

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Morlea House
Centre ID:	OSV-0001842
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Christopher's Services Company Limited by Guarantee
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	1

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:
05 December 2017 10:55	05 December 2017 19:15
06 December 2017 09:15	06 December 2017 19:30

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

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

Summary of findings from this inspection

Background to the inspection:

This was an 18 outcome inspection to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, staff files and health and safety documentation. The inspector met with five of the six residents

who were using the service at the time of inspection. A resident told the inspector the centre was a good place to live, that it was safe there, and that staff cared for residents well. The inspector observed residents to be relaxed and comfortable in the centre and in the company of staff. The inspector also met with four staff members, the person in charge and the provider who was her line manager. The inspector did not have the opportunity to meet with any residents' families.

Description of the service:

The centre was made up of two houses close to each other, and was located in a town. This centre provided residential accommodation to seven male and female adults with moderate to severe intellectual disabilities, who may experience physical disabilities, associated support needs and behaviours of concern.

Overall judgment of findings:

The inspector found a high level of compliance with the regulations, with eleven of the outcomes being found compliant and four substantially compliant. Three outcomes were moderately non-compliant, and there were no major non-compliances.

Residents received a good level of health and social care, had access to healthcare professionals and they appeared happy in the centre. In addition there were safe medication management practices being implemented. There were measures in place to safeguard residents and good communication plans had been developed. The centre suited the needs of residents and was comfortably furnished and suitably equipped. The centre had suitable staffing levels, access to healthcare professionals and transport available to meet these needs.

There were measures in place to safeguard residents, such as, staff training and awareness of safeguarding risks and how to address them should any arise.

The areas found to be in moderate non-compliance were fire safety and risk management, service agreements and use of resources. Minor improvements were also required to the statement of purpose, the annual report, reviewing of operational policies and documentation of bed rail assessments.

Findings from the inspection are outlined in the body of the report and actions required are found 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:

Residents were involved in how the centre was run and their privacy and dignity was respected. Residents had access to a complaints process and an advocacy service. During the last inspection of this centre, improvement was required to the management and recording of complaints and this had been addressed.

Weekly house meetings were held in the centre, where important issues for residents were discussed in a manner suited to residents' communication needs. For example picture boards and word cards were used to support some residents to express their views at these meetings. Minutes of recent meetings showed that residents had discussed what they had enjoyed or did not enjoy during the week, and their food preferences for the coming week.

While most residents could not communicate verbally with the inspector, a resident indicated being very happy living in this centre and of having opportunities to do things of personal interest, including social activities, sport and exercise and community involvement. The resident also indicated that staff provided a very good level of care and supported the resident's choices and interests.

The complaints procedure was displayed in a user-friendly format that was clear and accessible to both residents and their families. There was a complaints policy which provided guidance on the management of complaints. There were no active complaints under investigation at the time of inspection and the provider had ensured that there was a suitable method for recording complaints if required. There was a low level of complaints, but the inspector found earlier complaints received, were suitably recorded,

managed and resolved. There was an advocacy service available to residents if required.

The inspector observed that the privacy and dignity of residents was respected. Although residents could not communicate their views to the inspector, they appeared to be happy and comfortable in the company of staff and with each other. An issue relating to the display of some personal information relating to the care of some residents was noted, but this had been promptly resolved during the inspection, and the person in charge introduced measures for discreet storage of personal information to guide staff.

Residents had the option of personalising their bedrooms if they wished to, and most residents' rooms were decorated with their own personal belongings and photographs. Residents could lock their bedroom doors if they chose to.

Intimate care plans had been developed to ensure that suitable support were given by staff as required.

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:

There were good arrangements to assist and support residents to communicate, based their individual capacities.

Each resident had a communication profile documented in his or her personal plan which identified the most appropriate communication techniques for him or her. Objects of reference and pictures were in use to communicate with some residents. For example, a coloured pictorial activity chart had been developed for a resident to clearly identify this resident's daily activities of choice, objects of reference were used to assist communication with residents, and sign language was also used to communicate with a resident.

A hospital profile had been developed for each resident, which contained relevant information about the resident. In the event of a hospital admission these would be used to communicate a range of important information about residents to hospital staff.

There was a range of information displayed in accessible format in both houses, including notices about local events, daily food options and health and safety and safeguarding information. There were picture boards in each house, which changed daily, with names and pictures of the staff on duty each day and night. Furthermore, some information was available to residents in accessible format, such as the complaints process and local information.

