample on street and private parking and very well maintained gardens to the front and rear.

Both parts of the centre were generally in a good state of repair however, it was observed that one couch was in need of replacing. By day two of this inspection the director of nursing had arranged for this couch to be replaced with a new one.

The inspector observed that a maintenance system was in place and both management and staff kept a record of all maintenance requests and there were adequate arrangements in place for the safe disposal of general waste.

Overall the inspector found that the houses were very much the residents home and were personalised to the residents' style and taste. There were pictures of the residents on the walls and each resident had pictures of their loves ones and family members on display in their rooms.

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):

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted however, it was also identified that one area of risk related to residents visiting each other's houses required urgent review.

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

There was also a policy on risk management which had been reviewed in 2016. The centre also had a risk register which was made available to the inspector on the day of inspection. However, while some risks were being identified and steps put in place to mitigate them, other risks and associated hazards had not been identified or assessed.

For example, there were a number of serious issues and risks related to residents visiting and calling into each other's houses in the bungalows. (All residents had access to each other's houses).

These concerns related to aggressive behaviours of concern being displayed by some residents in front of others. No risk assessment had been carried out to mitigate these risks and no steps had been taken to reduce the likelihood of them re-occurring.

However, by the end of this inspection the director of nursing and person in charge had

put a number of actions in place to address these issues.

The inspector observed that locking systems had been installed on front doors so as residents had to knock before entering each other's houses, there was a staff member deployed to each bungalow from the hours of 4pm to 10pm each day and access to each other's houses via the back gardens was in the process of being addressed by means of installing gates.

The inspector found that a fire register had been compiled for the centre which was up to date. From a sample of files viewed (each part of the centre had a fire register), fire equipment such as fire blankets and fire extinguishers were installed and had been checked by a consultancy company in 2016. There was also emergency lighting, smoke detectors and fire doors installed

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

Fire drills were carried out as required and all residents had individual personal emergency evacuation plans in place which were up to date.

There was also a missing person's policy in place which had been reviewed in August 2016. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from their home.

The inspector also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of an adverse incident should it occur.

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

Of a sample of files viewed, all staff had the required training in fire safety and while some gaps had been identified in manual handling the inspector observed that this training had been scheduled to address those gaps.

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):

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

Findings:

The inspector found that while there were arrangements in place to protect the residents from harm and abuse in the centre, an issue was identified with the way in which one resident's money was being used to pay bills.

There was a policy on and procedures in place for safeguarding residents which staff that worked in the centre had training on.

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

They were also able to identify who the designated person was in the centre and make reference to the safeguarding policies and 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 and of a sample of files viewed, the inspector observed that intimate care plans were informative of how best to support the residents while maintaining their respect and dignity.

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. Staff were also 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 there some limited physical restrictions in use however, they were used to keep residents safe, promote their dignity and respect and were reviewed accordingly.

As required (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 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.

The inspector observed that residents were being supported to manage their finances (after a financial assessment). There were also robust procedures in place to ensure residents' finances could be accurately accounted for at all times.

A recent audit identified that some residents had been inappropriately charged for some services/appliances that the centre should have provided. However, by the time of this inspection all residents had been reimbursed.

However, another issue was observed regarding inappropriate use of one resident's finances in one part of the centre. This resident was paying (in full) both the electricity and gas bills for the house, despite the fact that one room was being utilised by the service as an office.

This issue was identified in an internal audit in 2016 and questions were raised about this practice. However, the issue had not been addressed.

When the inspector brought this to the attention of the director of nursing and the provider nominee, they provided written assurances that the resident would be reimbursed half of all these bills, dating back to January 2016.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

There were guidelines in place regarding to notifiable incidents occurring in the centre and the 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):

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

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 November 2015. The purpose of the policy was to recognise that training and education opportunities could promote the self esteem and self worth of the individuals living in the centre.

The 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 and community outings were offered to residents in these day services such as art therapy and horse-riding.

The centre also provided a day service to residents if they chose not to attend day activation centres.

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 concerts, avail of social outings, swimming, mass and have meals out with the support of staff.

Some residents were also member local social clubs.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

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

The staff on duty on the day of the inspection 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 access to a GP as and when required, and a range of other allied health care professionals.

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

Other conditions such as mental health issues were also comprehensively provided for. Where required residents had access to psychiatry supports and a clinical nurse specialist in behaviour 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. Hospital appointments were also supported and provided for

There was a policy available on food and nutrition which was approved in 2016. The purpose of the policy was to provide clear information the importance of good nutrition and physical activity.

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

The inspector also 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):

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

Findings:

The inspector found that the medicines management policies were satisfactory and that policies and practices described by the staff over the course of this inspection 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 double 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 inspectors observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure. However, the inspector observed that there had been no recent drug errors on record in the centre.

The inspectors were informed that nursing staff 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.

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

p.r.n. medicines where in use had strict protocols in place for their administration however, the client in question had not used any p.r.n. medicines since 2016. it was also observed that there were protocols in place for the 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):

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

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.

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:

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

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

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. 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 over both days 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 always a qualified nursing care staff member on duty.

There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual audit of the safety and care provided in the centre was completed for 2016. While this review was identifying areas of non compliance (and some of those areas had been addressed), it was also observed that some actions arising from this review and audit had not been addressed. (This was actioned under safeguarding of residents finances).

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

For example a recent unannounced audit informed that some personal emergency evacuation plans required updating and the system of emergency lighting required review. Both these issues had been addressed by the time of this inspection.

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 their presence.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

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

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

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

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 were to be adjusted and increased based on resident support needs, activity, dependency and occupancy levels.

The inspector also observed that there were adequate equipment and appliances in the centre, such as security devices and kitchen appliances.

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):

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

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 however some gaps were identified in staff training.

There was a team of registered nurses and health care assistants working in the centre. From a sample of files viewed all nursing staff had up to date registration with their relevant professional body. Some of the health care assistants also held relevant qualifications.

From a sample of files viewed, 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 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 needs required by the residents. Feedback from one family member was also positive about the service provided.

The person in charge met with her staff team on a regular basis in order to support them in their roles, as did the team leader. A sample of supervision notes were viewed by the 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.

From viewing a sample of staff files the inspector observed that some staff required refresher training in manual handling however, this was in the process of being addressed.

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:

The inspector found that systems were in place to maintain complete and accurate records in the centre.

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 Company Limited By Guarantee
Centre ID:	OSV-0003645
Date of Inspection:	21 and 23 February 2017
Date of response:	11 April 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some plans were not individualised so as to support the resident's personal development in accordance with his or her wishes.

1. Action Required:

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

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

1.A review of all goal setting will be carried out as part of their individualised planning process to ensure they are individual to each person.

Proposed Timescale: 30/06/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One couch in one house that comprised the centre needed to be replaced

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 couch which was slightly worn was replaced.

Proposed Timescale: 24/02/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The systems in place to manage some risks in the centre were not adequate to ensure residents were safe.

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.A lock system has been installed on front doors so that residents have to knock to gain entry to each other's houses.

2.A Gate has been installed at the back garden of each house to ensure privacy.

Proposed Timescale:

1.23.02.17

2.24.02.17

Proposed Timescale: 24/02/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One resident was not adequately protected from financial abuse

4. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

1. The resident who had paid a higher portion for electricity in her particular house was reimbursed.

Proposed Timescale: 07/04/2017