## Centre name:
A designated centre for people with disabilities operated by St Christopher's Services Limited

## Centre ID:
OSV-0003889

## 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:
Thelma O'Neill

## Support inspector(s):
Maire Matthews

## Type of inspection:
Announced

## Number of residents on the date of inspection:
6

## 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.
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

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

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Summary of findings from this inspection

This monitoring inspection was the second inspection of this residential service carried out by the Authority. It was an announced one-day registration inspection. This service is one of seven residential services run by the organisation. The centre comprises of two community residences situated in a housing estate outside a Co. Longford town and forms part of St. Christopher’s Services Ltd. This centre provides residential accommodation and support services for six adults with a mild/moderate Intellectual Disability. This residence provides a person-centred, low support community residential service and respite service.

As part of the inspection, inspectors met with residents, staff members, the Person in
Charge (PIC) and the Provider nominee. Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures. Inspectors found that the centre was an organised, well run service that provided a person-centred approach to meet the health and social care needs of residents.

There were two residences in this centre that were modern purpose built bungalows. The residences were situated in a quiet estate in a residential part of the town. One residence accommodated a maximum of three residents on a full-time basis, and the second residence accommodated two residents on a part-time basis (Monday to Friday). In addition; one respite placement provided service for five residents each receiving one week, approximately every six weeks. There were no vacancies on the day of inspection. The houses and grounds were well maintained and offered a comfortable homely environment for the residents.

Inspectors sought the consent of residents to enter their bedrooms and review personal plan and care files. Resident’s bedrooms were decorated according to their wishes and taste, and there were suitable communal facilities to meet the needs of residents. There was evidence that resident’s diverse health care and psychosocial needs were appropriately supported and promptly responded to by staff. Access to a range of allied services including general practitioners, dieticians, speech and language therapists, psychological and mental health specialists was evident.

The person in charge displayed good knowledge and understanding of individual residents’ needs, wishes and preferences and inspectors observed good interactions between staff and residents. Residents were involved in decisions about their care and were supported to promote independence and exercise choice in their daily lives. While evidence of significant compliance was found across most outcomes, areas such as contracts of care and medication management required review. These issues discussed further in the report and are included in the Action Plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:
Individualised Supports and Care

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

Findings:
Inspectors found that residents were consulted about the operation of the centre and residents’ rights and dignity were promoted. For example; residents’ meetings were held every week and the minutes demonstrated that residents were consulted about their daily routines, such as; food choices and social activities for example; outing they wished to pursue at the weekends.

Inspectors found that procedures were in place to log complaints or compliments and where issues were raised by residents or family members, they were addressed by the staff or the person in charge. Inspectors also observed documentation showing residents' rights and choice were acknowledged, for example; some residents had expressed an interest to do a social activity this was facilitated by staff. Also, if residents requested alternative food choices, steps were taken to ensure this food was made available to the residents. The minutes of the meeting confirmed this to be the case.

Residents’ religious, civil and political rights were respected. Residents attended mass if they wished to do so and some residents were register to vote. Residents received their day service from a number of day services, and staff members in the day and residential services displayed a positive and supportive attitude towards providing individualised activities for the residents outside the centre.

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 or alternatively, transactions were checked and counter signed by staff and written receipts retained for purchases made on residents’ behalf.
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 in private.

The inspectors reviewed the systems and documentation in place for the management of complaints. The complaints policy 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, she ensured that complaints not resolved in the centre were appropriately responded to and records maintained. The National Advocacy Service was identified as the independent organisation where a complainant could seek further assistance if their complaint was not resolved. The person in charge stated that views of the residents were taken immediately and acted upon. A suggestion box and an advocacy service were available to the residents.

The inspector noted that the name of the organisation’s complaints officer and the name of the designated person to report allegations of abuse were clearly displayed on the notice board in the kitchen. Complaints and informing residents of their rights was a regular item at the weekly meetings. If any dissatisfaction with the service was recorded, this was discussed by the management team, at the Monthly Board of Directors meetings.

**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:**
Effective and supportive interventions were provided to residents to ensure their communication needs were met. For example; each residents' communication needs were assessed and documented in their individual care plans. Some residents' care plans documented the recommendations from speech and language therapists to identify residents’ communications needs and recommendations were put in place to ensure resident’s needs were met. For example, resident’s had pictorial daily time table schedules, and communication books were used between day and residential services to ensure all carers were aware of the residents daily activities. Good documentation was in place to support the decisions taken at the personal planning meetings and inspectors viewed evidence of this in the resident’s files.

