

**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-0001842
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:	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:
18 November 2014 11:00	18 November 2014 19:30
26 November 2014 14:00	26 November 2014 19:30

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

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

Summary of findings from this inspection

This inspection was the second inspection of this residential service carried out by the Health Information and Quality Authority. It was an announced two-day registration inspection. This service is one of the thirteen residential services run by St Christopher’s Services. The centre comprises two separate houses located together on the outskirts of the town which provide residential accommodation and support services to a total of eight residents with intellectual disabilities and/ or physical disabilities. The first house accommodates six residents with high support needs on a permanent basis. Two other residents are accommodated on a shared care basis on alternate weeks. The second house provides an individualised service

to one resident with specific support needs. There were no vacancies on the day of inspection. There is two waking night staff on duty in the largest house and one sleeper staff member in the second house.

As part of the inspection, inspectors met with residents, staff members and the Provider and the Person in Charge (PIC). Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures. Staff files were also reviewed in the services head office prior to the inspection. The provider had responded positively to the action plan contained in the report of the previous inspection. Inspectors found that the provider and staff had made a number of positive improvements. In general 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.

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. Residents attended day services and had opportunities to participate in the community. Residents were consulted about their care needs and in the operation of the centre. There was a system of person centred assessment and care planning in place to meet resident's needs. Appropriate communication aids were used to support residents with impaired communication. Measures were in place to protect residents including staff training and Garda vetting. Residents who presented with challenging behaviour had appropriate behavioural support plans to assist staff to support these residents.

Inspectors identified that the provider needed to review the resource allocated to the centre to ensure resident's needs as they age were met. They also identified the need for the PIC to monitor residents care to ensure appropriate follow up care was provided where necessary and that all care was appropriately documented. Further improvements were identified in the following areas: ensuring complaints are responded to in a timely manner, reviewing the contracts for the provision of services, monitoring of residents on epilepsy medication, the management of the system for incident recording and reporting. These and other areas for improvement are detailed in the body of the report and included in the Action Plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in decisions about their care and about the organisation of the centre and inspectors saw that each resident was able to exercise choice and control over his/her life in accordance with his/her preferences. Minutes of weekly residents meetings were reviewed by inspectors which included feedback from residents on their food choices and the activities they wish to take part in for the week.

The centres' complaints policy was displayed in the kitchen area in an accessible format for residents. It included a picture of the staff member residents could direct any complaints or concerns to. The organisational policy and procedures were reviewed by inspectors. It clearly identified the procedures to follow in the event of a verbal or written complaint. The person in charge was responsible for managing complaints, and the provider nominee was identified as the designated complaints officer, who ensured that complaints not resolved in the centre were appropriately responded to and resolved. The Complaints Policy directed those not satisfied with the outcome of a complaint to the HSE and following that the Ombudsman. All residents spoken with told inspectors that they would discuss any concerns with the staff or PIC.

Inspectors reviewed one complaint recorded in the centres complaints log which was also documented in the residents' care plan. Although inspectors determined that the complaint was investigated and responded to by the PIC, it wasn't clear if the complainant was satisfied with the outcome of the complaint or if it was now resolved. In another instance inspectors saw that a complaint made on the 19th of May was not responded to until 18th of June.

Resident's privacy and dignity was respected and staff were observed to seek consent

from residents before entering their bedrooms. Staff members interacted with residents in a respectful manner and inspectors found that resident's privacy was respected as they all had their own bedrooms and a room to use should they wish to meet with their loved ones/ visitors.

Inspectors reviewed the systems in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. When possible, financial transactions were signed by residents. In addition, transactions were checked and counter signed by staff and written receipts retained for purchases made on residents' behalf.

Judgment:

Non Compliant - Moderate

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 and assisted to communicate in accordance with their needs and preferences. Inspectors saw that each resident's individual communication needs were assessed in their personal plans and a communication passport was available for residents in the event of them attending or being admitted to hospital. Staff were aware of the different communication needs of residents and there were systems in place to meet the needs of all residents. A variety of different aids were in use to assist residents including picture references, symbols and signs. Pictures of staff on duty each day and the food menu planned were displayed in the kitchen. Residents had access to a television and radio in the centre.

The inspector observed staff and residents communicating freely during the inspection. Inspectors found that where a resident was displaying behaviour that challenged a referral was made to psychologist and a behaviour support plan was instigated to help staff to understand what the resident may be trying to communicate. A specialist behaviour support staff member was available within the organisation for advice. Easy to read versions of documents such as the residents guide and the complaints policy were available.

