

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Teach Gáire
Centre ID:	OSV-0001832
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Hilda's Services Limited
Provider Nominee:	Sheila Buckley Byrne
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 January 2017 10:30	24 January 2017 18:30
25 January 2017 09:30	25 January 2017 13:40

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

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

Summary of findings from this inspection

Background to the inspection:

This 18 outcome inspection was carried out in response to the provider's application to renew the registration of the centre. The inspector monitored the centre's compliance with the regulations and assessed if the provider had addressed the actions from the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with four residents. One resident was not in the centre on the days of the inspection. The inspector was supported by staff

when communicating with some residents.

Residents spoken with told the inspector they were happy living in the centre and liked staff. They said they could talk to staff or the person in charge if they were unhappy.

The inspector also spoke with staff and the person in charge of the centre and reviewed documentation such as residents' support plans, medical records, accident logs and policies and procedures.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was provided as described in that document.

The centre was located on the outskirts of a town centre and amenities. Residents were supported by staff to access amenities.

The house contained adequate private and communal space to meet the needs of residents. Residents had individual bedrooms, a kitchen/dining room and a living room. However, the centre did not contain adequate bathing/showering facilities to meet the needs of all residents. This is discussed in outcome 6.

The service was a five day residential service and was available to adults with a moderate intellectual disability who did not require waking staff at night. One staff member slept in the centre each night.

Overall judgment of our findings:

Overall, the inspector found that residents were supported to have a good quality life in the centre and the provider had arrangements to promote the rights of residents. However, significant improvement was required in some areas to ensure all residents were safeguarded from all risks.

Good practice was identified in areas such as:

- Residents' rights, dignity and consultation with residents (in outcome 1)
- Communication (outcome 2)
- Family and personal relationships and links with the community (outcome 3)
- Admissions and contracts for the provision of services (outcome 4)
- Social care needs (in outcome 5)
- General welfare and development (outcome 10)
- Healthcare needs (outcome 11)
- Medication management (outcome 12)
- Workforce (outcome 17)

Improvement was required in some areas including:

- There was no annual assessment of residents' healthcare needs (in outcome 5)
- Some risk management and fire safety measures were not effective or had not

been assessed (in outcome 7)

- Bathing and showering facilities did not meet the needs of all residents (in outcome 6)
- Some systems did not ensure residents were protected against the risk of financial abuse (in outcome 8)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

There were systems in place to ensure residents were consulted about the running of the centre, were supported to make a complaint and received support which was delivered in a dignified and respectful way in line with their assessed needs and choices.

Residents were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Resident consultation meetings were held each month and these meetings were used to discuss updates to the centre, staffing, health and safety and activities.

The inspector was told residents could meet with family or friends in private in the sitting room or kitchen. There was no evidence the use of communal space for private visits impinged on residents' needs at the time of the inspection. Residents told the inspector that they usually spent time with their family at the weekends when they were not in the centre.

Support provided and language used by staff was respectful and in line with residents' assessed needs and wishes. It was evident staff and the residents knew each other well. An inspector observed friendly interaction and the residents appeared relaxed and happy in the presence of staff.

Residents were encouraged to maintain their own dignity and privacy. There were intimate care plans in place to identify the support they required in areas such as personal hygiene.

There was a policy on residents' personal property, personal finances and possessions. Residents retained control over their own possessions and were supported to do their own laundry if they wished.

There was enough space for each resident to store and maintain his/her clothes and other possessions. Each resident had an individual bedroom.

There were policies and procedures for the management of complaints. The complaints process was displayed in the centre and it was clear who the complaints officer was. There was a complaints procedure in each resident's bedroom. Complaints were recorded and investigated. There was an appeals process and residents were made aware of the outcome of any complaint. The appeals process had not been used.

The policy on the management of complaints had the potential to impinge on the right of residents to access advocacy for the purposes of making a complaint. The policy stated that an advocate could be utilised to support a resident however, it stated that the advocate would need to be 'agreeable' to the service provider.

The inspector was told an external advocacy service was used if residents required an advocate. None of the residents had used the service. The person in charge told the inspector a visit from an external advocate would be arranged to ensure all residents were aware of the service and their right to use the services of an advocate if they wished.

Judgment:

Substantially 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:

There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and inspectors observed staff communicating with residents in line with their assessed needs and wishes.

