

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St. Mary's Centre (Telford) Limited
<b>Centre ID:</b>	OSV-0002314
<b>Centre county:</b>	Dublin 4
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St. Mary's Centre (Telford) Limited
<b>Provider Nominee:</b>	Maura Masterson
<b>Lead inspector:</b>	Helen Lindsey
<b>Support inspector(s):</b>	Deirdre Byrne;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	20
<b>Number of vacancies on the date of inspection:</b>	3

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
03 December 2014 09:00	03 December 2014 18:30
04 December 2014 09:30	04 December 2014 13:30

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**

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspectors visited the three houses and some of the flats that made up the designated centre. They met with the residents, some relatives and staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures and staff files.

This centre is designated as a centre for female adults with sight impairment, however it does support females with other care needs.

The accommodation consists of 10 individual apartments over two stories and three houses, two of which can accommodate five people and one which can accommodate four people.

The facility is situated in the grounds of a large campus which also accommodates a designated centre for older persons also with sight impairment. Both services are managed by the same organisation, and the person in charge manages both. She is supported in her role by a care services manager.

Residents who spoke with the inspectors felt they were well supported in the care and support they received, and the balance between their independence and the security of staff support being available was well managed. They talked about the range of work and social activities they were involved in and were keen to talk about their quality of life.

Overall inspectors found that the residents received a good service that focused on supporting them to make decisions about all aspects of their lives. The environment was maintained to ensure it supported residents with visual impairment to mobilise freely, for example walkways and guide rails were kept clear. Social and healthcare needs were assessed and support was provided where it was needed. The staff team were well regarded by residents and relatives, and received training in areas of care specific to the service.

Areas of non compliance related to some policies not being centre specific, and the statement of purpose not being clear who the service was for. These issues are discussed further in the report and 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):**

No actions were required from the previous inspection.

**Findings:**

Residents confirmed they were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy and information about their rights.

Inspectors spoke with residents who confirmed they were able to make their own decisions about what they chose to do with their time, day and night. They spoke about the different ways they were involved in talking about how the centre ran, and this included attending the residents' meetings, meetings in the individual houses, and completing questionnaires about the quality of the service provided.

Residents were very clear that they had their own independence, but could rely on the support of staff when they needed it. For some it was occasional support with medical appointments for example, for others it was more intense and included support with meals and personal hygiene.

Care plans all focused on providing the least level of support to meet the resident's needs, and maintain their independence.

There was a complaints policy available in each of the houses, which was also displayed on the wall. It set out clear instructions of who to contact, including a photograph and a telephone number.

Residents said they knew who to speak to if they were unhappy about something, and were able to say how they would contact them. The policy included an independent

person that complaints could be referred to if they remained unresolved.

Relatives who completed the questionnaires said they knew who to complain to if they had any concerns, but most commented they had never needed to.

Where formal complaints had been received, inspectors saw evidence that the policy had been followed. This included a record of how the matter had been investigated, the outcome, and whether the person was satisfied with the outcome.

Staff members were seen to treat residents with dignity and respect on. The residents were positive about the staff and felt they were there if they needed anything. Relatives also provided positive feedback including 'the staff are excellent', and 'the staff are ever attentive and very obliging and helpful'.

Each resident had personalised their own rooms or flat with their own possessions. There was a policy in place that covered resident's personal possessions, and records were in place of their belongings.

There was also a polling station provided for the residents to vote when there were elections.

As the service was previously run by a religious order, attending mass remained very important to a number of residents. Where people needed support to attend services, it was seen to be provided.

**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:**

Residents were assisted and supported to communicate, appropriate to their identified needs, and had any aids needed to support them.

Staff were aware of the communication needs of the residents, and residents were seen to be speaking and communicating well with residents throughout the inspection. Communication needs were clearly identified in residents care plans. These provided more detail where the residents needs were specifically identified.

Residents had a range of equipment to support them in day to day tasks, such as audio

scanners to read letters and other written information, and Braille type writers. Some residents felt they didn't need aids to support them, but knew they could access them if they needed to. The social care manager had good contacts with the national council for the blind of Ireland (NCBI).

