Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Battery Court
Centre ID:	OSV-0003888
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Christopher's Services Company Limited by Guarantee
Lead inspector:	Christopher Regan-Rushe
Support inspector(s):	Thelma O'Neill
Type of inspection	Announced
Number of residents on the date of inspection:	9
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:
04 December 2017 10:00	04 December 2017 19:00
05 December 2017 09:00	05 December 2017 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:
This was an inspection carried out to monitor compliance with the regulations and standards and to inform a registration renewal decision. The centre had been previously inspected on 14 November 2016 and as part of the current inspection, actions taken by the provider to address the findings from the previous inspection were reviewed by the inspector.

The designated centre was part of the service provided by the St Christopher's Services in Longford and provided full-time residential support to nine adults. Residents in this centre had a range of support needs from low to medium support and were diagnosed with a learning disability and or mental health needs.

How we gathered our evidence:
During the inspection, the inspectors met eight of the nine residents and spoke with six of the residents individually about the quality of care and support they received when at the centre. In addition, the inspector reviewed questionnaires completed by

both residents and their relatives about the service. The inspectors met with five staff members during the course of the inspection and interviewed a social care support worker, the person participating in the management of the centre and the provider's representative. Furthermore, throughout the inspection, the inspectors observed practices and reviewed records such as risk management documents, fire safety records, residents' personal care plans, healthcare records, policies and staff files.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised of six two-storey buildings located within a residential estate, in County Longford. The centre was very close to local amenities such as shops and cafes.

Overall Findings:
The inspector found that residents were very happy with the quality of care and support in the centre. Many of the residents who spoke to the inspector said that they loved living in the centre and that they were supported by staff to be independent in the local community and in their homes. The Inspector saw good evidence of the residents being supported to live independent lives although this was not supported by up-to-date assessments and reviews of their needs. In addition the inspector noted that personal plans were not being developed in line with the residents wishes. However, the inspector observed that residents appeared happy while at the centre and were comfortable with all supports provided by staff. The centre was well-maintained and its design met the needs of residents.

Overall the inspectors found that although residents had a very good quality of life in the centre, improvements were required to ensure that the governance and oversight of the centre met the requirements of the regulations and standards.

Summary of regulatory compliance:
The centre was inspected against 11 outcomes. The inspector found compliance in four outcomes inspected. However, major non-compliance was found in two outcomes which related to the centre's health and safety and risk management arrangements and workforce. Moderate non-compliance was found in five outcomes which related to social care, safeguarding and safety, healthcare, medicines management and the centre's governance arrangements in relation to the addressing of identified areas for improvement.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors found arrangements were in place to promote the rights, privacy and dignity of residents and residents participated in decisions about their life and the day to day running of the centre on a daily basis.

Inspectors found that residents' rights and dignity were promoted and that residents were consulted with and participated in decisions about their care. Residents told inspectors that their privacy and dignity was respected in the centre and they were supported to live independently and to exercise personal decisions on a daily basis.

Residents described how they were involved with weekly meetings to plan shopping and cooking. They also explained how these meetings provided them with the opportunity to discuss issues of concern or plan social activities.

Inspectors were told that all of the residents were supported to manage their own finances and budget their money in line with their assessed needs. Weekly charges incurred by residents were clearly documented in their financial records. Residents described activities and purchases they had made during the week and some discussed how they were managing a wage from employment. Residents' invited inspectors into their homes and the houses were homely and individually decorated to suit each person individual taste.

There was a complaints policy and procedure in place in the centre and inspectors reviewed the management of complaints and found that all residents' complaints had been addressed and were closed. This was an action from the last inspection and was

now complete. Inspectors also found that Advocacy services were promoted in the centre and a meeting was scheduled for all of the residents to meet with the local advocacy representative to inform them of the support services available to them if they wished to make a complaint or request additional supports or services.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
There was a policy in place for the admission and discharge of residents to the centre. The admissions process for each resident included a signed service level agreement. Inspectors found that prior to admission to the service, residents and their families were consulted with and provided the opportunity to view and visit the service.