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 links with the wider community. Some residents had families who were actively involved in their care. In cases where there was limited family involvement, inspectors found that staff actively sought to engage families.

Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date with their loved ones care. Care plans were in place to support and enhance this process and residents had photographs of their family members in their bedrooms. Residents were supported to attend local community events and visited local shops regularly.

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:

Admissions were in line with the criteria set out in the statement of purpose and were clear and transparent. Admissions are assessed by a group comprising of the provider nominee and PIC for Residential Respite Services from St Christopher's, a Senior Psychologist, Social Worker and the Disability Liaison Officer from the Health Service Executive (HSE), and three parent representatives. The provider stated that applications from a person requesting a full time residential placement, are escalated to the Residential Support Group Meeting, which sits on a monthly basis and is chaired by the HSE.

The service has an admission policy to guide the admissions process. Each resident had a contract of care in place outlining the respite service provided. Contracts set out

standard costs such as rent and utility bills however additional expenses such as massage, clothing, outings, toiletries' were not included. Only 3 out of the 8 residents' contracts had been signed at the time of inspection.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

This was fully assessed on the last inspection and inspectors found that resident's well being and welfare was maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in activities, appropriate to their interests and preferences. Each residents attended a day service depending on their assessed needs and interests. Both houses are located within walking distance of all the amenities of the town so residents visited the local shops, cafés, cinema, bowling alley and swimming pool with the assistance of a key worker.

Inspectors viewed a sample of resident's personal plans and found that they these were mostly individualised and person centred. Resident's needs, choices, abilities and aspirations were clearly identified and were drawn up with the participation of residents. Care plans were also available in a picture format which was more accessible to the residents. Personal plans were reviewed annually or more frequently if there was a change in residents needs and contained details of the supports help residents achieve a good quality of life and achieve their personal goals. Inspectors reviewed monthly reports completed by staff reporting on the residents' progress towards completing their goals. One resident was provided with a personalised day service in a nearby rented property. The resident had one to one staff support and guidance in life-skills during the day and chose how she spent her day. However; this arrangement required review to ensure that the arrangement did not impact on the residents ability to engage with her peers.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

This service is provided in two detached houses located in the town of Longford. Both were pleasantly decorated, homely, clean and well maintained and had suitable heating, lighting and ventilation. One house which accommodates six permanent and two part time residents, has two stories and the other house which accommodates one resident is a single storey building. The design and layout of the houses was in line with the description in the centres statement of purpose.

Bedroom accommodation is located on the ground floor in both houses and a bedroom for sleepover staff member is located upstairs in the smaller house. Comfortable communal areas were available in both houses and there were adequate bathrooms and showers to meet the needs of residents. An enclosed garden area is available for residents.

On the previous inspection inspectors identified that residents with impaired mobility may not be able to easily access parts of house due to the current design and layout. For example, the kitchen units are standard height and are not accessible for residents using a wheelchair. Doorways throughout are standard size and not appropriate for some residents using assistive equipment. The PIC stated that plans have been drawn up to reconfigure the layout to ensure accessibility for all of the residents. Assistive equipment provided was in good condition .

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Inspectors saw that infection control training was scheduled for 28/11/14 in response to

an action from the previous inspection. Suitable procedures were in place for the prevention and control of infection. There were sufficient facilities and materials available for hand washing. There was a hand hygiene policy and hand gel dispensers were located around the premises. Colour-coded cleaning materials were used. Protective gloves, masks, aprons and disinfectant wipes were available for staff. Inspectors saw evidence that the health and safety of residents, visitors and staff was promoted and protected.

Inspectors reviewed the system for managing the recording of accidents and incidents and identified that although there was a system in place to ensure risks were appropriately identified, assessed, and managed, all staff did not have access to the electronic recording system and so recorded accidents in a paper log so a dual recording system was in use. On the day of inspection, inspectors could not access the electronic system. The current arrangement made it difficult to track the accidents or near misses occurring or identify trends or patterns. While there was evidence that incidents were recorded both on-line and manually and that forms were reviewed and signed by managers, the system was not robust as not all incidents recorded on manual forms were included in the reporting of total numbers of incidents.