Some residents had aids for mobility such as a white cane, or walking frames. Staff were able to support any repairs or advice in relation to these.

Records were seen of speech and language therapy referrals, and occupational therapy and recommendations had been put in to place.

Residents had access to telephones, TV, radio, DVDs. Some also had access to internet and mobile phones. There was a library with both Braille and audio books available, with a new volunteer about to take over its running.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents were supported to develop and maintain personal relationships and links with the wider community, where needed.

Some residents were independent in the service, and did not need the support of staff to maintain contact with their friends and families. They reported that they were able to come and go from their flats at will, and have visitors at times that suited them.

Other residents were supported to keep in touch with family and friends. A number of residents had lived in the service from a young age, and so considered the other residents to be their closest contact. Where residents had moved in to the nursing home or other places, they were still supported to maintain their lifelong friendships.

Relatives who completed the questionnaires were positive about the level of contact they were able to have with their family member and the quality of life they had.

Each resident had a care plan that explained who the important people in their life were, and how those relationships were to be maintained. Records showed that families had been involved to some extent in the care planning process, with the consent of their relatives.

Residents spoke to the inspectors about the activities they were involved in, both within the organisation and in the wider community. People were working in paid and voluntary positions, going on excursions, shopping, walking, going on holidays. At the time of the inspection they were planning all the different Christmas entertainment.

**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:**

Residents moving in to and out of the service were supported by appropriate planning processes.

There was a policy and process in place for admissions, transfer, temporary absence and discharge of residents. It gave guidance on the process around pre-admission assessment, but it was clear in practice they were doing more detailed assessments to ensure new people received the right support during and after their move.

There had been some recent admissions to the service. Plans had been put in place around these moves, and residents and family had been involved in the moves. Residents who spoke with inspectors were positive about the experience and felt it helped them to settle in.

Each resident had a residents guide. This and the statement of purpose were available in Braille for those who read it. One of the residents was able to translate documentation into Braille if asked.

**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*



**Theme:**

Effective Services

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

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

**Findings:**

Care and support provided to residents reflected their assessed needs and respected their wishes.

The needs of the residents varied, with some being very independent and others needing daily support. The care plans and other documents reflected this clearly, and were completed fully where needs were identified.

The personal care plans showed that residents had been involved in the assessments to identify their needs and to help them make choices about how they would spend their time. They used a document called 'my day my way' that covered areas such as ideal routine, support requested, likes and dislikes, how I keep health, and best for my future. Each resident had a copy available to them.

Those spoken with confirmed they felt the service supported them well. All residents felt their independence was respected and that support was there for them if they needed.

Where residents required involvement of other professionals, records showed that this had been supported. For example mental health services, health care specialists and occupational therapy.

The plans were reviewed four monthly, and a full review was carried out annually. Residents, and their relatives where appropriate, were involved in these reviews. Their progress was recorded against any goals or aspirations they had set out as part of their care plan.

Residents spoken with felt the arrangement of having the flats, and then the houses, and close contact with the nursing home meant that they felt confident that their future needs could be addressed in an environment they knew, and with staff who knew them.

There was a policy in place that covered the process to be followed when residents were moving both internal and external to the designated centre. Residents spoken to said they were involved in all decisions about their care.

Relatives fed back in the questionnaires that the care planning process had 'been reassuring and gave great sense of security to the resident' and that 'great care had been taken to assess their mothers needs'.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The design and layout of the houses that made up the designated centre were suitable in their layout and design. The facilities promoted the privacy and dignity of the residents, supporting them to maintain as much independence as possible.

The houses and flats were located close to public transport, with some shops and others services within walking distance. Residents described to the inspectors how they were able to use the public transport to access their different daytime activities. Some residents were fully independent, and others required the support of staff when going out in to the community.

The inspectors found the houses met the description provided in the statement of purpose and were generally well maintained. There was a plan in place to replace the few remaining older bathrooms in the flats.

Each house was homely, and residents had been involved in making decisions about it looked. The houses met the needs of the residents, and physical adaptations had been made to specifically meet the needs of the residents where needed. For example raised stickers on kitchen cabinets to aid identification.