Also some residents had a communication books for use between their home and the centre. In addition, a hospital passport was completed for each resident for their use in the event of a hospital admission. This passport documented all of the resident’s daily
healthcare and personal care needs; including current medications and was used as a communication tool between the resident and healthcare staff.

Residents had easy access to television and radio, residents’ preferences in terms of what programmes or music they preferred were facilitated. Some resident’s had access to ipads, and social media. In addition; inspectors saw that picture notices were on display as an aide mémoire for residents. For example, photographs of the staff on duty were on display in the kitchen/dining room.

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. Residents had families who were actively involved in their care; other residents had independent advocates as their support. Residents stated that their friends and families were welcome in the centre and were free to visit.

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. Care plans were in place to support and enhance this process and residents have photographs of their family members in their bedrooms. Residents were supported to attend the local community events and visit 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:
The admissions process was clearly identified in the statement of purpose. There were organisational policies and procedures in place to guide the admissions process. Admissions and transfers to residential services in St. Christopher’s are directed by the residential support group in the midlands area. This multi-disciplinary team meet on a monthly basis and review any applications for admissions or discharges to the local service providers in the Longford/ Westmeath area.

All residents were charged the same weekly living allowance. The contracts of care and the resident’s guide (which included the services to be provided in the centre) were available in an easy to read format. Staff recorded the discussion with the resident/family member with regard to agreeing the contact of care in the resident's person's file. Each resident/family had a contract of care that was in the process of being completed, and they outlined the services provided to the resident, including the costs of the services, however; additional costs incurred by the residents were not clearly identified in the contract of care.

Judgment:
Non Compliant - Minor

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Inspectors found that there were opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. Recreational activities were available for residents during the day five days a week.

Resident’s families and the multi disciplinary team were involved in planning and reviewing these personal plans and the actions set out in the plans were seen implemented in practice
Inspectors found that each resident had a personal plan in place and there was evidence that these were reviewed consistently and at a minimum annually. There was evidence that residents and/or their families were involved in preparing their personal plans. Inspectors viewed a sample of resident's personal plans and found that they were individualised and person centred. Resident's abilities, needs and aspirations were clearly identified and there were opportunities for residents to participate in meaningful
activities appropriate to his or her interests and capacities.

A key worker was assigned to each resident to help them to achieve their personal goals and inspectors saw that goals identified for the previous year had been reviewed and all had been realised. For example, two residents had holidays abroad this year. It was also evident that residents were very much part of the local community. Residents visited the local businesses and community facilities in the town, such as local pubs, restaurants, library and church as well as taking part in social activities in the house such as cooking, massage therapy as well as arts and crafts.

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):

Findings:
This centre consists of two bungalow houses that were modern residences, located in a housing estate. The houses comprised of four bedrooms, with shared bathroom facilities.

In residence one, there were four bedrooms, two resident’s bedrooms had en-suites and the other resident’s bedroom and staff bedroom/office used the main bathroom. Inspectors found that attention had been given to ensuring that the premises were made as comfortable as possible. For example, colours were tastefully coordinated, rooms were personalised and attractive paintings hung on the walls. All rooms had adequate provision for storing resident’s clothes. The second house accommodated two full-time residents in their own bedrooms with en-suites and the third bedroom was used by five residents each of who receive a week’s respite service, every six weeks. The house had a comfortable sitting room, kitchen/dining room and bathroom.

The premises were clean, comfortable and had a homely atmosphere. The centre had regular maintenance. There was adequate communal accommodation and there was access to a kitchen/dining room. The centre had an adequate number of bathrooms and showers to meet the needs of the residents; however inspectors noted that the hot water was excessively hot in the main bathroom. Inspectors found that the premises had internal and external emergency lightening to aid evacuation in the event of a fire.

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):**
No actions were required from the previous inspection.

**Findings:**
This outcome was inspected in detail at the last inspection and inspector focused on reviewing the actions from the last inspection on this occasion.

The health and safety of residents, visitors and staff was promoted and protected. There were policies and procedures available relating to health and safety including an up to-date health and safety statement and a risk management policy. The policy had been recently amended in response to a previous inspection of another house. The risk management policy included the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. The centre also contained an organisational risk register which identified risks in the centre and these were risk rated. Monthly safety audits were carried out to ensure a safe environment.

Inspectors viewed a number of individual risk assessments for residents. Some risk assessments related to social activities or resident’s medical conditions. For example; one resident had a history of falls and staff had completed a falls assessment using the Falls Risk Assessment Tool (FRAT). Staff found that the residents risk impact was risk rated as 10, which identified the resident as low risk for falls. There was an action plan in place and evidence of yearly reviews. Inspectors found evidence that staff took a proactive approach to control risk to residents whilst ensuring that residents could still take part in their chosen activity.

