

**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 Christopher's Services Limited
Centre ID:	OSV-0001837
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Christopher's Services Limited
Provider Nominee:	Clare O'Dowd
Lead inspector:	Marie Matthews
Support inspector(s):	Thelma O'Neill
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 November 2014 10:00 To: 11 November 2014 17:00

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 announced monitoring inspection was the second inspection of this centre carried out by the Health Information and Quality Authority (The Authority) in response to an application from the provider to register the centre. The centre is part of the service provided by St Christopher's Services Ltd. The service provides both residential day services to both male and female adults and children with an intellectual disability in County Longford.

The designated centre comprises of a detached 6 bedded house on the outskirts of a small village in Longford, which provides residential accommodation and support services to six adults with a moderate-severe intellectual disability, four full time and

two on an alternating part time basis. The service operates on a full time basis each week with residents going to various day services during the day. There were 5 residents using the service on the day of the inspection.

As part of the inspection, the inspectors met with these residents, staff members, the person in charge, and the provider. The inspectors observed practices and with the consent of residents reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures. Questionnaires' completed by residents and their families were also reviewed and found to be very positive.

The house is purpose built to a high specification in a rural setting. The grounds were well-maintained and there was a large garden for use by residents . The . Staff interacted in a warm and friendly manner with the residents and showed a good understanding of their individual needs, wishes and preferences. Inspectors found evidence of good practice in all areas reviewed. There was a person-centred approach to care promoted that met the health and social care needs of residents. Residents were supported to enjoy a range of activities outside of the centre and were involved in decisions about their care. Findings are discussed further in the report and included in the Action Plan at the end of this report. As part of the inspection, inspectors met with residents,' staff members, provider and members of the management team. Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures.

Prior to the inspection the PIC forwarded the centre's statement of purpose to the inspector. This document described the service provided and the processes in place to provide this service to the residents. Inspectors observed practices and reviewed documentation such as personal plans, medical records, policies, accident and incident records and medication practices.

Residents were aware of the inspection and welcomed inspectors into their home. Inspectors found that residents received a good standard of care and support. There was a clearly defined system of governance in place. The service was managed and run by a suitably qualified person in charge who had good oversight of the service and systems in place. Residents attend day services off site and appointments with doctors and specialists were often arranged through day services.

Residents told the inspector they were treated with respect and were supported to lead independent lives. They were consulted about their care needs and had a say in the operation of the centre through weekly meetings. Measures were in place to protect residents including staff training and Garda vetting and residents who presented with challenging behaviour had appropriate behavioural support plans to assist staff to support these residents.

There was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and residents reported satisfaction with the service provided to them.

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):

No actions were required from the previous inspection.

Findings:

Residents in the centre had moderate to severe intellectual disabilities and inspectors saw that they were supported to live as independently as possible and to exercise choice in the way they lived their lives.

Inspectors found evidence of resident's privacy and dignity being respected. Each resident had their own spacious bedroom decorated to their own taste and preferences with pictures of various social outing which residents had attended and personal goals identified by residents had been realised which included going on to concerts, on trips, shopping and on holidays.

Inspectors reviewed resident finances and noted there were secure arrangements in place which were supported by an appropriate policy. Residents were supported by staff to manage their own finances. Some residents had their own credit union accounts and were assisted to manage this by staff. Inspectors reviewed daily recording of resident's money and were satisfied that they were appropriately maintained with records of all transactions and two staff signatures were present for transactions.

Staff supported residents to meet each week in the house to plan day-to-day issues for the house, for example; the meals planned for the week, social activities and personal shopping planned. Residents were supported by staff to shop and meal plan for themselves. Personal preferences for each resident were well documented in their care plans.

The centres complaints policy was available in an accessible format for residents. The

policy required minor review as it did not clearly state who the nominated complaints person to deal with complaints was or who ensured that all complaints were appropriately responded to. There was only one complaint recorded in the centres complaints log. Inspectors were able to determine that the PIC had acted appropriately to resolve the complaint but the log did not record if the complainant was satisfaction with the outcome. All residents spoken with told inspectors that any issues raised were resolved by the staff.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to communicate in accordance with their needs and preferences and resident's individual communication requirements were highlighted in their personal plans. Residents were supported to make known their views and wishes know at residents meetings. Pictures of all the staff on duty and the menu for the day were displayed in the kitchen. Personal plans had pictures to aid communication. Hospital Passports were available for each resident in the event of a resident been admitted to hospital which summarised any special communication and medical needs. Copies of the complaints policy and the residents guide were available in an accessible format for residents.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain positive personal relationships with their family members and the wider community in the town. Residents said that their friends and families were welcome to visit. Families were actively involved in residents care and inspectors saw that they were consulted and kept up to date with residents' progress.

Care plans reviewed during the inspection contained information about residents' families and residents showed inspectors their families photographs displayed in their bedrooms. Residents were supported to attend mass and other local community events and regularly visited the local shops and restaurants.