All residents had access to televisions, radio, postal service, telephone, books and magazines.

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 maintain relationships with their families and friends and were encouraged and supported to be part of the local community.

Families and friends could visit residents in the centre. There were records of home visits, visiting family graves and outings with family members and friends.

Families were invited to attend and participate in annual support meetings for the review of residents' personal plans and establishing goals for the coming year. Records indicated that families were kept informed and updated of relevant issues.

All residents had an opportunity to interact with the wider community to take part in social events and leisure activities. Residents were supported to attend leisure events, such as concerts, the cinema, dining in local restaurants, going for walks in the local area, and shopping, as they wished.

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):

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

Findings:

The provision of services had been agreed with all residents or their families, although the content of the agreements required improvement.

The inspector reviewed some agreements and found that they did not accurately reflect all aspects of the service provided, such as some additional costs that residents may incur, and the exact nature of the service to be provided. In addition, some of the agreements did not state the resident to whom they applied. All the agreements had been signed by either a resident or their representative to confirm their agreement with the content.

There was a policy to guide the admission process, and the person in charge was aware of the importance of suitable assessment prior to admission to ensure compatibility within the centre.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Residents' social wellbeing was maintained by a high standard of care and support.

There was an individualised assessment undertaken with each resident and residents had opportunities to pursue activities appropriate to their own preferences both in the centre, at day centres and in the community. During the last inspection of this centre, improvement was required to social opportunities for one resident and this had been addressed.

All residents had personal plans that contained information about residents' backgrounds, family and friends and interests. Plans set out each resident's individual needs and identified life goals. Residents had the option to become involved in the development of their personal plans, with support from staff and family.

Residents' identified goals were divided into long and short term goals and staff worked with residents to help them to reach the personal goals that they wished to achieve each year. Records identified the staff responsible for supporting residents, the plans to achieve each goal and the final outcomes. Most of the outcomes identified had been achieved, while some were still in progress. Some of the goals that residents wished to achieve included visits to a family home place, holidays, specific social and entertainment events.

As some of the residents in this service were older people, there was a home-based activity plan, in addition to activities taking place in a day services. Some residents chose to attend day services and involvement was supported by staff. Others preferred to attend the home-based service and daily flexible activity plans had been developed for these residents.

There was a vehicle available to transport residents to day services or other activities they wished to participate in.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre suited the needs of residents. The centre was made up of two adjacent houses in a rural town, with amenities such as shopping, banks,

restaurants and a church nearby. The two houses in the centre were well-maintained both internally and externally and were clean, warm and comfortable. During the last inspection of the centre, improvement was required to the accessibility for wheelchair users in the centre, and this had been addressed.

There was a variety of communal day space including sitting rooms, dining areas and kitchens.

All bedrooms were for single occupancy. The bedrooms were bright and well furnished. Residents had adequate personal storage space and wardrobes. Some bedrooms had en-suite toilet and shower facilities and there were sufficient additional bathrooms and showers, including assisted facilities. There was separate bedroom accommodation for staff in one house.

The kitchens were well-equipped and clean. There were utility rooms in each house with laundry facilities, where residents could participate in their own laundry if they wished. Residents had access to washing machines, tumble driers and outdoor clothes lines.

There were suitable arrangements for the storage and disposal of waste and there was no clinical waste being generated.

Residents had good access to outdoors areas. There were well-maintained gardens adjoining the houses.

Since the last inspection, improvements to the kitchen and dining areas had been carried out to improve the level of comfort for residents. A kitchen worktop had been remodelled to an accessible height for wheelchair users. An accessible dining table for wheelchair users had also been purchased and this was in use by residents throughout the inspection. At the time of inspection, all doors were readily accessible by wheelchair users.

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:

There were measures in place to protect the health and safety of residents, visitors and staff. However, some improvement was required to the identification of risk, fire drills

and evacuation and the risk judgement matrix.