One resident had been discharged from the service last May and the provider showed inspectors evidence of transitional planning and communications with the resident, family and staff prior to the discharge and the staff told inspectors the resident was very happy in their new home.

Each resident had a service level agreement in place outlining the service to be provided to the resident and the cost in regard to same. Agreements set out specific costs such as rent and utility bills which were sometimes shared between residents. Agreements reviewed were presented in an easy-to-read format.

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

Findings:
Inspectors found that residents' healthcare needs were attended to and they participated in meaningful activities appropriate to their interests and capabilities.

However, although each resident had individualised health care plans in place, there was an absence of up to date healthcare assessments for two of the residents files reviewed in addition two of the residents care plans did not reflect the residents' current health care needs. While residents were engage in a multitude of social activities, inspectors found there was an absence of residents' social goals being set or reviewed annually and one action from the last inspection was not completed.

Inspectors found two of the four healthcare assessments viewed had not been re-assessed since 2014 and the care plans viewed were not reflective of the residents current healthcare needs. In addition, inspectors found that although residents were independently active in the community, residents personal social care goals had not been set, reviewed annually or more frequently where required and there was no evidence that residents, their family and support workers were supported and invited to attend.

The inspectors found that goals were not clearly outlined with review dates and progress notes regarding achieving actions. The inspectors found that completion dates of goals were not identified for all residents.

Inspectors reviewed one action from the last inspection and found that it was not complete. The action related to access to assessments by allied health professionals, in particular, behaviour support specialists and this service was not yet available to residents as required.

Residents told inspectors that they participated in meaningful activities appropriate to their interests and capabilities. For example some residents were members of the local gym and swimming pool and residents went out for meals, to the cinema, bowling alley and went on other social outings. Residents assisted with the running of the house by doing chores such as cleaning, laundry and cooking.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Inspectors found that the provider had a comprehensive suite of risk assessments - which identified the risks, controls and mitigating actions to be taken to reduce risk in the service. However, the inspectors found that the difference in scoring methodologies used in front line service and corporate service led to confusion and a potential risk that hazards were not being assessed in line with the organisations policy and procedures.

In addition, while fire safety measures were in place to ensure the safety of residents, there were gaps in the assurance mechanisms noted, including in circumstances where lone working staff were off site while residents remained in their homes.

Inspectors reviewed the centre's safety statement, policies and procedures for risk management, health and safety and fire safety, reviewed records of fire drills, evacuation plans and spoke with residents and staff about fire safety measures in the centre. In addition inspectors walked around each of the houses which made up the centre to review fire safety equipment.

Overall the provider was found to have taken suitable measures to ensure that residents and staff would be alerted in the event of a fire. All staff had completed fire safety training. In addition, fire evacuation plans had been developed for each resident. The Inspector found that residents knew what to do in the event of a fire and were independently mobile and able to evacuate the centre. Each resident was able to tell the inspector what they would do in the event of a fire and where they would evacuate to.

The inspector reviewed the records of recent fire drills and found that, on occasion, residents may not evacuate immediately upon hearing the fire alarm. Within their personal evacuation plans there was evidence of how the person in charge had put in place arrangements to meet with the resident and discuss this with them post incident to good effect.

However, the inspector noted that there were many occasions where residents could be left alone while the lone working member of staff on duty was away from the centre supporting other residents. The inspectors noted that the provider did not have suitable arrangements in place in these circumstances to ensure that all residents would safely evacuate.

The inspector noted during a walk around of the centre that the provider had supplied a number of tumble dryers for residents to use. However, it was noted that the tumble

dryers had been installed under the stairs in the houses where other items were also stored and were not suitably contained against the risk of fire. In addition risk assessments had not been completed for the placement of these in the stairwells, which were the only points of exit from the upstairs in the properties. This was brought to the providers attention on the days of the inspection and these were removed pending installation in alternative locations.

The inspector noted that all fire safety equipment in the centre was regularly serviced and maintained. Each house had fire doors, extinguishers, a fire blanked, smoke alarms and a fire detection system. However, while illuminated directional signage was in place in all houses, the inspector found that a sign was missing from one hallway in one of the upstairs houses. This was bought to the attention of the provider on the days of the inspection.

