

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Teach Lamagh
Centre ID:	OSV-0001840
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Christopher's Services Company Limited by Guarantee
Provider Nominee:	Clare O'Dowd
Lead inspector:	Thelma O'Neill
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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:
21 September 2017 09:30	21 September 2017 19:30
22 September 2017 10:00	22 September 2017 13:00

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

Background to the inspection:

This was an eighteen outcome inspection carried out to inform a renewal of registration of this centre. Previously a monitoring inspection was undertaken on the 11 November 2016 and as part of this inspection the inspector reviewed the 4 actions issue on that occasion. The inspector found that the provider had addressed three of these actions; however, one action was not fully addressed. The outstanding action related to clinical oversight in relation to managing behaviours that challenge and this has been re-actioned again in this report.

How we gathered our evidence:

As part of the inspection, the inspector met with two of the children availing of evening respite in the centre. Although these children were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits.

The inspector interviewed the person in charge, a staff nurse and care assistant and found that the staff and management team were familiar with the residents and their assessed needs. Eleven children use this respite service on a rotational basis. Care files related to five children availing of respite were reviewed by the inspector. The inspector inspected care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files and found a high level of compliance in the documentation maintained.

Description of the service:

The centre was located in a quiet housing estate on the outskirts of a town. There is one house in this designated centre which consists of a five-bedroomed bungalow. There was a large outdoor area to the rear of the centre with a soft play area, trampoline, go-cart and large seating area.

The centre provided day, evening and overnight respite care for children from the age of 4 to 18 years with a moderate to profound intellectual disability and or autism. There was capacity for four children to avail of overnight respite in the centre. On average each child would attend for three nights respite in a six week period. On the day of inspection, there were two children availing of evening respite in the centre. The service was a nurse-led service.

Overall Judgment of our findings:

Overall, the inspector found that children were well cared for and participated in frequent social activities while availing of respite in the centre. The provider had arrangements in place to promote their rights and safety. The inspector found that the provider had adequate systems in place to ensure that the regulations were being met. However, there were some areas of improvement required, in relation to staff training and clinical oversight.

The person in charge demonstrated adequate knowledge and competence during the inspection. Of the eighteen outcomes inspected on this inspection, 17 outcomes were compliant or in substantial compliance and one outcome was moderately non-compliant.

The details of these findings can be found in the body of the report and 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):

No actions were required from the previous inspection.

Findings:

The inspector found arrangements were in place to promote the rights, privacy and dignity of residents, and for residents to participate in decisions about their care and the organisation of the centre.

Arrangements were in place to ensure residents were consulted with, and participated in, decisions about their care and about the day-to-day running of the centre. For example, there was evidence of regular house meetings which showed how the children were involved with planning shopping and cooking for their evening meals. In addition, the inspector observed a picture notice board in the house which allowed children to put items on the agenda for the evening routine.

The inspector reviewed the practices and procedures for managing residents' finances. The inspector found that all of the children's finances were managed by their parents or legal guardians and only small amounts of pocket money was sent in daily with the children, as required.

There was a complaints procedure and policy in place and this was displayed in the centre. The person in charge details were available on the easy-to-read guide. The complaints log showed that complaints had been managed in line with centre's policy and residents were happy with the outcome of their complaints

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The centre had a communication policy in place and the communication needs of the residents were observed as being met on the day of inspection. Children using this service are supported to communicate their wishes, both verbally and by non-verbal means of communication while accessing services in this centre.

The inspector observed staff interacting with residents in a respectful manner that supported their individual communication needs. There were verbal and visual prompts available for some residents and the need for these were documented in their personal plans.

Residents' person centred plans described activities and events that they used in the local community. During the inspection residents were watching the television and communicating with staff whilst preparing dinner.

Staff told the inspector that some children liked to bring in their own tablet computers to use when on respite and that a tablet computer would be available for children to use if they wished to access one at the centre.

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:

The inspector found that residents were supported to develop and maintain personal relationships and link with the wider community in accordance with their needs, wishes, preferences and abilities.

The inspector received some pre-inspection questionnaires from residents family members. They stated they felt involved with the life of their family member and were encouraged and welcomed to be involved in the service. They stated that they were very happy with the service, and would like more access to the respite service. The provider representative agreed to discuss this request with families using the service to address their request.