Residents had a communication profile outlining their preferred way of communicating. The profiles outlined the preferred style of communication and included how the

resident communicated their needs and wishes. For example, how the resident would ask for an object, ask for something to eat or drink, show they would like time alone and show they would like to eat, drink and go to bed. In addition, the way the resident expressed each emotion was detailed.

The centre used tools to support residents to communicate, for example pictorial activity boards and pictures of meals, shopping items and activities to assist residents to make choices.

Each resident had access to radio, television, internet and information on local events.

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 relationships with family and friends.

Families were invited to attend and participate in meetings to discuss and identify social care goals with residents. There was evidence that families were kept informed and updated of relevant issues. Staff spoken with outlined the ways they communicated with families and this included in person, by phone and in writing.

Staff outlined the way visits and opportunities to develop friendships were facilitated and supported. This included friends availing of the service provider's residential, respite and day supports.

Staff spoken with outlined the ways residents were supported to spend time and participate in community events and access local amenities. This included using public transport and using local services and amenities such as the pharmacy, the cinema and local 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 were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

Residents had service agreements which outlined the service provided and the fee charged. The inspector read a sample of these and found the service provided and fee paid were clear.

The service agreements were signed by residents and/or the resident's representative and a person on behalf of the provider. This showed both parties had agreed to the terms and conditions.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector viewed a sample of residents' health, personal and social care plans. Improvement was required to ensure residents' healthcare needs were assessed on an annual basis.

The tool used to assess residents' social care needs had been reviewed since the previous inspection. The assessments outlined the social care goals residents had identified as priorities. The areas which were assessed included independence, work related, education and lifelong learning, health and well-being and social development. A personal planning meeting had taken place and this was attended by the resident, family members and staff working with the resident in both the residential and day setting.

The inspector viewed a sample of the plans and found that goals had been set, the person(s) identified as responsible for supporting residents to achieve goals were identified and review of goals were maintained. The goals were reviewed regularly and no less frequently than on a six monthly basis which was consistent with the centre's procedure. The inspector saw that long-term goals had been identified with residents in the sample viewed.

An assessment of residents' healthcare needs was carried out prior to residents' admission to the centre. However, an assessment was not carried out on an annual basis thereafter. The inspector viewed a sample of support plans in place and saw that there was a support plan for all identified needs. The support plans provided a clear outline of the support the resident required.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was comprised of a detached house and was located in a housing estate on the periphery of a large town. There were six bedrooms, a sitting room, a kitchen cum dining room and a utility room. However, the centre did not provide bathing or showering facilities to meet all residents' assessed needs.

Residents had individual bedrooms which were personalised and decorated in line with the resident's preference. All bedrooms had adequate storage space and two residents' bedrooms had en-suite bathrooms with a shower, toilet and wash hand basin.

There was adequate ventilation, heating and lighting in the centre. Staff told the inspector that the centre was maintained at an appropriate temperature and residents said the house was warm.

There was a bathroom which contained a bath and overhead shower. A resident who was unable to use the stairs slept in a bedroom on the ground floor. There was a toilet and wash hand basin on the ground floor. However, the centre did not have bathing or showering facilities on the ground floor. The inspector was told, and documentation viewed confirmed, that the resident had a shower in their day service.

The communal space comprised of a living room and a kitchen cum dining room. This was adequate for the purpose and function of the five day service.

Residents said they liked to spend time in their bedrooms relaxing and watching television or listening to music if they did not wish to spend time with the other residents.

The kitchen had adequate storage facilities for food, crockery and cooking utensils. Residents were supported to prepare meals.

Residents walked or used public transport such as buses, trains and taxis to access amenities in the town and in other towns.

The boiler had been serviced.

Residents did not have any individual aids or equipment which required servicing.

Judgment:

Non Compliant - Major

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):

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

Findings:

There were systems in place to protect and promote the health and safety of residents, staff and visitors. Improvement was required to ensure there were control measures to protect residents from all risks, to some control measures to protect residents from specific risks and to the measures to ensure all residents could be evacuated safely from

the centre in the event of an emergency.

The risk management policy outlined the measures and actions in place to control risks in the centre. Risks had been identified by the provider and control measures had been implemented to address or minimise risks. However, not all control measures had been implemented. For example, handrails to assist residents to exit the centre through the utility room door. The inspector noted that this was the nearest exit to one resident's bedroom and therefore would be required if there was an emergency at night.

There was a fire safety folder in the centre. The folder contained the system and documents to show all equipment was serviced and regular checks were carried out on all aspects of fire safety. The fire fighting equipment, fire alarm system and emergency lighting had been serviced.