The inspector noted during the walk around of the centre that a rear access gate from the back of the one of the properties to the evacuation point was difficult to open, requiring some force to free it. This was bought to the attention of the provider on the days of inspection who took immediate action to resolve this issue.

The inspector reviewed the risk management policy and the application of this policy in the centre. Inspectors noted that the policy described a methodology for risk rating all known and potential risks in the centre using a 1 to 5 scale of the likelihood and consequence of the risk. This methodology gave a risk rating score between 1 and 25 with a score of 25 being the highest level of risk.

However, the inspector noted that the providers safety statement did not use the same methodology and used a 1 to 4 scale resulting in a maximum risk score of 16. Inspectors noted that there were different thresholds used in the two methodologies to determine the overall severity of the risk and was not in line with the providers own policy. This was brought to the attention of the provider during the days of the inspection.

The inspector reviewed the systems in place to ensure infection control risks were effectively managed in the centre. the Inspector noted that the provider had not introduced suitable measures in relation to the use and storage of mops in the centre. In addition not all staff had completed infection control training in the centre.

The provider had ensured that the vehicle in use at the centre was suitably insured, had an NCT and was roadworthy.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness,

understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
There was a policy in place on the safeguarding of vulnerable adults in the centre and residents told inspectors that they felt safe in the centre. Inspectors saw evidence that all staff and some residents had completed training in safeguarding and protection of vulnerable adults. Residents and staff spoken with were able to identify the name of the designated officers and also stated they would talk with staff on duty if they had any concerns. However, the inspector found that a review of safeguarding plans was required in one of the houses inspected following a number of incidents of behaviour of concern towards peers and staff.

There was a policy available on the protection of vulnerable adults and staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. Inspectors found that staff were very kind and supportive to residents and residents spoke very fondly of the staff working in the centre.

The Inspector found that the management of behaviours of concern by residents towards their peers and staff required review as they were negatively impacting on residents and staff safety in the centre. On review of the incidents in the centre the inspector found that there was an increase in the number of incidents of behaviours of concern since the last inspection, which had led to a complaint by a housemate regarding these incidents.

The inspector was told that these types of incidents occurred frequently in the evening, when one resident returned from day services. However, the inspector found that there was no safeguarding plan in place to protect the residents who were vulnerable to this individual and there were gaps in the staffing support in the centre which resulted in only one staff member being on duty to support nine residents. This was brought to the attention of the provider nominee during the inspection and she agreed to immediately re-instate 25 staffing hours previously cut from the service following the discharge of one resident last May.

The inspector found that the residents who had behavioural support guidelines in place, had not had a psychological assessment by an appropriate allied health professional and had not had a psychological review to ensure their behaviour support plan was appropriate, implemented appropriately and was effective in supporting the residents, their peers and staff in the best possible manner.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The inspector found that residents' health care needs were being met however, on review of the resident health care files the inspector found two residents' health assessments were not up to date and did not accurately reflect their current healthcare needs. The inspector also found residents' food and nutritional needs were met; however the inspector found some residents were waiting a number of months for access to allied health professionals such as a dietician.

The inspector reviewed five residents' files and found they had access to a range of allied health care services which reflect their health care needs; such as, speech and language therapy, occupational therapy, physiotherapy and chiropody. However, residents with diabetes and high BMI's were on a waiting list for a dietician for a number of months and had not yet received an appointment.

The inspector reviewed a sample of five residents care plans that had particular healthcare needs and found that staff members were knowledgeable in the management of residents health needs. During the inspection one resident advised inspectors that their sleep apnoea machine was broken and had not been fixed. During the inspection the provider arranged for this equipment to be reviewed and found this to be in working order. However, inspectors found the resident's care plan did not accurately reflect the support requirements for managing this medical condition or equipment, particularly in the event of an electrical outage. The inspector also found there was no protocol in place to ensure staff would support the resident if this occurred during the night.

Inspectors also found that residents over the retirement age did not have a retirement plan or end of life plan in place. This was important for one resident in retirement age, who was actively being assessed for a neurodegenerative disorder and the impact of a confirmed diagnosis had not been effectively considered to ensure the residents care and support wishes would be delivered.