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 was a clear admissions process and each resident had a contract of care in place. Prior to admission to the service there was consultation with residents and their families which was confirmed by the residents and their relatives in their questionnaires.

There was an admission policy available to guide the admissions process. Each resident had a contract of care in place outlining the service to be provided to the service user the finances in regard to same. Contracts set out specific costs such as rent and utility bills as electricity were shared between residents. Contracts reviewed on the previous inspection were available in an easy to read format.

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:

This outcome was fully reviewed on the previous inspection and inspectors verified again on this inspection that each resident's well being and welfare was maintained by a high standard of evidence-based care and support.

Residents had a written personal plan, which detailed their individual needs and choices. Inspectors viewed a sample of resident's personal plans, and found that they were person centred and identified resident's needs, choices and aspirations. There was evidence of a multi-disciplinary approach in the individual files reviewed and inspectors saw that residents and/ or their families were actively involved in the development and review of personal plans.

Inspectors saw that personal goals set at the start of the year for residents had been achieved and pictures were displayed in residents' bedrooms of some of the activities they took part in during the year which included attending concerts and plays and going on a summer holidays. One goal identified for one of the older resident's was to have a rest day each week and this had been arranged. Each resident was assigned a key worker and monthly reviews were documented summarising the resident's progress and a monthly activity tracker has commenced to track individual resident's social activities.

Residents attended day services in Longford and Edgeworthstown and one resident attended supported employment. Outside of the day services inspectors found that there were good opportunities for residents' to participate in meaningful activities appropriate to their interests and capabilities. For example some residents enjoyed going out for dinner or lunch to local restaurants, cookery classes, visiting the cinema and bowling alley. Residents assisted with the running of the house by doing chores such as cleaning, laundry and cooking.

Judgment:

Compliant

--

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found the location; design and layout of the centre were suitable to meet the needs of residents' individual and collective needs in a comfortable and homely way. The single storey spacious house comprised six large bedrooms each with an ensuite bathroom and a staff bedroom used by the sleepover staff on duty. There was a choice of communal area for residents to sit in. There was a large well equipped kitchen area provided. There were adequate furnishings, fixtures and fittings and the centre was clean and suitably equipped.
The premises were well maintained and suitably decorated. Heating, lighting and ventilation were provided. There was adequate private and communal accommodation and toilets and bathrooms facilities were appropriate to meet residents' needs. There is a safe suitable outside area for residents to use when weather permits.

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

Findings:
This outcome was fully addressed on the last inspection and the centre was found to be in substantial compliance. On this inspection inspectors verified that the actions identified on the previous inspection had been completed. The provider was required provide self closing devices on the doors leading from the kitchen area which was completed and to provided training on infection control. The provider had provided the

self closing device and training on infection control was scheduled for later on in the month.

A revised risk management policy was available which addressed all of the areas identified in the regulations and systems and procedures were in place to promote the health and safety of residents, staff and visitors. Satisfactory risk management and fire safety procedures were in place. Suitable fire safety equipment was provided and there was adequate means of escape. Personal evacuation plans were available for each resident which took account of their mobility and cognition. There was evidence that Fire drills had been completed at various times including night time. All staff had up to date fire safety training and demonstrated good knowledge on what to do in the event of a fire.

Vehicles used by residents were appropriately maintained and were checked monthly for safety by the services' vehicle safety officer.

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):

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

Findings:

This outcome was fully reviewed on the last inspection and inspectors found that measures were in place to protect residents from being harmed or suffering abuse. The PIC and staff confirmed that there had been no allegations of abuse reported since the last inspection. Residents told inspectors they felt safe and could talk to staff. On the last inspection some staff were overdue refresher training in adult protection. This action had been addressed and training records confirmed that training was provided by the provider nominee who is the designated person in the centres protection policy.

There was a policy available on the prevention, detection and response to abuse and those staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to.

Efforts were made to identify and alleviate the underlying causes challenging behaviour and the any triggers which caused the behaviour. Inspectors saw that multi-disciplinary input was sought and behaviour support strategies were in place to effectively manage and reduce the incidents of challenging behaviour. Reactive strategies were also in place to ensure a consistent approach was maintained by all staff in response to any behavioural outbursts.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the centres accident log which captured all the accidents/incident /near misses occurring in the designated centre was being maintained and where required, notified to the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents had opportunities to engage in social activities. Activities available through day service included cookery and craft classes and residents

also participated in varied range of interests including going on trips and excursions, swimming, bowling, shopping and eating out. The centres Statement of Purpose only made a brief mention of day services and did not outline what type of training/employment opportunities residents availed of in day services and the full range activities residents took part in was not clearly described. This is discussed further under outcome 16.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

This outcome was fully reviewed on the previous inspection and inspectors identified that residents were supported to achieve and enjoy the best possible health. The service provides full time care to four full time residents and two alternating part time residents. Each resident's health needs were appropriately assessed and care plans were in place to ensure they received the appropriate care. Care plans which were reviewed on this inspection confirmed these findings.