The inspector viewed the fire drill records. Fire drills were taking place on a monthly basis. All residents and staff had taken part in fire drills.

The person in charge said a simulated drill had taken place to ascertain if the centre could be evacuated at night. The inspector viewed the record and saw that two staff were on duty at the time of the drill and the drill took place when staff and residents were awake. The staffing levels at night in the centre comprised of one staff who slept overnight.

Fire drill records showed that some residents evacuated the centre independently when they were in the communal areas at the time of fire drills. Staff spoken with told the inspector some residents would evacuate from the centre independently. However, fire drill records showed when these residents were in their bedrooms they required verbal prompting to evacuate. Although the record showed that residents had been 'spoken with' following the drill a further drill had not been carried out to assess if the residents could evacuate independently. Furthermore, staff did not state this and there was no documented plan outlining the level of support required by these residents. There was no centre specific evacuation plan and these residents did not have individual evacuation plans. The inspector was told that only residents who require some level of assistance had personal evacuation plans in place.

The staff sleepover bedroom was an inner room located beside the kitchen. The only method of exiting this room was through the kitchen and then through either the hall or utility room to the front or back door. In the event the kitchen could not be accessed staff would be required to exit via the window. There was no overall centre evacuation plan to show how the centre would be evacuated at night and the provider had not carried out a risk assessment on the use of this room as a staff bedroom and how this could impact the evacuation of residents in the event of an emergency at night. The inspector noted that there were systems to detect fire. However, the feasibility of ensuring all residents were supported to exit the building in the event of an emergency had not been assessed to ensure all required control measures had been implemented and provide assurance that all residents could be evacuated within an appropriate timeframe in the event of a fire at night.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Improvement was required to the measures in place for supporting residents with their finances to ensure residents were safeguarded from the risk of financial abuse.

There had been no allegations of abuse in the centre. Staff and the person in charge were knowledgeable of the procedures for safeguarding residents and reporting any suspected or confirmed allegations of abuse. Staff had received training in safeguarding residents.

The inspector reviewed the arrangements for supporting residents to manage their finances. Assessments to identify the support residents required to manage their money had been carried out. Residents had been assessed as requiring 'full support' with managing their money.

Some aspects of the system were appropriate and ensured residents' money was safeguarded, for example the process for withdrawing money from residents' accounts. However, some aspects of the system did not ensure that residents' finances were safeguarded at all times.

A system to ensure that all residents' money was spent on items by or for the resident was not implemented. Money which was paid by residents to the provider for rent and day service contributions was receipted. However, the system to ensure that the remainder of residents' money was safeguarded was not implemented. In addition, there was no system to ensure that expenditure was consistent with income in the centre. It was therefore not possible to ascertain if residents' money was safeguarded, all money was accounted for and assess if money was spent only by the resident or on items for the resident. This was brought to the immediate attention of the person in charge and was brought to the attention of the provider nominee at the end of the

inspection.

The centre had policies and procedures on the use of restrictive practices. There were no restrictive practices in the centre at the time of the inspection.

Residents living in the centre did not require support with behaviour that is challenging. There were procedures in place should a resident require this support. Staff had attended a training module in responding to behaviour that is challenging. The module had been formulated and delivered by a suitably qualified person employed by the organization.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of incidents was maintained in the centre. The person in charge was knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents were supported to access day programmes, employment and/or supported employment. Residents told the inspector they enjoyed their jobs.

Day programmes were provided by the provider and there was evidence of good communication between the residential centre and the day centres.

Residents were supported to access activities in the evenings in line with their wishes.

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:

There was no system for assessing residents' healthcare needs on an annual basis. However, having reviewed residents' healthcare plans the inspector saw that residents' healthcare needs were being responded to and residents were supported to access health professionals where there was an identified illness or health related need. The inspector therefore made the judgment that the non-compliance with the regulations in relation to this was a non-compliance with Regulation 5 as it related to the assessment of need as opposed to meeting residents' needs. For this reason the action related to this is included in outcome 5.

Residents lived in the centre from Monday to Friday and lived with family members each weekend. Residents were supported by family members to attend appointments and the centre had relevant information such as test results and any supports the residents required. Staff or the person in charge attended some appointments, for example when family members could not facilitate an appointment.