Residents and their families were involved in personal planning meetings and had participated in supporting the children to achieve their goals while socially integrating in the local community and meeting their neighbours.

There was a visitors' policy in place and there was space for residents to meet in private.

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 an admission policy and procedure in place. Admissions to the centre were in line with the centres' statement of purpose.

Individual contracts of care were in place and were available on the files of each of the children availing of overnight respite. These contracts set out the arrangements for the support, care and welfare of each child, the services provided and any fees charged.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the children's health and social care needs were assessed and were supporting the children to be active while receiving respite in the centre.

However, there was an absence in some of the children's' files of an annual review of their social goals. Furthermore, it was not clear whether their previous goals were reviewed, or evaluated on a yearly basis.

The inspector found that on admission each child's assessed needs were outlined in a personal plan that reflected their needs, interests and capacities. Children's health care needs were generally managed at home by their families or next to kin, and the staff would assess and manage the children's health issues if they became unwell while in the centre. However, the inspector found that children's social assessments required review. Although there was evidence that children were participating in social activities while in respite, there was an absence of social care plans and goals being reviewed annually, evaluated and monitored for achievements.

During the inspection the provider developed an operational plan to address this issue to ensure that all residents' social care needs would be assessed reviewed and evaluated going forward.

Judgment:

Substantially 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:

The centre was located in a small village in Co. Longford and consisted of a five-bed single-storey house in a quiet housing estate. The centre was accessible for wheelchair users. The layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation.

There were five bedrooms, one of which was used for staff to sleep over. Each bedroom had a bed, a wardrobe and a bedside locker and one room had a high-low bed. There were two bathrooms, both of which had shower, toilet and wash hand basin facilities. One of the bathrooms was a large room which contained an accessible shower for wheelchair users and a shower trolley. Assistive equipment included a hoist and a shower trolley. Inspectors found that this equipment was in good condition and had been recently serviced by an external contractor. Staff were also trained in the use of assistive equipment.

There was a well-equipped kitchen with a dining area and there were two sitting rooms, one of which had a television and the other room was a sitting/play room for the children. There was also a staff office, a laundry store room and a secure room used for the storage of files.

At the rear there was a secure play area with rubber matting underfoot and which contained a trampoline and a seating area. There were car parking facilities to the front of the premises. The premises was clean and suitably decorated and furnished. It had good lighting and ventilation. It was free of any significant hazards that could cause injury to a child.

Suitable arrangements were in place for the disposal of waste. It was clean and comfortable and the premises and equipment were well-maintained.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The provider had ensured that the health and safety of children, visitors and staff were promoted and protected. The children's individual health and safety was appropriately

risk assessed and managed. The organisational risks in the centre were found to be low and well controlled. In addition, there were adequate fire safety precautions in place in the centre and no significant incidents had occurred in the centre since the last inspection.

There were policies and procedures in place for risk management and emergency planning, staff were aware of these policies and procedures. The inspector reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified.

The centre had a risk register which identified the current organisational risks. In addition. There was a safety statement in place, with written risk assessments pertaining to the environment and work practices. The provider used a computer based incident management system to report all incidents which also recorded actions taken. The inspector reviewed the incidents that had occurred in the centre and overall, there were a low number of incidents reported. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were procedures in place for the prevention and control of infection. The inspectors observed that all areas were clean and in a good state of repair. For example, colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule in place and records maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use. There were adequate arrangements in place for the disposal of waste.

The inspector reviewed the management of fire safety in the centre and found that there were adequate precautions in place against the risk of fire. There was a fire safety policy in place; however, it was currently under review by the board of management at the time of this inspection. There was adequate means of escape and all fire exits were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed.

Each child had a recently updated personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Fire drills were undertaken on a regular basis and there was evidence that the centre could be evacuated in a timely manner. Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre.

There was a site specific emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

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:

There were systems in place to ensure residents were protected from harm or abuse; however, there was improvement required as training was outstanding for staff with regard to safeguarding and behaviours that challenge. Improvement was also required to the clinical oversight of the management of behaviour that challenges. This was an issue from the last inspection that was not fully addressed.