Inspectors reviewed the centres accident and incident log and were satisfied that all risks were appropriately identified, assessed, and managed. Accidents and incidents were recorded electronically by the Person in Charge and these were reviewed monthly by the provider. There was evidence that arrangements were in place for investigating and learning from serious incidents/adverse events involving residents were included in resident’s care plans.

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. All staff had up to date training in moving and handling of residents.

Inspectors observed that appropriate fire equipment was located throughout the centre and emergency lighting and alarm system were serviced regularly. Weekly and monthly
fire safety checks were recorded in the centres fire register. All fire exits were unobstructed and staff took part in regular fire evacuation drills which were documented. Fire safety training for all staff had taken place and included evacuation procedures. The procedure to be followed in the event of fire was displayed in the centre and the person in charge was knowledgeable of the evacuation procedures to follow in the event of a fire. The provider had issued a certificate of compliance in fire and building regulations to the authority for the purpose of this registration.

Staff files reviewed by inspectors had evidence that staff had completed training in trust in care, safe moving and handling, management of behaviours that challenge, and further training was planned in medication management.

Inspectors found that the hot water in the main bathroom was excessively hot and there was no thermostatic control in place to prevent possible scalds to residents.

Judgment:
Non Compliant - Minor

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:
There was a policy available on the prevention, detection and response to abuse and the person in charge 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. There was a named designated person in the centres policy and staff members were aware of her role. The action from the last inspection had been completed, all staff had now completed Trust in Care training and they had also received refresher training in Management of Actual or Potential Aggression (MAPA).

Residents were provided with appropriate support to help promote a positive approach to behaviour that challenges. Inspectors reviewed the behavioural support plan of one resident. Efforts were made to identify and alleviate the underlying causes of behaviour and any triggers which caused the behaviour. Inspectors saw that multi-disciplinary input was sought when planning interventions for residents; for example, one resident that displayed self injurious behaviour (SIB) had a sensory integration assessment completed by the occupational therapist.

Residents were assisted and supported to develop the knowledge, self-awareness,
understanding and skills needed for self-care and protection. The person in charge said a restraint-free environment was promoted. There were no physical or chemical restraints in use at the time of inspection.

**Judgment:**
Compliant

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**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 documentation of the accidents/ incidents occurring in the designated centre, and found that they were been appropriately maintained and where required, notified to the Chief Inspector.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**

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

**Theme:**
Health and Development

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

**Findings:**
The statement of purpose describes 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. Residents had opportunities to engage in jobs club, information technology opportunities, art and dance classes, and organic gardening, sports and fitness activities.
Other activities were available through the day service and residents participated in a range of varied interests such as computer projects, education courses, and swimming.

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

**Findings:**
This outcome was inspected in detail at the last inspection and inspectors focused on reviewing the actions from the last inspection on this occasion. Some residents were given the opportunity to make their views known and have them taken into account about what food they liked and wanted. Care plans contained information about residents likes and dislikes. The staff member stated that residents often added to the list as they did the shopping, and some residents went with the staff when they were going food shopping and they liked to help choose some of the food items for the weekly shopping.

Staff and residents described good access the local General Practitioner (G.P.) and Psychiatrist and there was evidence available of this in files reviewed. An out of hour’s G.P. service was also available if required. Allied health services including dental, physiotherapy, occupational therapy and chiropody were available to the residents as required. Two residents were undergoing medical assessments at the time of inspection and staff were actively attending to the resident’s medical needs. The actions from the last inspection were currently being addressed.

Inspectors reviewed a ‘hospital passport’ document in resident’s files for use should the resident require transfer to hospital. The document was regularly reviewed and included information on aspects of the residents’ care including their emotional needs and preferences.

**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):**

**Findings:**
A medication management policy was in place to guide practice and included the
arrangements for ordering, prescribing, storing and administration of medicines to Residents. There were no medications that required strict control measures (MDA’s) at the time of the inspection. There were no chemical restraints in use at the time of inspection. There were protocols in place for the safe administration of medication for epilepsy.

There was a system in place for the reporting and management of medication errors electronically, inspectors found a number of minor medication errors that had been recorded and reviewed by the person in charge. The PIC said a restraint-free environment is promoted.

There was a monthly record of all medication stocks kept in the centre and additional stocks received from the pharmacy were added to this record. Inspectors found that this stock control measure was not accurate and did not clearly identify if medication stocks were correct and should be revised. In addition; items that were not medication were stored in the medication press.