Residents were supported to access their general practitioner (GP) and allied health professionals as required. Documentation detailing visits and any interventions required were maintained. The person in charge and staff were knowledgeable of residents' healthcare needs.

Residents were supported by staff to purchase groceries and prepare meals. Food was available in adequate quantities and residents were supported to make healthy food choices. None of the residents required support with a modified diet. Staff were aware

of the preferences of residents and residents told the inspector they liked the meals which were cooked by staff.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures relating to the ordering, prescribing, storing and administering of medicines in the centre.

Residents were supported by their families to obtain prescriptions for medicines from their general practitioner (GP). Medicines were collected from the pharmacy by staff working in the centre and were stored in a locked medicine cabinet in the centre. Each resident had an individual subsection of the medicine cabinet. Medicines which were prescribed to be dispensed on a daily long-term basis were dispensed by the pharmacy in a pre-packaged individualised system. Medicines prescribed on a short term or p.r.n. (a medicine only taken as the needs arises) basis were stored in their original containers.

The inspector read a number of prescription sheets. The prescription sheets contained all required information including the resident's name, address, photograph and the medicine name, dose and prescribed time of administration. Medicines were documented as administered at the time prescribed by the GP.

The inspector read a sample of documents which outlined when staff should administer medicines prescribed as p.r.n. to residents. The documents outlined how the symptoms of the illness for which the medicine was prescribed would show in the resident.

There were appropriate procedures for the disposal of medicines and the storage of the medicines prior to disposal. Unused, spoiled and out-of-date medicines were returned to the pharmacy.

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):

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

Findings:

There was a written statement of purpose which sets out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of residents.

Some aspects of the statement of purpose did not meet the requirements of Schedule 1 of the regulations. For example, there was no organisation chart, it did not include the procedures for dealing with emergency admissions and the whole time equivalent of staffing was not consistent with findings on the day of inspection.

The provider nominee told the inspector the statement of purpose would be amended and the updated version would be submitted to HIQA.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were management system with clear lines of authority and accountability. The person in charge was present on the days of the inspection and outlined the mechanisms for ensuring all aspects of the service were safe, effective and monitored.

The inspector found the person in charge was engaged in the operational management of the centre on a regular and consistent basis. The person in charge worked alongside staff in a frontline capacity and carried out her managerial role alongside her frontline duties.

The person in charge had been appointed as person in charge of another designated centre in December 2016. She outlined the way in which she would ensure the management of the other centre would not impact on the governance and management of this centre. This included continuing to work in the centre on a weekly basis, ensuring she supervised all members of the staff team and availing of managerial support from her line manager where necessary.

Staff spoken with said they felt supported by the person in charge and felt they could raise any concerns they had about the service provided or the operation of the centre. It was evident there was a good working relationship between the manager and staff on duty.

Management meetings were held each month and these were attended by managers at all levels in the organisation including managers of residential and respite services, day services, senior managers and the provider nominee. Areas discussed at these meetings included budgets, staffing, adult and children safeguarding, person centred plan outcomes, complaints, financial management and management development. In addition, the person in charge said that managers could request items to be included for discussion at the meetings.

The person in charge had implemented the service provider's system to audit the service provided. Audits were carried out on a regular and consistent basis and included health and safety, medicine management and infection control. The audits were then reviewed by an appropriate person, for example the medicines management audit was reviewed by the service provider's senior nurse and the nurse carried out an independent audit in a number of centres on an annual basis to ensure the findings on the audits were accurate and any changes required were implemented.

A review of the safety and quality of care had taken place in 2015. The inspector was told the 2016 annual review was not available as the person responsible for compiling this was on unplanned leave.

A person nominated by the provider had carried out unannounced visits to the centre and reports had been prepared.

Judgment:

Compliant

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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 person in charge had not been absent from the centre for a period which would require notification to HIQA.

A person participating in the management of the centre was the person identified as the person who would act as person in charge of the centre should the person in charge be absent for a period of 28 days or more. This person was on leave on the days of the inspection.

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:
The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre’s statement of purpose.

The inspector noted appropriate staff numbers available and residents were supported throughout the two day inspection.

One aspect of the premises required improvement. This is outlined in outcome 6 and was brought to the attention of the provider at the feedback meeting which took place at the end of the inspection.

<p>Judgment: Compliant</p>

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 staff rota was arranged around the assessed needs of residents. Two staff worked in the centre providing support to residents. The two staff members worked each evening and one staff slept in the centre overnight and was available to provide support to residents if required.