The inspectors reviewed the management of residents' nutritional needs and cooking facilities and found that residents' houses had appropriate kitchen facilities to prepare

and make their own meals. Inspectors were told by the residents that they received their dinner in their day programme or at work during the week and they purchased their own food in the local shops and cooked their meals at the weekend.

The inspectors found that there was sufficient food and food stocks in each of the houses inspected. However, inspectors found that at least four residents required staff support with food and nutrition or preparing their meals on a daily basis, such as preparing breakfast, or evening meals, but the inspector found there was no up to date assessments of the residents cooking abilities either from a knowledge or safety perspective recorded in their files. The person managing the centre told the inspector that they had identified a need for lifeskills training for some residents, but this training was not yet completed.

Judgment:
Non Compliant - Moderate

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:
The inspector found that there were systems in place for reviewing and monitoring safe medication management practices. However, the inspector found that improvements were required in this area as there was evidence that some residents had forgotten to take their medications as prescribed or omitted to take their medications on some occasions. Following these occurrences the residents had not been reassessed for their competency to self administer.

Furthermore, in the interim additional staff supervision had not been put in place to ensure medication were correctly self- administered. The inspector also reviewed the action from the last inspection regarding the storage of medications and found it was complete.

The inspector reviewed the medication policy dated 15 June 2017 and found it required review, as it failed to provide adequate procedures to support the residents and staff in safe self-administration of medication. The policy did not clearly specify the procedures for staff to follow in the event of a resident who self-administers having not taken their medication as prescribed. For example, a review of incidents of medication errors in the centre showed there were six recorded errors and four were recorded for residents that self-administer.

The inspector found that one resident continued to self-administer at the time of inspection following an medication error on the 5 October 2017 and their competency had not been re-assessed to find out if the resident was able to continue to self administer.

Furthermore, a medication audit completed on the 22 November 2017 by an external auditor recommended that all residents who self-administer medications in the centre should be re-assessed for competency. However, no reassessments had been completed by the day of inspection. This was brought to the attention of the person participating in the management of the centre and the provider representative during the inspection and they agreed to review this residents competency to self-administer their medication.

A review of a resident's medication stock controls identified that the stock control records provided did not accurately reflect the stock in hand. Inspectors showed this finding to the provider nominee on the day of inspection and they agreed to review the stock control form to ensure all the data requirements are recorded to ensure an accurate stock control record is maintained.

Judgment:
Non Compliant - Moderate

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 provider had produced a statement of purpose, as required by the regulation. The inspectors found that the statement of purposed contained all the prescribed information as set out in Schedule 1 of the regulations.

Inspectors reviewed the statement of purpose and found that this accurately described the service being provided and the support available to residents while they lived in the centre.

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):
No actions were required from the previous inspection.

Findings:
While the provider was ensuring that residents were enjoying a good quality of life, the inspectors noted a number of gaps in the deployment of the governance and management systems in this centre.

The provider had completed both an annual review and an unannounced six-monthly review of the service. The inspector reviewed these documents and, while informative, noted that they had not identified the deficits in the oversight and management of the service as identified in this inspection report. For example, on the days of inspection, the inspector noted that the provider had identified a person participating in management to manage the centre on a daily basis. However, they had failed to appoint a suitably qualified person in charge of the centre following notification in May 2017 that the person in charge was going on extended leave. This was bought to the attention of the provider on the days of the inspection, who took action to appoint a suitably qualified and experienced person in charge prior to the end of the inspection.

In addition to the failure to appoint a suitably qualified person in charge the inspector noted that the provider had failed to
- identify the issues noted in relation to the application of the risk management policy in the service
- properly assess the location of tumble dryers in the centre
- ensure sufficient staffing levels were in the centre to evacuate residents at all times prior to reducing staff capacity in the centre
- ensure effective infection control measures were introduced in the centre
- maintain evidence that all pre-employment documentation was in place for all staff in the centre

Despite these deficits the person participating in the management of the service was ensuring that the quality of life for residents was optimised.

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):
No actions were required from the previous inspection.