Inspectors also found that staff were taking medication from the resident's medication boxes in the house and re-dispensing tablets into envelopes to give to staff in the resident’s day service to administer to the resident during the day. This is not in keeping with good medication practice or in accordance with guidelines of Bord Altranais agus Cnaimhseachais Na hEireann.

**Judgment:**
Non Compliant - Moderate

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**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 service users. The SOP clearly described the areas required in schedule 1 of the regulations.

**Judgment:**
Compliant

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**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:**
The centre is managed by a Person in Charge (PIC) who works full time in the centre. The person in charge reports to the residential coordinator/ provider nominee who in turn reported to the General manager. Deputising arrangements were in place in the event of the person in charges absence and an on- call arrangement was also in place 24/7.

Staff files reviewed confirmed that a system of annual staff appraisal is in place. There was evidence of regular staff meetings and inspectors saw some of the minutes of meetings for the year.

The inspectors saw that the provider had organised a schedule of audits across all the residential centres and these looked at different outcomes for residents including personal plans, food and nutrition, health and safety, staff files, medication audit, and complaints. There was evidence that actions had been taken to address issues identified in these audits and the inspectors found that further audits were scheduled.

The Provider had undertaken a series of unannounced visit to the centre and produced a written report as to the safety and quality of care and support provided as required by the regulations. Inspectors were provided a copy of this audit report. There was evidence that the quality of care and experience of the residents was monitored on an ongoing basis. Records of Bi-annual inspection were made available to inspectors for review.

**Judgment:**
Compliant

**Outcome 15: Absence of the person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
The Authority was advised of one instance where the person in charge had been absent for 28 days or more.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**
*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

**Findings:**
The centre was resourced sufficiently to meet the current service provision on offer, however; the families of the respite service users expressed concerns in their returned questionnaires to the Authority that their family members had not received a full-time placement despite waiting for years for this service. The provider nominee stated that they do not have the financial resources to offer these five residents a full time service at present; however, she has escalated this resource issue to the residential support group meeting, which sits on a monthly basis and is chaired by the HSE.

**Judgment:**
Compliant

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**Outcome 17: Workforce**
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. Three staff files were reviewed which were held centrally and inspectors found that all documents as 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 were present. Documentation was well organised and easily retrievable.
There was staff members rostered to meet the needs of the residents. There was evidence that staff received training commensurate with the assessed needs of residents and records of training were documented on staff files. There was a training plan in place for 2014/2015 to ensure staff were kept up to date with compulsory training programmes, such as fire, safe moving and handling. Inspectors also saw that training on medication management, personal care planning, food safety, protection and safety of vulnerable adults, epilepsy awareness had been provided to staff. Training on adult protection was now current since the last inspection.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The inspector found that 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 paper based and were securely maintained and easily accessible. Written operational policies were in place to inform practice and provide guidance to staff, and had been reviewed in the past three years.

A directory of service users was maintained in the centre and this contained all of the items required by the Regulations. A record of resident’s assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. Resident’s files were found to be complete and were kept accurately and up to date. For example, a record was maintained of all referrals/appointments and resident notes were updated accordingly with the outcome of the appointment.

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:

Thelma O’Neill
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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Christopher's Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003889</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>17 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20 January 2015</td>
</tr>
</tbody>
</table>

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 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:
Resident’s contracts of care were not signed and the additional costs incurred by the residents were not clearly identified in the contract of care.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
The Individual Contracts of Support/Care will be amended to include the additional costs incurred by the residents were not clearly identified in the contract of care. Each amended Individual Contract of Support/Care will be discussed with the resident/NOK and signed on satisfaction of same.

**Proposed Timescale:** 20/02/2015

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**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 hot water in the main bathroom was excessively hot and there was no thermostatic control in place to prevent possible scalds to residents.

**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:**
The thermostat control has been ordered and will be installed by a competent contractor.

**Proposed Timescale:** 06/02/2015

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**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:
1. Stock control measure was not accurate and did not clearly identify if medication stocks were correct.

2. Items that were not medication were stored in the medication press.

3. Staff were taking medication from medication boxes in the centre and re-dispensing tablets into envelopes for staff to administer to the residents during the day.

**Action Required:**
Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or
unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

**Please state the actions you have taken or are planning to take:**
Stock Control Recording Template is currently under review by a PIC subgroup who will advise the Provider Nominee amendments required.

All items that were not medication were immediately removed from the medication press.

The practice of taking medication from medication boxes in the centre and sending tablets in envelopes to the resident’s day service for staff to dispense during the day has ceased.

**Proposed Timescale:** 06/02/2015