On the day of the inspection the houses were found to be well lit, had heating, and ventilation in place.

Some residents in the houses were happy to show the inspectors their bedroom accommodation. The rooms were found to be of a good size, and personal in nature. Residents had adequate furniture to meet their needs, and some were also en-suite.

Some residents showed the inspectors their flats. They were seen to provide an open plan lounge dining kitchen area. There was also a bedroom and bathroom. Residents felt they were a good size and offered them the facilities they needed in order to remain as independent as possible.

The kitchens in the houses and flats were equipped with the facilities needed for residents to prepare and cook their own meals if they chose, or receive support from the staff.

There were facilities to carry out laundry independently or with support. There was also a full laundry service provided for those who chose to use it.

Resident also had access to the main building on the campus that had a large dining room, activity rooms, a shop, audio library, a chapel and other areas for meeting and catching up with friends and family. This building also housed the main kitchens and laundry.

There was outdoor space around the centre that was accessible to the residents, and well presented. There was a guided walkway, and also pathways designed to offer direction for those who had some vision. The entrance way in to the main building had alarms on the doors to alert people they were opening or closing.

Some residents had aides to support them, and these were seen to be in good working order, for example walking frames.

**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 systems in place to promote and protect the health and safety of residents, visitors and staff.

Inspectors saw a range of policies and procedures relating to health and safety. This included an up to date safety statement. Through the inspection, it was noted that these were being followed, and areas of risk were being managed. For example keeping walkways clear, keeping the public areas clear from clutter and trip hazards.

A risk policy was in place, and following an amendment made during the inspection, it covered the measures to identify and respond to risk as set out in regulation 26 of the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Inspectors saw there were system in place to identify risks and documentation on how those risks would be reduced or managed both at an organisational level and at a local level. The areas covered by the risk assessments and registers included sections on risks for individuals, in the premises, and in relation to the use of chemicals. There were also individual risk assessments in place for residents, identifying the hazard and the steps

taken to reduce the risk to them.

Infection control policies and procedures were seen to be followed in the houses, with protocols around hand washing being followed by staff. They said that had undertaken training, and training records confirmed this.

There was a system in place for recording incidents and accidents. The social care manager reviewed all incidents, and also provided a summary to the person in charge. The quality and safety group also reviewed all incidents and considered if there were any patterns, or action needed to reduce the risk.

Evidence was seen that the organisation was learning from incidents and other feedback. The minutes covered all issues discussed and an action plan for who was responsible to take any agreed action. They were also introducing a root cause analysis for incidents such as medication errors to support their learning and ongoing improvement.

Inspectors reviewed the policy on fire prevention and management and looked at the records for servicing and drill. They also spoke to the residents and staff about training and practicing of the evacuation plan. Residents confirmed they took part in the drills and would know what to do if the alarm sounded.

Records showed that the fire alarm was serviced on a quarterly basis. Other service records for emergency lighting and fire equipment were in place and showed annual servicing was taking place.

The records of fire drills were in place, and showed at least two had been completed annually, this included replicating a deep sleep drill, which was carried out early one morning. The reports included who had taken part, what happened, and any actions needed to improve the response.

Fire safety training had been carried out and all had received training within the last 12 months. The procedure to follow in the event of a fire was displayed. There was an emergency plan in place, and staff knew where to go if they were unable to remain at the building. Although a number of the residents would not be able to see the action plan, they were all very clear about what action to take and where they needed to evacuate too.

On the day of the inspection the fire exits were clearly marked and not obstructed. Daily checks on exit routes, equipment, lighting and evacuation plans were being carried out. There was emergency lighting provide throughout the houses and flats.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

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

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were systems in place to safeguard residents and protect them from the risk of abuse and evidence of a culture of safeguarding of residents. Staff were knowledgeable in relation to the prevention and detection of abuse.

Inspectors found measures were in place to protect residents from the risk of harm. Staff had training in safeguarding and safety, and residents were supported to understand how to keep safe. There was a robust recruitment process in place, and a clear policy and procedure on the prevention, detection and response to abuse for adults. It also included the definitions of different types of abuse including discriminatory abuse and institutional abuse.

