

**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-0001838
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:	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.

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

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

The inspection took place over the following dates and times

From: 20 October 2014 11:00 To: 20 October 2014 20:00

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

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

Summary of findings from this inspection

This announced monitoring inspection was the second inspection of this centre carried out by the Health Information and Quality Authority (The Authority) in response to an application from the provider to register the centre. The designated centre is a large two storey detached domestic house, with a good sized garden front and a back.

The centre is part of the service provided by St Christopher's Services Ltd. The service provides both residential day services to both male and female adults and children with an intellectual disability in County Longford.

Four residents live in the centre on a full time basis and two residents are part-time where care is shared between the centre and their parents. This centre also

accommodates three people who avail of respite services. As part of the inspection, inspectors met with residents, staff members, the Person in Charge and the Provider nominee. Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures. Staff files are maintained in the services main office and these were reviewed on the previous monitoring inspection.

The house is situated on a detached private site in a cul-de-Sac on the outskirts of the town. It accommodates a maximum of 6 residents. Four residents live in the centre on a full time basis and two residents are part-time where care is shared between the centre and their parents. There were no vacancies on the day of inspection. The grounds were well maintained and a secure well-maintained garden was available for use by residents. Inspectors found that the house was also well maintained and provided a comfortable homely environment.

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

Residents were aware of the inspection and inspectors checked with the PIC that she had received the consent of the residents to enter their home and review documentation with regard to them. The designated centre was clean, tidy, well maintained and decorated in a homely manner.

The inspector found that residents received a good standard of care and support. There was a clearly defined system of governance and management. The service was managed and run by a suitably qualified person in charge who had good oversight of the service and systems in place. Residents told the inspector they were treated with respect and were supported to lead independent lives. They were consulted about their care needs and had a say in the operation of the centre through weekly meetings. There was an effective system of person centred assessment and care planning to meet resident's needs. Appropriate communication aids were used to support residents with impaired communication. The system of internal communication between day and residential services was identified as an area of weakness which could impact on residents' achievement of their goals.

The premises were well laid out and clean and provided a homely environment. Further modifications were identified by inspectors to ensure the kitchen was accessible to all residents. Inspectors also identified a boiler which was incorrectly located internally and which could pose a risk to residents. Measures were in place to protect residents including staff training and Garda vetting however there were no behavioural support plans to support some residents.

There was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and residents reporting satisfaction with the service provided to them. Areas of non-compliance are discussed further in the report and included in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors found evidence of resident's privacy and dignity being respected. Each resident had their own bedroom which was decorated to the resident's tastes with space for their personal possessions and belongings. Inspectors reviewed resident finances and noted there were secure arrangements in place which were supported by an appropriate policy. Residents were supported by staff to manage their own finances. Some residents had their own credit union accounts and were assisted to manage this by staff. Inspectors reviewed daily recording of resident's money and were satisfied that they were appropriately maintained with records of all transactions and two staff signatures were present for transactions.

Inspectors reviewed minutes of house meetings and saw that residents were actively involved in the day-to-day planning for the house, for example; the meals planned for the week, social activities and personal shopping planned. There was a range of activities available and residents and inspectors saw evidence of various social outing which residents had attended. Inspectors saw that goals identified by residents had been realised which included going on trips, holidays and concerts.

Inspectors reviewed the centres complaints Policy which was also available in an accessible format for residents. The policy required further minor revision as it did not clearly state who the nominated complaints person was or who oversaw that complaints were appropriately responded to. Additionally although the inspector verified with the provider that complaints were resolved, it was not possible to determine by reviewing the centres complaints log if complaints made were resolved promptly or if the complainant was satisfaction with the outcome. Inspectors noted that there were no complaints recorded during 2014.

<p>Judgment: Non Compliant - Minor</p>

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
Residents were supported to communicate in accordance with their needs and preferences and resident’s individual communication requirements were highlighted in their personal plans. Residents were supported to make known their views and wishes know through the use of specialist communication tools such as picture reference cards, sign language. Pictures of all the staff on duty and the menu for the day were displayed in the kitchen. Communication passports were developed for each resident in the event of a resident been admitted hospital which summarised their communication and medical needs as well as likes and preferences. Copies of various centre documents were also available in an accessible format for residents.

The system of communication between day and residential services was identified by inspectors as a weakness which could impact on residents’ achievement of their goals. This is discussed further under outcome 14.