Supervision was carried out on a day-to-day basis and there was an annual performance appraisal carried out with each staff member. The person in charge worked alongside staff on a regular basis to provide support and informal supervision for staff.

Staff meetings took place on a monthly basis and were attended by the person in charge and staff working in the centre.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, moving and handling, providing intimate care, first aid and the safe administration of medication.

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:

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the Regulations. The policy on the recruitment and selection of staff had not been reviewed since July 2013.

There was a guide to the centre available to residents which met the requirements of the regulations.

There was a directory of residents which contained the information required by the regulations.

Judgment:

Substantially 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:

Lorraine Egan
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 Hilda's Services Limited
Centre ID:	OSV-0001832
Date of Inspection:	24 and 25 January 2017
Date of response:	20 March 2017

Requirements

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

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

Outcome 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 policy on complaints stated residents' access to advocacy services for the purposes of making a complaint must be agreed by the provider.

1. Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to

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

advocacy services for the purposes of making a complaint.

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

The Complaints Policy has been amended and will be presented for Board approval on 21st February 2017.

Proposed Timescale: 22/02/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

A comprehensive assessment, by an appropriate healthcare professional, of the healthcare needs of each resident was not carried out on an annual basis.

2. 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 documentation will be amended to ensure the annual health assessment conducted by GP is recorded on residents' files. The new document will be circulated by nurse for the services with instructions for implementation by all teams by 28th February 2017.

Proposed Timescale: 28/02/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The bathing and showering facilities in the centre did not meet the needs of all residents.

3. 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:

The needs of one individual are currently being met in a personal care plan agreed with the resident, her family and the services. This is a temporary provision. The organisation is currently in the advanced stage of putting in place alternative

accommodation (commenced December 2015). The new house is expected to be fully operational in May 2018.

Proposed Timescale: 31/05/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The systems in place in the designated centre for the assessment, management and ongoing review of risk did not include a risk in relation to the use of an inner room as a staff sleepover bedroom and a control measure to mitigate a specific risk to residents had not been implemented.

4. 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:

A qualified Professional re fire has visited this house, assessed the risks and made recommendations for this particular room and the house and all have been completed, The report and confirmation of completion has been furnished to the Inspector during inspection. The Provider has consulted with the Fire Officer and the Provider is assured the proposal of having an escape route through the window was acceptable on 2 fronts namely the increased active fire safety measures in the house, which are clearly higher standard than most domestic houses and the fact that the window complies with the methodology outlined in Section 1.5 (Dwelling Houses) and Section 1.5.6 (Windows for Escape or Rescue) of Technical Guidance Document B (2006). The sequence of the evacuation plan has been reviewed and it will be monitored by our Health and safety Manager.

The Health & Safety Manager has assessed the risk and completed a review of all evacuation plan sand following a meeting with the Provider a revised evacuation plan which includes a step by step sequence of evacuation to be followed by staff has been put in place and completed. The Provider also has a system for monitoring the alarm that is external to the house and supported by independent key holder who will arrive at the house in the event of the alarm going off. The Provider is satisfied that the centre can be evacuated.

The handrail is currently being put in place and works will be completed by 27/3/2017.

Proposed Timescale: 27/03/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The fire safety management systems and frequency of fire drills did not ensure that staff and, in so far as is reasonably practicable, residents were aware of the procedure to be followed in the case of fire.

5. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Fire drills have been completed by all residents at night with the sleepover staff as required in the body of the report. This was completed on 6/2/2017 where staff exited room through window and re-entered to evacuate all residents. Fire drills are conducted monthly. The health & safety manager conducted a review of changes to the Fire drills to ensure effectiveness. A review has now been completed and confirmation of what has been implemented to meet the regulations and its ongoing monitoring is contained therein. (Attached)

Proposed Timescale: 31/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Residents were not protected from the risk of financial abuse.

6. Action Required:

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

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

The Provider has commissioned and independent review of Financial management systems and procedures in place for residents finances and will respond to the recommendations by 28th February 2017.

Proposed Timescale: 28/02/2017

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 contain all the information set out in Schedule 1 of the regulations.

7. 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 Statement of Purpose has been revised as set out in Schedule 1 (see attached)

Proposed Timescale: 20/02/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on the recruitment and selection of staff had not been reviewed at intervals not exceeding three years.

8. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All HR policies are currently being reviewed and updated and will be completed for Board approval by 25th April 2017

Proposed Timescale: 25/04/2017