There was a health and safety statement, a risk management policy and a risk register which stated measures to control identified risks. The inspector reviewed the risk management policy and risk register, and found that they included a range of centre-specific risks, including the specific risks required by the regulations. Environmental risks, and risks specific to each resident were identified and control measures documented in residents' personal plans. However, while the risks identified were specific to the centre, some risks and their control measures had not been identified. There was insufficient guidance recorded in relation to risks associated with smoking and their controls, and to the allocation of staff within the centre during night emergencies. In addition, there was a difference in the guidance for risk assessments in the risk management policy and the organisation's safety statement, as different risk judgement criteria was recommended in each document. This presented a potential risk that staff may not be using the same criteria for evaluating risks, and that identified risks may not be correctly risk rated.

The inspector reviewed fire safety procedures, and found that the provider had introduced measures to protect residents and staff from the risk of fire. There were up-to-date servicing records for fire fighting extinguishers, emergency lighting, the central heating boiler and the fire alarm system.

The fire procedure was displayed in the centre and staff had received formal fire safety training. Most staff who spoke with the inspector knew the evacuation procedure, although some were unclear about some aspects of it. Personal emergency evacuation plans had been developed for each resident. These plans provided guidance about the level of support required by each resident.

As one house in the centre was large, it was compartmentalised into two safe areas. However, the need to create an additional compartment had been identified, and this work was sanctioned and scheduled to be carried out in December 2017. Since the last inspection of the centre, emergency lighting had been installed outside the building and self-closing doors had been provided.

Fire evacuation drills involving residents and staff took place monthly throughout 2017, two of which were carried out in early morning while residents were sleeping. Records indicated that all daytime drills had been completed in a timely manner, but the early morning drills were slow. The person in charge was planning to commence a new schedule of fire drills on completion of the compartmentalisation of the main building in mid-December 2017 to familiarise staff with the new arrangements.

Staff carried out a range of health and safety checks in the centre, such as daily checks of escape routes and emergency lighting, and weekly checks of automatic door releases and alarms. The tumble drier in the laundry area was checked daily and lint build-up was removed after every use.

Assistive equipment was provided, and staff had received training in moving and handling to ensure that both residents and staff would be safe while using this equipment. For example, hoists and lifting appliances were checked twice each year.

There was an emergency plan in place which gave clear guidance for staff in the event of any emergency or evacuation of the centre. Emergency contact numbers were clearly displayed in the centre.

Infection control risks were well managed in the centre and the person in charge had introduced good systems to reduce the risk of spread of infection. There was a colour coded cleaning system being used, with separate mops, buckets and accessories for use in different areas of the centre, and these were clean and suitably stored when not in use. There was a protocol for sanitising mop-heads. The person in charge explained the controls that were in place to ensure that laundry procedures were effective for infection control. These included use of suitable laundry temperatures, and soiled or contaminated laundry was cleaned in a separate washing machine retained for this purpose. Staff had completed infection control training. The centre was found to be clean and hygienic throughout. In addition to ongoing daily cleaning and housekeeping, a dedicated cleaning person came to the centre several times each week.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were measures in place to protect residents from being harmed or abused.

There was a safeguarding policy and also a training schedule that ensured all staff had attended safeguarding training. All staff had received training in safeguarding as required by the regulations, although some staff had not attended this training annually in line with the organisation's own practice. The person in charge and staff, who spoke with the inspector, understood their responsibilities in the safeguarding of residents. The inspector observed staff interacting with residents in a respectful and friendly manner, and all residents appeared at ease in the company of staff and with other residents. The services of a designated officer were available if required.

There was a policy to guide staff on responding to behaviours that challenge. Positive

behaviour support plans were in place for residents who displayed behaviours that challenged, which included identification of triggers, on-going support strategies and reactive strategies, and staff were aware of this information. All staff had attended training on managing behaviours that are challenging. Support plans were developed with the input from a behaviour management specialist, and in a sample of files viewed the inspector found that the plans were effective, and that behaviour management events had decreased.

Some residents used bed rails while in bed for safety and the person in charge confirmed that this was because these residents were at risk of falling out of bed and sustaining serious injuries. Although assessments for the use of bed rails had been carried out, these were not in line with the requirements of the national policy. The rationale for the use of bed rails had not been suitably recorded and did not reflect staff knowledge. In addition, other interventions that had been considered before the introduction of bed rails, and why these had not been successful, had not been clearly documented.

Residents' finances were managed in a clear and transparent manner. All money was securely stored, individual balance sheets were maintained for each resident and all transactions were clearly recorded.