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 said that their friends and families were welcome to visit. Some families were actively involved in residents their care and were encouraged to participate in the lives of the residents and inspectors saw that they were consulted and kept up to date with residents' progress. Care plans contained information about residents' families and residents showed inspectors their families photographs displayed in their bedrooms. Residents were supported to attend local community events and visited the local shops, post office and restaurants.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was a clear admissions process and each resident had a contract of care in place. Prior to admission to the service there was consultation with residents and their families which was confirmed by the service users and their relatives in their questionnaires who confirmed they were encouraged to visit the centre prior to admission and chose furnishings for their new bedrooms. There was a transparent external admission process through which are referrals for admission were processed. The PIC was clear that all planned admissions would only take place after the needs and wishes of the current residents were considered.

Each resident had a contract of care in place outlining the service to be provided to the service user the finances in regard to same. Contracts were available in an easy to read format. Inspectors reviewed a sample of contracts which did not include details of the additional cost of any additional services or therapies to be provided. A resident's guide was also available in an easy to read format.

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:

This outcome was fully reviewed on the last inspection and found to be compliant. Inspectors reviewed a sample of residents' personal plans during this inspection and these were individualised and person centred. Inspectors found that residents had opportunities to participate in meaningful activities appropriate to their interests and capacities.

Personal plans were person centred and were reviewed at a minimum annually. Resident's needs, choices, abilities and aspirations were clearly identified. Resident's and their families were actively involved in the assessments and the review of their plans. Inspectors saw that goals identified for the year had been realised which included going on trips, CASAs and holidays. These were recorded in a monthly key worker report.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the

service users whilst promoting safety, dignity, independence and well-being. The premises had suitable heating, lighting and ventilation and were free from significant hazards that could cause injury. There was suitable equipment, aids and appliances in place to support residents and service records reviewed showed that these were maintained in good working order.

The centre was pleasantly furnished, with appropriate fixtures and fittings and it was clean and suitably decorated. One bathroom required refurbishment to replace cracked and broken tiles and there was a hole in the downstairs toilet. Each resident had their own bedroom and there was a choice of communal areas to sit in. Appropriate cooking residents were provided in the kitchen and most residents could access the kitchen area without difficulty however one resident used a rotator and some cupboards were more difficult for this resident to reach. One room used as a utility room / laundry room did not have appropriate heating lighting or ventilation provided.

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):

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

Findings:

This outcome was fully addressed on the last inspection and the centre was found to be in substantial compliance. On this inspection inspectors verified that the three actions on risk management had been adequately addressed. The provider was required to update the centres risk management policy to comply with the regulations, to provide an alarm on one resident's bedroom door in order to prevent other residents from absconding and to replace the door saddle between the office and the hall to remove the risk of accidents. The provider had completed each of these actions. The revised risk management policy was reviewed which addressed all of the areas identified in the regulations.

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

During the inspection inspectors identified a boiler connected to the centres heating system was incorrectly located internally within the building which could pose a risk to residents. This was pointed out to the provider and PIC who immediately contacted a plumber. The provider has stated that this will be addressed immediately.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

This outcome was fully reviewed on the last inspection and inspectors found that measures were in place to protect service users from being harmed or suffering abuse. The PIC and staff confirmed that there had been no allegations of abuse reported since the last inspection. Residents told inspectors they felt safe and could talk to staff.

There was a policy available on the prevention, detection and response to abuse and those staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. The provider was listed as the designated person in the centres policy and staff were aware of her role. All staff had completed refresher training on adult protection which was an action from the last inspection.

On the last inspection inspectors identified that there was a specific behavioural support plan was not in place to support one resident despite numerous incidents of challenging behaviour. Inspectors reviewed this resident's personal care plan and saw that this resident had been reviewed by the behavioural support specialist and a plan was now in place however inspectors identified two other residents who had recorded instances of challenging behaviour for which there was no behaviour support plans were in place. This action has been restated in the action plan.

Each resident collected their own own disability payments and small amounts of petty cash were held separately for each resident. A record of the handling of money was

maintained for each transaction. Receipts were retained for purchases. Two staff signatures were recorded in all instances for each transaction to ensure transparent accounting systems.

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:

Inspectors saw that an accident log was being maintained which captured all the accidents, incidents and near misses occurring in the designated centre. Inspectors verified that all serious accidents /incidents had been appropriately notified to the Authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents had opportunities to engage in social activities. Residents attended day services and inspectors saw that residents participated in range of interests such as cookery and dance classes, going swimming, visiting the local gym. Residents visited the local shops and pubs and attended concerts. Feedback from residents and their families was very positive regarding residents social participation and

social activity.

The centres Statement of Purpose only made a brief mention that residents went to day services and did not outline what type of training/employment opportunities residents could avail of in day services and the full range activities residents took part in was not clearly described. This is discussed further under outcome 16.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

This outcome was fully reviewed on the previous inspection and found to be in compliance. Care plans reviewed on this inspection confirmed these findings. Residents had good access to their local GP (General Practitioner) and there was evidence that an out of hour's service was also available. Appropriate referrals were made to specialist consultants where residents required specialist advised. Support health services such as speech and language therapy, physiotherapy, occupational therapy, the dentist, and chiropody were available to where residents required an input. Care plans and daily communication notes reviewed by inspectors confirmed that the advice of specialists was incorporated into residents' daily care.