The provider submitted a certificate in advance of the inspection certifying that the centre complied with fire regulations. Fire equipment was provided throughout both houses and there was evidence that emergency lighting and fire fighting equipment was serviced annually. There was evidence of weekly and monthly fire safety checks recorded in the centres fire register. Although all fire exits were observed to be unobstructed there was no emergency lighting provided outside of each exit to illuminate the areas and assist residents to leave the centre safely in the event of a fire. There was an emergency plan available and suitable arrangements were in place for responding to emergencies. Each resident had their own Personal Evacuation Plan (PEEP) which was kept in their personal plan and a copy of the PEEPs was also kept at the front entrance along with the fire register. The mobility and cognitive understanding of residents was clearly accounted for in the evacuation procedure.

Records reviewed indicated that most staff had completed training in fire safety however inspectors identified that four locum staff had not yet completed the annual fire safety training. The PIC confirmed that she had provided interim training in fire safety arrangements for these staff members. Self closing devices were not fitted to doors in the centre and some doors were observed to be propped open with a wedge. The centres fire policy clearly states that this practice should not occur. Systems were in place for responding to emergencies and there was a satisfactory emergency plan which set out the arrangements for responding to a range of possible emergencies.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Inspectors reviewed the arrangements to protect residents from abuse. There was a policy in place which provided good guidance to staff and management. The policy on protection was reviewed. Staff were observed to interact with residents in a kind, caring, respectful and patient manner. Inspectors spoke with some residents who confirmed that they felt safe and described the staff as being very kind and were able to tell the inspector about a number of staff whom they could talk to if they had a concern. Inspectors found both staff and the person in charge were clear about what to do should there be an allegation or suspicion of abuse. Training had been provided to most staff in the protection of vulnerable adults but four staff had not received this training.

Training records showed that all staff had received training in the management of behaviour that challenges. Inspectors viewed a number of positive behaviour support plans in which triggers for behaviour that challenges were identified and pro-active strategies were set out to ensure that incidences of behaviour that challenges were lessened. There was evidence that a psychologist was involved in reviewing the plans and that these were discussed with family members. Inspectors saw that there was a multi-disciplinary input into the support strategies. There was a policy and procedures to guide staff on the provision of personal and intimate care.

One resident with a long history of challenging behaviour showed a significant reduction in the number of incidents of aggression towards herself or others as a result a positive behavioural support plan which facilitated her been cared for in a low arousal environment away from the centre with 1:1 staff to support her. Current staffing allocations meant however that there was not sufficient staff available to allow this arrangement to continue at night and the resident had to return to the centre each evening. An action to review staffing levels has been added under outcome 17. The person in charge told inspectors that there had been no serious incidents of behaviour that challenges and no restrictive practices were used in this regard.

Judgment:

Non Compliant - Moderate

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:

A record of all incidents occurring in the centre was maintained. The person in charge was knowledgeable on how to report notifiable incidents/events to the Chief Inspector and had done so according to the time frames laid down. Information was available in the centre on how to notify incidents and the person who deputises for the person in charge was also familiar with the process.

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 found that residents had opportunities to engage in social activities. External activities were available through three different day services attended by residents. Residents also participated in range of activities depending on their interests such as computer projects, education courses, art, crafts and swimming. The statement of purpose describes the various day services available to residents depending on their assessed needs. These services provide practical skills for daily living as well as a range of social activities.

As both houses are located within walking distance of all the amenities of the town, residents were able to visit local shops, cafés and restaurants, the cinema, bowling alley and swimming pool with the assistance of a key worker.

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:

A sample of personal plans were reviewed during the inspection and were found to contain a comprehensive assessment and detailed care plans for the residents assessed needs. A key worker was assigned to support the resident to achieve the best service. Inspectors reviewed the care plans for two residents with epilepsy. A procedure to guide staff as to when use the emergency procedures for epilepsy had been completed in response to the last inspection. One plan required further review as it did not guide staff as to when use the emergency procedure.

Residents were prescribed preventative medication to control or prevent seizures. Inspectors saw that resident's bloods were regularly monitored to determine if they were receiving the therapeutic dosage of this medication. There were no results of blood analysis available for one resident and there was no record that the PIC had followed up the results with the residents General Practitioner (GP). The PIC stated that she had contacted the GP by phone but the details of this were not documented in the residents care plan.

Inspectors identified that communication between day services and the residential services were not effective and were impacting on residents. On the second day of the inspection there was better documentation of the residents care available which had been obtained from day services. This was relayed to the provider nominee at the end of the inspection who described a management plan which had been agreed to address this issue.