Judgment:

Substantially Compliant

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 legal requirement to notify the Chief Inspector regarding incidents and accidents. A review of the incidents indicated that, to date, all required incidents and quarterly returns had been notified to 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 had opportunities to develop further skills.

Residents took part in a range of activities in the centre, in day services and in the community. These were based on their interests, and included swimming, attending a gym, walking, sport and exercise programmes, arts and crafts, and development of living skills such as involvement in cookery and laundry.

The centre was situated in a large town, and residents were able to use the local amenities such as shops, cafés and restaurants, the cinema, bowling alley and swimming pool with support from staff.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Residents' healthcare needs were well-met and they had access good quality health care in the centre, and to appropriate general practitioner (GP) and other health care services.

Residents' nutritional needs and weights were monitored. Residents were weighed monthly and were supported and encouraged to eat healthy balanced diets and to take exercise suited to their abilities.

Some residents required modified consistency diets based on assessments by the speech and language therapist, and these were provided. There was clear guidance

provided by the speech and language therapist, and the inspector observed that meals of the required texture were supplied. Food and nutrition care plans viewed during the inspection were detailed and person centred, and included information and guidance such as, fluid intake requirements, low fat and high fibre diets, and utensils to be used.

All residents had good access to GP services and records indicated that residents went for consultation with GPs as required to maintain their health, and there were annual medical reviews organised for all residents. Appointments were also made for residents to attend other health care checks such as dental and optical checks, and visits to consultants were arranged.

Residents had access to a range of health professionals including physiotherapy, speech and language therapy, psychology and psychiatry and referrals were made if required.

Each resident had a personal plan which outlined the services and supports to be provided to achieve and maintain good health. Personal plans were in an accessible format and each resident's plan for healthcare was reviewed frequently and when there was a change in needs or circumstances. The plans viewed contained detailed information around residents' health care needs, assessments, medical history, treatment received and also healthcare support required from staff. Plans of care had been developed to guide staff in the care of all residents assessed needs. For example, plans of care had been developed for a range of health and personal care needs such as epilepsy care, nutrition, and skin care.

At the time of inspection there were no residents with wounds or pressure ulcers.

During the last inspection of this centre in November 2014, inspectors found that a care plan required improvement and the result of a blood test had not been received. On this inspection it was found that these concerns had been suitably addressed. Detailed epilepsy care plans were now in place for all residents who required them, and the person in charge confirmed shortly after the last inspection that the blood test results had been received.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were safe medication management practices to safeguard residents.

There was a medication management policy, and training records indicated that all staff had received medication management training.

The inspector reviewed a sample of prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of as-required medications was prescribed with clear guidance on administration. All medication on prescription sheets, including discontinued medication, had been reviewed and signed by a GP. Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify identity if required. Some residents required their medication to be administered crushed. These were suitably prescribed, and there was a safe process for crushing medication.

There were suitable arrangements for the ordering, storage and return of medications. Medication was safely stored and there was a suitable arrangement for the return of unused and out-of-date medication to the pharmacist.

Self-administration of medication had been considered and, following assessment, residents who were suited to this process self-administered medication under staff supervision.

At the time of inspection, none of the residents were prescribed medication requiring strict controls.

During the last inspection of this centre in November 2014, improvement was required to stock control and staff training, and these had been suitably addressed. Since the last inspection a system for nightly counts of all medication in stock had been introduced, and training in safe administration of medication had been attended by all staff and was mandatory in the centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a statement of purpose that met the majority of the requirements of the regulations. However, some required information, such as the care that the service intended to provide and services provided by the provider to meet these needs, were not clearly explained in the statement of purpose.

The person in charge reviewed the statement of purpose annually, or when there was any change in the service.

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 effective management arrangements to govern the centre, and there was a clearly defined management structure that identified the lines of authority and accountability. There were good procedures for reviewing and improving the quality of service in the centre; however, some improvement to the annual report was required.

The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced. She had relevant healthcare and management experience and qualifications. The person in charge was based in the centre and normally had responsibility for this designated centre only. She worked closely with the provider, who is her line manager, and with staff who were based in the centre. There were; however, plans for the person in charge to also take on the additional role of person in charge for another nearby centre on a temporary basis. The inspector reviewed this proposal and found that there were suitable arrangements in place to support the person in charge and staff when she was absent from this centre, and that this arrangement would be unlikely to impact negatively on the provision of this service in the short term.