Residents said they enjoyed the food and helped choose what they ate weekly meetings . The inspector saw from minutes of service users meetings that food had been discussed and menus agreed. Service users supported by staff completed the weekly grocery shopping. This showed that service users 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 service users likes and dislikes. The staff member stated that service users often added to the list as they did the shopping.

Inspectors found that residents' health and social care needs were met but there were some deficiencies in documentation available as there were no medical notes available for one resident so it was not possible for inspectors to fully determine if this residents needs were being fully addressed.

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):

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

Findings:

This outcome was fully reviewed on the last inspection and inspectors saw that residents were protected by the designated centres' policies and procedures for medication management. Actions from the previous inspection were reviewed by inspectors and found to be adequately addressed. These related to the maximum dosage for PRN or 'as required' medication not been specified.

On this inspection inspectors saw that there were improved systems in place for reviewing and monitoring medication practices. The PIC had completed audits of medication practices and had put in place corrective actions. Staff had attended retraining on the safe administration of medicines. Records reviewed by inspectors confirmed staff had completed this training.

There are appropriate procedures for the handling and disposal for unused and out of date medicines.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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 did not clearly describe some of the areas required in schedule 1 of the regulations. For example, it only made a brief mention that residents went to day services and did not outline what type of training/employment opportunities residents could avail of in day services and the full range activities residents took part in was not clearly described. Information on the centres admission criteria or process was also unclear and required expansion to clearly set out the process for admission to the centre.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found on the last inspection that that there was a clearly defined robust management structure in place that identified the lines of authority and accountability. The quality of care and experience of the residents were monitored and developed on an ongoing basis and effective management systems were in place to support and promote the delivery of safe, quality care services. 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. Day to day management of the service is directed by the chief executive officer (CEO) through the residential coordinator and the day services co-coordinator. Clare O Dowd is responsible for residential services and is the provider nominee. Staff spoken with said that both the provider nominee and the person in charge (PIC) were responsive and approachable. Details of the governance arrangements were included in the Statement of purpose.

The provider was aware of her responsibility to carry out a bi-annual unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. The services policy manager was identified on the application for registration as a person participating in the management of the centre, deputised for the provider nominee in her absence. She was interviewed during the inspection and had a good knowledge of the responsibilities of this role and of the requirements of the Regulations and Standards.

The person in charge had been working as a unit head in the service for 21 years and holds a qualification in childcare and nursery nursing. She was aware of her responsibilities under the Regulations and Standards, and was aware of the support and personal needs of each resident. She is based in the centre and works full time. The inspector found that the quality of care and experience of the service users was monitored on an ongoing basis through a system of audits . There was evidence of that issues identified in audits were addressed. There was evidence of regular meetings between the General Manager and the Residential Co- Coordinator and between the PIC and the staff.

Inspectors identified during the inspection that the communication process between day and residential services required improvement to ensure an integrated service is provided to residents. For example attendance at hospital /specialist appointments was arranged through day services and inspectors found instances where information was not passed on or communicated back to residential services following a referral.

Judgment:

Non Compliant - Moderate

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 PIC from one of the other centres would act for the person in charge if required. 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:

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

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that there was an appropriate number and skill mix of staff in the designated centre which reflected the Statement of purpose and the building layout. The inspector reviewed recruitment practices for the service on the previous monitoring inspection in June 2014 and found there were systems in place to ensure all the required documentation for staff employed in the centre was in place. Staff files are located in the services main office in Battery road. These were reviewed on the last inspection and found to contain all the required documents outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 including Garda vetting.

An annual appraisal was completed by all staff where performance was reviewed and training needs identified. Staff training files reviewed on this inspection confirmed that staff had completed training on infection control, food safety, protection and safety of vulnerable adults, manual handling epilepsy management, first aid and fire safety.

Regular staff meetings were evident where staff from the service met with the PIC. The Person in Charge worked in the house so was well known to staff and service users. Staff were complimentary of the PIC and it was evident that residents were familiar with the PIC and saw her regularly.

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 securely maintained and easily accessible. Residents' files were found to be complete and were kept accurately and up to date. Written operational policies were in place to inform practice and provide guidance to staff.

A directory of service users was maintained in the centre and this contained all of the items required by the Regulations. A record of service users' assessment of needs and a copy of their personal plan was available. A record of nursing and medical care provided to the resident including any treatment or intervention was maintained. The centre is adequately insured against accidents or injury to residents, staff and visitors.