Findings:
The inspectors reviewed the arrangements in place for managing the centres workforce, such as staffing levels, compliance with mandatory training, schedule 2 requirements and the support and supervision arrangements in place for staff.

The inspectors found there was inadequate staff numbers working in this centre to meet the needs of residents and the safe delivery of services. This had occurred since May 2017 following the discharge of a resident to another designated centre and 25 staffing hours were withdrawn at this time. The inspector also found that there was an absence of completed mandatory training for all staff in accordance with the regulations and evidence based practice. This included training in areas such as, infection control training, food hygiene and risk management.

There was an actual and planned staff rota in operation in the centre; however, there was no person in charge named on the staff rota since the person in charge went on leave in May 2017.

All staff and volunteers were supervised on an appropriate basis, and recruited, selected in accordance with best recruitment practice. However, recruitment procedures did not ensure that the requirements of Schedule 2 were met prior to employment and photographic evidence and Garda vetting disclosures were incomplete for two staff.

Judgment:
Non Compliant - Major

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 inspectors reviewed the documentation the provider is required to maintain in relation to schedules 3, 4 and 5 of the Regulations.

The inspectors found that the provider was maintaining and had kept up-to-date copies of all documentation, as required by schedule s 3, 4 and 5 of the regulations.

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Christopher's Services Company Limited by Guarantee
Centre ID:	OSV-0003888
Date of Inspection:	04 & 05 December 2017
Date of response:	2 January 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
1. Inspectors found residents healthcare assessments had not been appropriately re-assessed since 2014 and the care plans viewed were not reflective of the residents current healthcare needs.
2. In addition, inspectors found residents personal social care goals had not been set,

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

reviewed annually or more frequently where required.

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

Please state the actions you have taken or are planning to take:
The Person In Charge will ensure in consultation with residents that all health care assessments are reassessed and that support plans are updated to reflect resident's current healthcare needs
The Person in Charge will implement in consultation and agreement with each resident a social goal calendar that will identify time frames for social goal setting and reviews
The Person In Charge will review this process bi annually or more frequently if required.
While no funding has been approved to recruit a Behaviour Support Specialist, residents have access to a Psychologist two days per month. The Provider will continue to submit the Business Case for this position to the primary funder.

Proposed Timescale: 31/01/2018

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:
While a system was in place not all risks had been suitably assessed in the centre. In addition, the application of the risk management policy was not consistent across the centre and the organisation.

2. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
A review of the local risk register will be untaken and all identified risks will be assessed in line with the risk management policy.
The provider met 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 is scheduled for early January to complete the transition from the current system to the new system, which will be communicated to all staff members.

Proposed Timescale: 31/01/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Infection control measures in the centre were not effective. In addition not all staff had completed infection control training.

3. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
Infection control measures in relation to the use and storage of mops in the centre have been assessed
Colour coded mops have been ordered from the supplier and storage space for mops identified in each house in consultation with each resident
Infection control training will be provided to residents when colour coded mops are delivered
Infection Control training is scheduled for staff on 16/01/2018

Proposed Timescale: 31/01/2018 and 04/2018

Proposed Timescale:

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
An illuminated directional sign was not in one of the hallways of a house in the centre.

4. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
Fire company contacted and an illuminated directional sign was fitted on the 06/12/2017

Proposed Timescale: 06/12/2017

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory

requirement in the following respect:
There were items and electrical equipment being stored under the stairs in some of the houses.

5. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Following consultation with residents, electrical equipment was removed from under the stair areas and an alternative location for the use of the equipment agreed with residents.

Proposed Timescale: 02/01/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The arrangements for the safe evacuation of all residents did not consider how this would be managed in the event that the lone member of staff was not in the designated centre.

6. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
Staffing levels at the centre were increased on 05/12/2018
A local centre specific procedure has been implemented stating that a member of staff will be present at all times when residents are in the centre. This control is also documented in the centre risk register.

Proposed Timescale: 02/01/2018

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:
1. The person in charge did not ensure that measures to identify and alleviate the behaviours of concern frequently displayed by a resident were implemented and managed effectively and that there was adequate staff to support the resident during incidents of concern.
2. The resident had not had a clinical assessment by an appropriate allied health professional and there had been no review of the behaviour support plan to ensure the

management of a residents behavior's of concern were being managed effectively.