Residents had good access to the local General Practitioner (GP) and an out of hour's service was also available. There was good evidence of residents been referred to specialist health services for further investigations and to support services such as speech and language therapy, physiotherapy, occupational therapy, chiropody and a dentist and inspectors found that residents were supported to attend these appointments. Residents were weighed on a monthly basis. Recognised assessment tools were used to assess residents care needs. There was evidence that care plans were commenced and regularly reviewed in response to residents' changing needs. Each resident had a 'hospital passport' document completed which included a summary of information about the resident including their medical and social needs in the event that the resident was transferred to hospital.

The service had a policy on the provision of food and nutrition and this was implemented in the centre. The nutritional needs of residents were assessed and if they required support in the area of nutrition, eating and drinking, a support/care plan was

put in place. There was a good supply of fresh and frozen food, and residents could have snacks at any time. Residents helped decided on the menu and helped with the shopping and cooking the evening meal with the support of staff. Residents ate their main meal in day services and had their evening meal in the house. A menu for the week was displayed in picture format in the dining room.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were available in the centre. Each resident had individual medication file. As discussed under outcome 11, residents with specific conditions such as epilepsy had care plan in place to manage this condition although these were not fully implemented. Medications were stored securely in a locked cupboard in a designated medication area and that the medication keys were held by the staff on duty. Prescriptions were individually signed by GPs. The maximum dose was stated for PRN or as required medication on the prescriptions reviewed. Photographic identification was available on the medication Kardex to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. There were no medications in use that required specific controls under the Misuse of Drugs (Safe Custody) Regulations, 1984.

There was no specific medication fridge available in the centre to store medications that required refrigeration. Inspectors identified that medication stock audits carried out were incorrect as the balance recorded for one medication did not concur with the balance found in stock. Inspectors identified that the template used for recording medication in stock did not facilitate recording of mislaid tablets. Additionally inspectors identified that training on safe medication management was required for all care staff.

Judgment:

Non Compliant - Minor

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The statement of purpose (SOP) was submitted prior to inspection and was reviewed by inspectors. It had been amended since the last inspection and inspectors saw that the section of day services had been expanded. Information on the centres admission process had also been expanded and was more comprehensive. Inspectors found that the document detailed the aims and objectives of the of the centre and described the facilities and services provided to residents. The SOP included the information required in schedule 1 of the regulations.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a clearly defined management structure in place that identified the lines of authority and accountability. The centre is governed by a voluntary board of directors. Management of the service is directed by the chief executive officer (CEO) Pat O' Toole through the residential coordinator, Clare O Dowd who is the provider nominee. She is responsible for the day to day management of the eight residential centres in the service. The provider nominee joined the service in 2013 and has 20 years experience in the disability sector. She is a qualified nurse, holds a diploma in management and employee relations and a BA in Social Care.</p> <p>The PIC has been working in the service since 2013. She is based in the centre and works full time. She holds A BA in social studies and a diploma in social care management. She also holds qualifications as a trainer in person centred active support as well as sign language and active support. She was aware of her responsibilities under the Regulations and Standards. In the absence of the person in charge, a shift leader takes responsibility and on call arrangements were in place 24/7. The services policy manager was identified on the application for registration as a person</p>

participating in the management of the centre, deputised for the provider nominee in her absence. She was interviewed demonstrated a good knowledgeable of the responsibilities of this role and of the requirements of the Regulations and Standards.

There was evidence of regular meetings between the Residential Co- Coordinator and the PIC and between the PIC and staff. Inspectors identified that although some progress had been made to improve communication, issues continued with the overall standard of communication between day and residential services. This was discussed with the provider following the inspection. The provider was aware of the need for improvement in this area to ensure an integrated service is provided to residents. The provider discussed plans in process to ensure better communication which included regular meetings between both services to agree personal plans and goals. There was evidence that a range of audits were carried out by the person in charge, provider nominee, policy officer and finance officer. Unannounced visits to the centre had been undertaken on behalf of the provider on two occasions in 2014. Inspectors viewed copies of the reports on the quality and safety of care and support which contained recommendations. Action plans were put in place which identified the persons responsible and the time-frames.

The provider outlined that communication between services would be included in the scope of all future audits. As discussed under outcomes 7 and 12, the system for recording and reporting incidents was not robust and the practice for auditing medication stock balances required review.