As discussed under outcome 8 some behavioural support plans required review and one resident's medical records were not available. An action to address these has already been included under that outcome .

Judgment:

Non Compliant - Minor

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-0001838
Date of Inspection:	20 October 2014
Date of response:	23 December 2014

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

The complaints policy required further to comply with the regulations and it was not possible to determine if complaints made were resolved promptly or if the complainant was satisfied with the outcome.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure

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

for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

A full revision of the complaints policy has been completed and the amended policy has been approved by the Board of Directors for circulation to residents, their families and staff of the services on 15/12/2014.

The Complaints, Comments and Compliments Log has been reviewed and amended to include if complaints made were resolved promptly and if the complainant was satisfied with the outcome.

Proposed Timescale: 23/12/2014

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 did not include details of the additional cost of any additional services or therapies to be provided.

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:

All Individual Contracts of Support/Care will be amended to include details of the additional cost of any additional services or therapies to be provided to the resident. Each contract will be discussed with the resident and where appropriate their next of kin prior to signing same.

Proposed Timescale: 16/01/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One bathroom required refurbishment to replace cracked and broken tiles and there was a hole in one wall of the downstairs toilet.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

construction and kept in a good state of repair externally and internally.

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

A maintenance requisition has been submitted to the maintenance department to have the cracked and broken tiles replaced and the hole in the downstairs toilet repaired.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

One room used as a utility room / laundry room did not have appropriate heating lighting or ventilation provided.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

A competent Plumber and Electrician have been contacted to access the inappropriate heating and ventilation provided and once the recommended reports have been received, a schedule of works will commence.

Proposed Timescale: 23/01/2015

Theme: Effective Services

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

One resident used a rotator and some cupboards in the kitchen were more difficult for this resident to reach

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:

Location of some food items have been relocated in consultation with a resident who uses a rollator to a lower kitchen unit to ensure full accessibility.

Proposed Timescale: 23/12/2014

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:

Inspectors identified a boiler connected to the centres heating system was incorrectly located internally within the building which could pose a risk to residents.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

A competent Plumber and a member of the Maintenance team have assessed the boiler connected to the centres heating system. A final inspection prior to carrying out the necessary works is scheduled for 24/12/2014. The schedule of works will commence thereafter.

Proposed Timescale: 09/01/2015

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:

Some residents identified as having challenging behaviour did not have an appropriate behavioural support plan in place to support them and promote a positive approach to the behaviour that challenges.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

On recommendation from the Psychologist, a Behaviour Support Plan has been devised and implemented following consultation with the resident, Behaviour Therapist, Person In Charge, Keyworker, and the resident's family.

Proposed Timescale: 23/12/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

One resident had a behavioural support plan in place however it had not been reviewed in 2 years. There was no narrative note of what was considered during reviews.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The resident's behaviour support plan has been reviewed and updated accordingly with input from the resident, behaviour Therapist, Person In Charge, keyworkers from both the day and residential services.

Proposed Timescale: 23/12/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not clearly describe some of the areas required in schedule 1 of the regulations. For example, it did not give sufficient information on the centres admission criteria or process and the section on day services required further expansion too clearly describe the activities residents were involved in during the day.

Action Required:

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

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

The Person in Charge, Provider Nominee and Person Participating in Management has reviewed and revised the Statement of Purpose to detail sufficient information on the centres admission criteria or process and the section on day services required further expansion too clearly describe the activities residents were involved in during the day. This revised Statement of Purpose will be circulated to each resident, their family and staff in January 2015.

Proposed Timescale: 09/01/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Inspectors identified during the inspection that the communication process between day and residential services required improvement to ensure an integrated service is provided to residents.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A meeting has taken place with the Managers from Day service, Services Officer, Person Participating in Management, Provider Nominee and Residential & Respite Persons in Charge to identify proposals for improved communication systems between both services in 2015. A follow up meeting is scheduled for January 2015.

Person In Charge and Day Service Manager have set up a schedule of meetings every two months which will commence in January 2015. This process will be based on a detailed agenda and minutes recorded to ensure an integrated service is provided to residents, this initiative is also reflected in the Person In Charge's Planning Calendar.

Proposed Timescale: 31/01/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Through interview with the PIC and the provider nominee inspectors determined that the PIC was not actively engaged in the planning and deployment of resources in the centre and the need to address this was discussed with both the PIC and provider at the end of the inspection.

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:

A formal meeting is scheduled to take place with the Senior Management team to discuss the above findings and agreed a formal methodology to address same. A follow up meeting will be scheduled with the Person In Charge to discuss the identified method to ensure active engagement in the planning and deployment of

resources in the centre and training provided as appropriate.

Proposed Timescale: 27/02/2015