The person in charge was very familiar with the needs of residents in the service, and was well known to residents and staff in the centre during the inspection.

The quality and safety of care in the centre was being monitored. The person in charge kept all accidents, incidents and complaints under review. These records were also forwarded to the provider for further analysis and for the purpose of identifying trends. At the start of the year, the person in charge had also planned an annual schedule of audits to be carried out at agreed dates throughout 2017. These included audits of food and nutrition in March, staff files in April, and staff training in November. The inspector viewed a sample of these audits and found that they had been carried out as planned. Monthly audits of areas such as residents' files and medication were also being completed. These audits were effective and the inspector saw an example of a deficit that had been identified during an audit, and which had been promptly addressed.

The provider was aware of the requirement to ensure that suitable auditing of the service was being carried out. The provider carried out unannounced visits to all centres in the organisation every six months, to review the quality of service and compliance with legislation. The person in charge compiled an annual report on the quality of service. However, this report was in an audit format and, while informative, did not provide a comprehensive overview of the quality and safety of care in the centre for the previous year. The person in charge stated her intention to revise the layout of the next annual report to give a broader overview of the quality and safety of the service.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff, including manual handling, management of behaviours that challenge, epilepsy awareness, first aid, safe administration of medication and fire safety.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge and management team were aware of the requirement to notify HIQA of the absence of the person in charge.

Arrangements were in place to cover the absence of the person in charge when required.

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):

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

Findings:

During the last inspection of this centre in November 2014, inspectors had found that there were insufficient resources to meet some residents' care needs. On this inspection this had been satisfactorily addressed in respect of care of older residents, and had been partially addressed in respect of another identified care need.

Since the last inspection, staffing levels had been adjusted to ensure that there were sufficient staff to support all residents to live their daily lives as they chose, and to best suit their needs. For example, staff were based in the centre at all times to support older residents who were retired, or who did not wish to attend day services each day.

However, it was identified at the last inspection that sufficient resources were not available to provide all aspects of a resident's assessed needs, and this had been partially addressed. Since the last inspection, the scope of care provided has been adjusted to better suit a resident's needs. However, sufficient resources have not been provided to fully meet the assessed needs of the resident.

Overall, the service was sufficiently resourced, and transport, assistive equipment and suitable accommodation and furnishing was provided for residents.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff

have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection, staff had received training appropriate to their roles, and staff had been suitably recruited.

Staffing levels were based on the needs of residents. Staff accompanied residents when they wanted to do activities in the local community such as going shopping or for meals, and when attending social events like concerts, cinema or outings. Staff were also based in the centre daily, to ensure that older residents could retire from day services, and stay at home or go out in the local community as they wished. The mix of staff in the centre included nursing and care staff, and it was the intention of the provider and person in charge that residents would remain in the centre until end of life wherever possible.

There was a planned and actual roster prepared and this was accurate on the day of inspection. During the last inspection, the actual roster had required improvement, and this had been suitably addressed.

The inspector reviewed a sample of staff recruitment files and found that the required information, such as Garda vetting, photographic identification and suitable references, was present.

The person in charge confirmed, and training records indicated, that staff had received training in fire safety, safeguarding and manual handling. In addition to statutory mandatory training, staff had received other training that was mandatory in the organisation, such as training in the safe administration of medication, first aid, epilepsy care, risk management and food hygiene. Staff had also received training in infection control, but the person in charge explained that this course content was being reviewed and updated to provide more centre-specific guidance, and that this training would also be mandatory in 2018.

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 records required by the regulations were maintained in the centre, although some improvement was required to the review of operational policies.

During the course of the inspection, a sample of documents, such as staff training records, the directory of residents, the residents guide, health and safety records, food intake records, operational policies and health care documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were orderly and suitably filed.

All policies required by Schedule 5 of the regulations were available to guide staff. However, while all the operational policies required by the regulations were available to guide staff, some of these policies had recently become out of date. These policies were at the time of inspection being reviewed by the organisation's policy committee, although they had not been considered, updated and made available to staff within the required time frame of three years.

In addition, the medication policy was not fully comprehensive of all the medication practices taking place in the centre, and was not sufficient to guide staff. For example, it did not provide guidance on transcribing or on the safeguards in place during the administration of medication, although there was a safe procedure taking place.

Since the last inspection of this centre in November 2014, a computerised recording system had been introduced to improve the recording of incidents and accidents.