Judgment:

Substantially 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:

There had been no instances where the person in charge had been absent for 28 days or more. There were suitable deputising arrangements in place whereby the a shift coordinator provides cover for short periods of absence. Where absence is of a long term nature an acting manager is recruited internally to cover the position and ensure the continuity of services.

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:

As discussed under outcome 5 and outcome 8, there was not sufficient resources available to allow one resident in receipt of a personalised programme of care to stay overnight in the apartment she used for her day service. Arrangements had been made for some older residents who attend day services five days each week to have an additional rest day and staff had been allocated to support these residents to stay at home on these rest days.

Inspectors reviewed the care plan of an older resident who had been recently assessed by a psychologist who recommended that she have additional rest days each week. Staff members on duty told inspectors that this wasn't always possible as the resident required the support of two staff getting up and there was only one staff on duty after 10am to assist. This was raised with the PIC she told inspectors that this resident was visiting a local residential service for older persons with a view to transferring there. There was evidence that the resident was involved and consulted with about the possible transfer but it was also evident that the current staffing allocation in the centre does not ensure that residents who are ageing are supported to remain in their home.

Judgment:

Non Compliant - Moderate

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:

Inspectors reviewed recruitment practices on the previous inspection and found there was a system in place to ensure all the documentation outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons

(Children and Adults) with Disabilities) Regulations 2013 had been obtained for staff employed in the centre and kept on the staff members personnel file. Staff files which were held centrally, were reviewed on the previous inspection found to be well organised and with documents easily retrievable.

Inspectors observed the interaction between staff and residents and found that staff treated residents with respect and made efforts to ensure that they were given opportunities to express themselves and exercise choices. Those staff who were interviewed presented as competent and demonstrated awareness of the policies and procedures, the legislation and standards.

Inspectors reviewed the staff rota for the centre which required minor revision to make clear the designation/position of the staff members on duty. The rota also didn't accurately reflect the staff working in the centre on the day of inspection as a staff member identified on the rota as working in the second house was not on duty. Training files reviewed indicated that staff were provided with training to help them provide care that reflects contemporary evidence based practice.

Judgment:

Non Compliant - Minor

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:

Written operational policies were in place to inform practice and provide guidance to staff, and there was a system in place to ensure these were regularly reviewed and read by all staff members. The centre is adequately insured against accidents or injury to residents, staff and visitors. A record of residents' assessment of needs and a copy of their personal plan was available. The inspectors found records of the care provided to the resident including any treatment or intervention was maintained on their files. Records of all referrals/appointments were maintained and resident notes were updated accordingly with the outcome of the appointment.

Records as outlined in Schedule 3 and 4 of the Regulations were in place. As discussed under outcome 7, records of accidents and incidents which occurred were incomplete. All staffing records were maintained as required as outlined under Outcome 17.

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-0001842
Date of Inspection:	18 November 2014
Date of response:	24 February 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The response to one complaint reviewed was not timely and the complainant was not promptly informed.

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are

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

investigated promptly.

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

The Record of Complaints, Comment and Compliment Form clearly indicates the time frame for responding to complaints is five day, and where an investigation is taking place, the complainant must be updated every twenty working days. All staff aware of this directive.

Proposed Timescale: 24/02/2015

Theme: Individualised Supports and Care

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

In one complaint reviewed it wasn't clear if the complainant was satisfied with the outcome of the complaint or if it was now resolved.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The Record of Complaints, Comments and Compliments Log has been reviewed and amended to reflect the inspection finding.

All Original Complaint Forms escalated to Provider Nominee/Designated Complaints Officer will be returned to PIC/Designated Centre following resolution, and/or clearly detail any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the complainant was satisfied.

Proposed Timescale: 24/02/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Contracts of care were not signed by all residents .

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Since the Inspection, all Individual Support/Care Contracts have been reviewed. Revised contracts to be signed by each resident and/or their NOK

Proposed Timescale: 27/03/2015

Theme: Effective Services

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

Additional expenses such as massage, clothing, outings, toiletries' were not included in the contracts for provision of services

Action Required:

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

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

Since the Inspection, all Individual Support/Care Contracts have been reviewed and revised to include additional expenses such as massage, clothing, outings and toiletries.

Proposed Timescale: 27/02/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personalised arrangement in place for one resident required review to ensure that the arrangement did not impact on the residents ability to engage with her peers.

Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Regular reviews have taken place with the resident, the resident's family, the PIC, Day Service Manager and the resident's wider support team.

Various personalised goals have been agreed with the resident, to develop and maintain personal relationships and links with the wider community in accordance with the resident's wishes.

While the above action has been identified, it may be late May before evidence of these goals is achieved.

Proposed Timescale: 29/05/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The kitchen units is not accessible for residents using a wheelchair. Doorways throughout are standard size and not appropriate for some residents using assistive equipment.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Remedial works are due to commence on the 24/02/2015 to ensure that the kitchen and kitchen units are accessible for residents using a wheelchair.

The standard doorways are accessible for equipment used in the centre but some door saddles will need to be removed to ensure smooth ease of access for some residents using assistive equipment.

Proposed Timescale: 10/04/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The system for assessing, managing and reviewing of risk was not robust as not all incidents recorded on manual forms were included in the reporting of total numbers of incidents.

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:

Two meeting were held with the author of the electronic incident management system on the 13/01/2015 and 27/01/2015 to identify gaps in the system. The system is in the process of revision to ensure accurate recording and subsequent reporting of incidents in the centre.

In the interim, a revised monthly incident management system per centre is in operation.

Proposed Timescale: 28/05/2015

Theme: Effective Services

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

Four locum staff had not yet completed the annual fire safety training.

Action Required:

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

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

Identified locum staff will complete the Annual Fire Safety Training in April.

Proposed Timescale: 24/04/2015

Theme: Effective Services

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

Self closing devices were not fitted to doors in the centre and some doors were observed to be propped open with a wedge.

Action Required:

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

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

All wedges have been removed from the centre.

Self-Closing devices have been ordered and delivered to the centre and will be installed by a competent contractor.

Proposed Timescale: 10/04/2015

Theme: Effective Services

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

There was no emergency lighting provided outside of emergency exits to illuminate the areas and assist residents to leave the centre safely in the event of a fire.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

A review was carried out by a competent electrician on 23/02/2015, who will submit a quotation for the external emergency lighting to be installed.

Proposed Timescale: 20/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Four staff had not received training in the protection of vulnerable adults.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The Designated Liaison Person will facilitate training in the protection of vulnerable adults to the four staff.

Proposed Timescale: 13/03/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A care plan for a resident with epilepsy required further review as it did not incorporate this guidance as to when to use the emergency procedure.

There were no results of blood analysis available for one resident and there was no record that the PIC had followed up the results with the residents General Practitioner (GP).

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

1. Emergency Care Plans have been reviewed for all residents and updated to include specific instruction as to when, to enact the emergency procedure.
2. Since the Inspection, the PIC has followed up on results of blood analysis for one resident and the results are on file for follow up analysis in August and November 2014.

Proposed Timescale: 1. 23/02/2015 2. Completed

Outcome 12. Medication Management

Theme: Health and Development

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

Medication stock audits were inaccurate as the balance recorded for one medication did not concur with the balance in stock. The template used for recording medication in stock did not facilitate recording of mislaid tablets.

Action Required:

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

centre is stored securely.

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

Stock Control Recording Template has been reviewed by a PIC subgroup, the revised template is now in use and will be reviewed at the next PIC Meeting on the 27/02/2015 to ascertain its effectiveness.

Proposed Timescale: 24/02/2015

Theme: Health and Development

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

Training on safe medication management was required for all care staff.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All Care Staff have completed their training on Safe Administration of Medication.

Proposed Timescale: 31/12/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

There was not sufficient resources available to allow one resident in receipt of a personalised programme of care to stay overnight in the apartment she used for her day service.

Current staffing levels do not ensure that residents who are ageing are supported to remain in their home.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

1. The Organisation will continue to liaise with the HSE to secure funding to provide an individualised programme for one resident to include overnight stays in the apartment.
2. The Organisation has provided additional resources for residents who are aging, and

are engaging continuously with the HSE in regards the changing needs of residents who are ageing within the service to ensure that residents are supported to remain in their home.

Proposed Timescale: 1. – OnGoing 2. 24/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The rota also didn't accurately reflect the staff working in the centre on the day of inspection as a staff member identified on the rota as working in the second house was not on duty

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The Rota has been reviewed and reconfigured to ensure accurate reflection of staff working in the centre at all times.

Proposed Timescale: 24/02/2015