Residents had good access to their local GP (General Practitioner) and there was evidence that an out of hour's service was also available. Appropriate referrals were made to specialist consultants where residents required specialist advised. Support health services such as speech and language therapy, physiotherapy, occupational therapy, the dentist, and chiropody were available to where residents required an input.

Care plans and daily communication notes reviewed by inspectors confirmed that the advice of specialists was incorporated into residents' daily care. Residents where appropriate are supported to do their grocery shopping and health food choices are encouraged. Residents choose what they liked to eat and with the support of staff bought the ingredients and prepared their own meals. Care plans contained information about residents likes and dislikes.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

This outcome was reviewed on the last monitoring inspections was found to be compliant. Inspectors reviewed the prescription records and medication administration records of a sample of residents on this inspection and found that documentation was completed and maintained in accordance with best practice. There were clear protocols in place in relation to the use of "as required" (PRN) medication, which outlined the maximum dosage in 24 hours.

Medication in the designated centre was stored safely and there was evidence that all staff had received training in safe medication management. Inspectors found that practices were in place in relation to the ordering, checking and returning medication. There was a medication management policy in place to guide staff practice.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose (SOP) was submitted prior to inspection and was reviewed by inspectors. It detailed the aims of the centre and described the facilities and services which were to be provided for residents. The SOP required minor revision to reflect all of the areas required in schedule 1 of the regulations. For example, the information on the centres admission criteria or process was also unclear and required expansion to clearly set out the process for admission to the centre.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Marie Byrne is the person in charge (PIC) in this centre. Inspectors interviewed her during the last inspection and found her to be suitably skilled and experienced with the required knowledge of her statutory responsibilities under the Regulations. She is responsible for two other designated centres and managed her time between each centre by spending one day and a half in each centre. Marie was on planned leave during this inspection and the Authority had been appropriately notified. Edwina Regan was the acting PIC and she also demonstrated knowledge of her statutory responsibilities under the Regulations and is actively engaged in the governance of the centre. .

The person in charge reports directly to the Residential Coordinator (who is the provider nominee), who reports to the Chief Executive Officer. Residents spoken with were fully aware of who the manager was. On call arrangements were in place 24/7 and the inspector found that staff were aware of these arrangements and had access to the contact details.

There were minutes of staff meetings available and of management meetings between the provider and the PIC. A system of audits had been put in place across all designated centres within the organisation by members of the senior management team, and the inspector saw evidence of audits carried out in relation to this designated centre and a schedule of audits planned for the coming months.

The provider nominee and the PIC demonstrated a positive attitude to compliance and inspectors observed that issues raised at previous inspections of the service which affected this centres had been addressed. For example, policies on risk management and medication management had been recently reviewed.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

As discussed under outcome 14 the person in charge had been absent for 28 days or more and there were suitable deputising arrangements in place. The Authority had been appropriately informed of her absence. Edwina Regan the acting PIC demonstrated a good understanding of her statutory responsibilities under the Regulations and is actively engaged in the governance of the centre and one other centre.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there were adequate resources in place to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

This outcome was reviewed during the last inspection and inspectors found there was an appropriate number and skill mix of staff to meet resident's needs. Staff were appropriately recruited, selected and vetted in accordance with best recruitment practice. Documents required in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were available for all staff. Personnel files were well organised and easily retrievable.

The normal staff compliment on duty during the day was one clinical nurse manager and one social care worker. At night time one staff member sleeps over and assists residents to get ready in the morning. Inspectors reviewed the staffing rota and were satisfied that staffing levels and the skill mix appeared appropriate to the needs of residents and the safe delivery of services.

Staff had completed mandatory training and had access to education to help them meet the needs of resident including training on medication management, personal care planning, food safety, protection and safety of vulnerable adults, epilepsy awareness and manual handling.

The staff present supported residents to engage in the inspection process and meet with inspectors. They interacted comfortably with residents and were knowledgeable of the residents currently having respite in the centre

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were systems in place to maintain complete and accurate records. Records as outlined in Schedule 3 and 4 of the Regulations were in place. Records were securely maintained and easily accessible. Residents' files were found to be complete and were kept accurately and up to date. Written operational policies were in place to inform practice and provide guidance to staff.

A directory of residents was maintained in the centre and this contained all of the items required by the Regulations. A record of residents' assessment of needs and a copy of their personal plan was available. A record of nursing and medical care provided to the resident including any treatment or intervention was maintained.

The centre is adequately insured against accidents or injury to residents, staff and visitors.

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:

Marie Matthews
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 Christopher's Services Limited
Centre ID:	OSV-0001837
Date of Inspection:	11 November 2014
Date of response:	09 January 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 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The SOP required minor revision to reflect all of the areas required in schedule 1 of the regulations. For example, the information on the centres admission criteria or process was also unclear and required expansion to clearly set out the process for admission to the centre.

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

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Statement of Purpose and Function has been reviewed and amended to meet Schedule 1 of the regulations.

Proposed Timescale: 09/01/2015