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:

Jackie Warren
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-0001842
Date of Inspection:	05 & 06 December 2017
Date of response:	05 February 2018

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The agreements for the provision of services did not accurately describe all aspects of the service provided, such as some additional costs that residents may incur, and the exact nature of the service to be provided. Some of the agreements did not state the resident to whom they applied.

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

1. Action Required:

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

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

Individual resident's contract of care and support will be reviewed and amended to ensure that a description for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Proposed Timescale: 02/02/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Some risks and their control measures had not been identified. within the centre during night emergencies.

Some risk assessment criteria was unclear. There was a difference in the guidance for risk assessments in the risk management policy and the organisation's safety statement, as different risk judgement criteria was recommended in each document.

2. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

(1) Risks and control measures attached to the locations under the remit of the designated centre will be reviewed at a team planning day on the 16/01/2018. Both location risk registers will be reviewed and updated accordingly.

(2) The provider meet with the organisation's health and safety consultant to review the methodology for risk rating and the risk assessment template to ensure a common methodology is transparent in both the organisation health and safety statement and risk management policy. A follow up meeting has occurred on 11/01 and a further meeting is scheduled on 25/01. The transition from the current system to the new system, will be communicated to all staff members thereafter.

Proposed Timescale: (1) 16/01/2018 - COMPLETED

(2) 28/02/2018

Proposed Timescale: 28/02/2018

Theme: Effective Services

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

Some fire evacuation drills had not been completed in a timely manner.

3. 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:

There are currently three compartments within the designated centre. Fire consultant will review fire procedure of the designated centre on the 16/01/2018. Fire evacuation procedures, related documentation to reflect compartmental evacuation will be discussed and implemented at the team planning day scheduled on the 16/01/2018. Compartmentalisation of the main building and new Fire doors are fully operational from the 15/01/2018, all staff and residents will be involved in a fire drill on the 16/01/2018.

Fire Drill documentation will clearly state the duration of movement between compartments in the main building.

Proposed Timescale: 16/01/2018

Theme: Effective Services

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

Some staff were unclear about some aspects of the evacuation procedure.

4. 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:

Fire evacuation procedures, related documentation to reflect compartmental evacuation will be discussed and implemented at the team planning day scheduled on the 16/01/2018.

Compartmentalisation of the main building and new Fire doors are fully operational from the 15/01/2018, all staff and residents will be involved in a fire drill on the 16/01/2018.

Fire Drill documentation will clearly state the duration of movement between compartments in the main building.

Proposed Timescale: 16/01/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Assessments for the use of bed rails had not been carried out fully in line with the requirements of the national policy.

5. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The Person in Charge will complete individual assessments for the use of bed rails in line with the requirements of the national policy.

Proposed Timescale: 04/02/2018

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not meet some of the requirements of Schedule 1 of the Regulations.

6. 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:

Statement of Purpose reviewed and amended to meet the requirements of Schedule 1 of the regulation and will be submitted to the Authority.

Proposed Timescale: 19/01/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The annual report did not provide a comprehensive overview of the quality and safety of care in the centre for the previous year.

7. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual Report amended to provide a comprehensive overview of the quality and safety of care in the designated centre for the previous year.

Proposed Timescale: 31/08/2018

Outcome 16: Use of Resources

Theme: Use of Resources

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

Sufficient resources were not available to fully meet the assessed needs of a resident.

8. Action Required:

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

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

A Business Case will be resubmitted to the primary funder to provide an individualised service to one resident.

Proposed Timescale: 31/01/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

The medication policy was not fully comprehensive of all the medication practices taking place in the centre.

9. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

The centre medication policy will be reviewed and reflective of all the medication practices taking place in the centre.

Proposed Timescale: 25/01/2018

Theme: Use of Information

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

Some operational policies had not been reviewed at intervals not exceeding three years.

10. 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 operational policies will be reviewed at intervals not exceeding three years, as each policy is due for review.

Current status:

Review and updated status received on 24th Jan2018 from policy officer. 19 policies in date with review scheduled 3 months prior to their expiry earliest due April 2018, all within 3 year framework.

One policy out of date and currently under review this to be completed March 31st 2018.

One policy, currently under review, is within date and review will be completed by 31st March 2018 in keeping with 3 year time frame.

Proposed Timescale: 31/03/2018