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

Please state the actions you have taken or are planning to take:
Staffing levels at the centre were increased on 05/12/2018
The resident's behaviour support plan was reviewed by the Psychologist on the 09/11/2017
A further review of the resident's behaviour support plan is scheduled for January 2018 with the Psychologist to ensure the plan is appropriate, implemented appropriately and effective in supporting the resident, their peers and staff in the best possible manner
A clinical assessment will be scheduled in agreement with the resident and their family as appropriate during the January meeting.

Proposed Timescale: 31/01/2018

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider did not ensure that there was a safeguarding plan in place to protect a resident who had experienced intimidatory behaviour and verbal abuse from a house mate.

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

Please state the actions you have taken or are planning to take:
The Designated Officer will complete a preliminary screening in consultation with the residents concerned, submit an NF06 to the Authority and an anonymised copy of the completed Preliminary Screening Form and Safeguarding Action Plan.

Proposed Timescale: 08/01/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Two residents' health assessments were not up to date and did not reflect their current healthcare needs. Inspectors also found residents' food and nutritional needs were met; however, inspectors found some residents were waiting a number of months for access

to allied health professionals such as, a dietician.

9. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
The Person In Charge will ensure in consultation with residents that all health care assessments are reassessed and that support plans are updated to reflect resident's current healthcare needs.
One resident had an appointment with a dietician in May 2017.
The Person In Charge will follow up on dietician referrals made in November 2017 to confirm appointment dates.
In event that appointment dates are not confirmed staff will consult and agree with residents, and referring allied health professional to make a private referral to a dietician

Proposed Timescale: 31/01/2018

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
1. Some residents had forgotten to take their medications as prescribed or omitted to take their medications on some occasions .
2. The medication policy dated 15/6/17 required review. The policy did not clearly specify the procedures for staff to follow in the event of a resident who self-administers having not taken their medication as prescribed.
3. Inspectors found that a resident continued to self administer their medication without support following a medication error and had not been re-assessed to find out if the resident was competent to continue to self administer.
4. A review of a resident's medication stock controls showed that auditors could not accurately assess if the resident was taking their mediation correctly based on the stock control data provided.

10. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
1. Resident's competency was reassessed with regard to self-administering their medication on 20/12/2017.
2. Self-Medication Assessment tool will be reviewed by the medication committee on the 15/01/2018 along with the the medication policy and amended to specify the

procedures for staff to follow in the event that a resident who self-administers has not taken or mitted to take their medication as prescribed.
3. A full review of local medication stock control procedures and documentation will be completed to clearly demonstrate if a resident is correctly taking their medication and to ensure an accurate stock control record is maintained.

Proposed Timescale: 15/01/2018

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:
There were gaps identified in the governance and management systems in the service as detailed in the report.

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

Please state the actions you have taken or are planning to take:
The Provider identified and appointed a suitably qualified and experienced person in charge for the remaining period of absence of the PIC and submitted an NF30 to the Authority
The registered Provider will conduct monthly support and supervision meetings with the newly registered PIC and PPIM for the duration of the absence of the PIC
Refer to Actions under Outcome 7 Health and Safety and Risk Management and Outcome 17 Workforce

Proposed Timescale: 02/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that the arrangements in place for managing the centres workforce, such as staffing levels was inadequate and did not meet the needs of the residents.

12. Action Required:
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Staffing levels at the centre were increased on 05/12/2017

Proposed Timescale: 15/12/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two staff did not comply with the schedule 2 requirements, this included the absence of Garda vetting and photographic evidence

13. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
All documentation specified under Schedule two have been obtained in respect of each staff member.

Proposed Timescale: 02/01/2018

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff did not have the mandatory training completed.

14. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
- Risk Management refresher training scheduled for all staff on 16/01/2018
- Infection Control training is scheduled for 16/01/2018
- Food Hygiene training is scheduled for 07/03/2018, all staff will be re-inducted to the organisational Policies and Procedures on Food and Nutrition on 06/02/2018

Proposed Timescale: 08/03/2018