The centre had a child protection policy, procedure and practices in place. The inspectors observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. However, some staff's training in children's first and safeguarding and safety was out of date.

Children were provided with emotional and behavioural support. There was a behaviour that challenges policy in place. There was evidence that three of the eleven children availing of respite in the centre presented with behaviour that challenges. Behaviour support plans had been developed to support the children and guide staff in the management of the children's behaviour. However, there was no clinical oversight of the behaviour support plans, or of their implementation and whether the strategies used were positive and effective for the children concerned.

There was an intimate care policy and procedure in place. The inspector reviewed individual intimate care plans on children's files. These plans were found to provide a good level of detail to guide staff in meeting the intimate care needs of children. Staff interviewed were familiar with the policy and intimate care plans for children.

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:

The person in charge was aware of the requirement to notify HIQA regarding incidents and accidents. All incidents had been notified to HIQA.

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:

On the day of inspection, the inspector found that the children had opportunities to participate in education, as required.

The children attending this centre, attended local schools in the area and there were arrangements in place to drop and collect the children from school if required.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall, the children's healthcare needs were met in line with their personal plans and assessments.</p> <p>Each of the children had their own general practitioner (GP) and an out of hours GP service was also available. Children also accessed a number of allied health professionals, including physiotherapists, occupational therapy and dieticians. This was a nurse-led service which ensured that children, who had medical conditions that required monitoring, had access to nursing care. Training records showed that staff had received training in first aid and epilepsy management.</p> <p>The inspector reviewed a sample of children's file and found that the children's health needs were appropriately assessed and were being met by the care provided in the centre.</p> <p>The centre had a fully equipped kitchen come dining area. This was observed to be an adequate space to make meal times a social occasion. The service had nutrition and hydration policy; In addition, there was a food hygiene policy. Records were maintained of daily menu plans which showed that a range of nutritious, appetising and varied foods were provided for children when the centre was open. A nutrition and hydration plan of care was on file for those service users who required this.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a system in place to review and monitor safe medication management practices. The inspector found there were limited medications stored in this centre and their were procedures in place to review each child's medication prescription on</p>

admission.

The centre was a nurse-led service and most medications were administered by a qualified nurse; however, on occasion other staff administered medication as required.

There were systems in place to ensure the safe management and administration of medications. The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy was in place. There was a secure cupboard for the storage of all medicines. The inspector reviewed a sample of prescription and administration sheets and found that they had been appropriately completed.

Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. There were systems in place to review and monitor safe medication management practices. Management audits were undertaken and, where issues were identified, appropriate actions had been taken. However, not all staff had up-to-date medication management training.

Judgment:

Substantially 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 Inspector found that the statement of purpose reflected the service and met the requirements of Schedule 1 of the regulations.

Judgment:

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 systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. This included regular audits to ensure effective delivery of care and supports as identified in the statement of purpose.

Families who completed the HIQA questionnaires were complementary of the service and particularly the staff working in and managing this service.

The centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. The person in charge worked full time and during the inspection the person in charge demonstrated a thorough knowledge of the legal requirements of their role. They had extensive experience in the area in intellectual disabilities care services.

Management systems were in place that provided care and support to the residents through effective on-call arrangements and a clearly defined management structure. There was also a team leader working in the centre who had the responsibility of the day to day management of the centre.

The person in charge received supervision from their line manager and also stated that they were contactable at other times as required.

The provider had completed a comprehensive review of the service and had completed the six monthly unannounced audit which was available in the centre at the time of inspection. There was also an annual report on the quality and safety of the service completed as required by the regulations. During the inspection, the inspector found that the person representing the provider was responsive and ensured that all concerns raised during the inspection were addressed or actioned before the end of the inspection

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

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

Findings:

The person in charge had not been absent from their post.

The provider and person in charge were aware of their legal requirements to inform HIQA of any changes or to give notice of any absence of the person in charge within the specified timeframes.

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 there were adequate staffing resources available to assist residents to achieve their personal goals or activities of their choice. The inspector was told that the respite service was responding to all families' requests for respite and that the opening hours of the service were meeting the current needs of the residents and their families. Although should requests for additional services be received they level of service available would be reviewed.

The person in charge had implemented arrangements which enabled children to access an individualised day or evening programme service. While at the centre, children were supported to maintain independence in their activities of daily living.

All staffing hours were reflected in the weekly roster and identified the person in charge as well as any additional support hours provided, for example when residents required additional supports due to illness.

Children were supported to access the community with one-to-one staffing, this enabled them to develop and maintain links with local community and services.

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:

There was an effective recruitment procedure in place and good support and supervision arrangements for staff and managers. There was a consistent team of staff working with the children, who were supervised on an appropriate basis and were provided the required training to work in the centre.

Overall, the staffing levels and experience were sufficient to meet the needs of the children availing of respite in the centre. The majority of staff had worked in the centre for a number of years which meant that children had continuity in their care givers.

A training programme was in place for staff which was coordinated by the providers training department. Training records showed that most staff were up-to-date with mandatory training requirements.

There were effective recruitment procedures in place that included checking and recording all required information. There was an up to date recruitment policy in place. There was also a suite of other human resources policies in place to support staff working in the centre. Staff meetings took place every 6 to 8 weeks.

There were staff supervision arrangements in place. Supervision records reviewed showed that supervision was of a good quality and undertaken at regular intervals.

There were no volunteers working in the centre at the time of inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre had provided policies and procedures to guide staff. A directory of residents, insurance and all schedule 3, 4 and 5, documents were in place as required.

Records were kept and maintained in a safe and secure manner in the centre. Written operational policies were in place to inform practice and provide guidance to staff in the designated centre.

A directory of residents was available in the centre which outlined all residents residing in the centre, any discharges, transfers or occasion when residents were away from the centre as required by the regulations.

Information was available to residents such as a residents' guide, statement of purpose and recent audit reports. Where required these were also in a format suitable for residents' communication needs as identified in their personal plans. Residents' files were found to be complete and were kept up-to-date.

The person in charge provided evidence of the insurance certificate and contract for the centre which protected residents, staff and visitors attending the centre.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Christopher's Services Company Limited by Guarantee
Centre ID:	OSV-0001840
Date of Inspection:	21 & 22 September 2017
Date of response:	09 November 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 05: Social Care Needs

Theme: Effective Services

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

There was an absence of social care plans and goals being reviewed, or evaluated annually and monitored for achievements.

1. Action Required:

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

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:

A social care needs assessment template has been created, which includes an activity and social care need goal and goal tracking record. Guidelines for the completion of the assessment and goal setting have been developed, alongside an evidence, evaluation and monitoring procedure for social care needs. Each child will have a social care needs assessment, with activity/ social goals detailed and completed by 01/01/2018 by the keyworker and the child, in consultation with parents/ guardians

Proposed Timescale: 01/01/2018

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:

Not all staff had up-to-date training in positive behaviour support.

2. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

MAPA training scheduled for outstanding staff member on the 23/11/2017

Proposed Timescale: 23/11/2017

Theme: Safe Services

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

The inspector found that therapeutic interventions such as, behaviour support plans did not have clinical oversight by an appropriate professional and had not been reviewed regularly.

3. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1. In the event that it is identified a child requires therapeutic intervention, St Christopher's will in consultation with the child's next of kin/guardian source the appropriate services of an allied health professional for clinical oversight.

2. St Christopher's Services will continue to submit the Business Case for a Behaviour Support Specialist to the HSE and escalate to the National Office.

Proposed Timescale: (1) As identified
(2) Monthly

Proposed Timescale:

Theme: Safe Services

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

Not all staff had up-to-date safeguarding training.

4. Action Required:

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

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

Trust in Care and Safeguarding training completed for outstanding staff on the 07/11/2017.

All staff have completed Children's First training.

Proposed Timescale: 09/11/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Not all staff had received refresher training in medication management procedures.

5. Action Required:

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

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

1. Staff identified as not having received refresher training in medication management

procedures will complete the training on the 07/12/2017.

2. St Christopher's Services will schedule staff refresher training in medication management procedures prior to the two year certification expiry.
St Christopher's Services are reviewing the current training schedule and if it is identified that a staff member's refresher certification is expired longer than three months, the staff member will be required to retrain with the full two day module.

Proposed Timescale: (1) 07.12.2017
(2) 31.01.2018

Proposed Timescale: 31/01/2018