The policy also set out that the induction staff when through when they were recruited would cover this topic, and it would be continued through their supervision meetings following their probation. Records were seen that showed this was taking place. There were reporting processes in place where allegations were made. Staff spoken with were aware of the different types of abuse, and who they would report any concerns to.

Residents spoken with also reported that they would know who to speak to if they were not happy about something. They also explained they understood about keeping themselves safe, and staff supported them to learn about this. For example getting money out of a bank machine. In the questionnaires residents submitted they said they did feel safe, for example 'I feel comfortable here' and 'I like the running of the house'.

Although no allegations had been made inspectors found the person in charge was clear on how it would be handled, and gave a full account of the process to inspectors.

It was clear that efforts were taken to identify and alleviate the underlying causes of behaviour that challenged. There were specialist therapeutic interventions put in place with input from psychologists working in the service. A number of behaviour support plan were reviewed by inspectors and they were found to be informative and guided practice. There was also evidence of regular review.

Staff spoken with were clear of their role in relation to responding to behaviour, including to de-escalate and work to support the resident to become less anxious. There were a number of social stories in place for a range of situations, and staff gave examples of when these had been used to positive effect.

Some residents spoken with were aware of different behaviours that may be inappropriate and why they needed to be supported by the staff.

There was a policy in place around restrictions and restraint. The organisation had a policy of a no restraint environment, and all staff and residents were very clear about this. The policy set out how any restrictions would be managed, and the very exceptional circumstances when a form of restraint may be used for the shortest period of time possible.

There was a process in place of identifying any restrictions that were needed, and the Rights Restrictions Committee would review, approve and sign these off. Records seen for 'rights restrictions' were seen to be clearly presented.

Residents spoken with were also clear of the restrictions in place for them, and why they were in place. For example around the area of cooking and food preparation.

Work was taking place to ensure residents were not only viewed in relation to negative behaviours. This included renaming and changing documentation to record skills and positive experiences at the beginning, so readers were not focused on the negative. They were also starting to record when residents were happy and positive events, as well as recording any time of anxiousness or upset. The person in charge was ensuring all relevant information was transferred from the old documents in to the new.

**Judgment:**

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. They were clear of what incidents needed to be notified and the timescales in which they must be completed.

A number of notifications had been received, and followed the agreed HIQA format.

**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 a wide range of opportunities for new experiences, social participation, education and employment.

Some residents were independent and arranged their own employment and social activities. Other residents needed some support around transport but arranged their own activities, and others were supported by the staff to identify activities and pastimes that were of interest to them.

The care service manager had a very good knowledge of the different services, clubs and groups locally, and each individual have a full programme that was built around their interests, abilities and preferences.

On the day of the inspection residents were engaged in a range of things, for example out at work, visiting friends and family, visiting the local cinema, or accessing activities on the campus for example a pop up shop and singing group.

The daily mass was also an important part of the day for a number of the residents.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals as needed.

A number of residents managed their own healthcare needs. They advised the inspector they knew they could ask for support if the needed it, or became unwell and needed

healthcare support.

Where the provider was supporting people with their healthcare needs there was evidence seen in the records that they had good access to general practitioners (GP's). All health needs that had been identified were followed up, and there was a record that logged all the medical interventions and appointments residents had. This gave a clear history of their healthcare.

Inspectors spoke with staff how reported the actions they would take if they felt someone's healthcare needs were changing or they became unwell. They were all very familiar with each residents needs, and records showed that referrals and action had been taken when needed.

There was evidence that residents accessed other health professionals such as occupational therapy, speech and language therapy, ophthalmology and hearing services. Letters and medical reports were available as part of the residents records. Residents confirmed confirmed to inspectors they had access to health services when they needed them, and they felt their healthcare needs were being met.

Residents were offered the option of going to the canteen in the main building for lunch. Many residents did this, and enjoyed it as a social experience. Generally positive feedback was given by the residents on the quality of the food. They also confirmed that they had access to adequate quantities and a good variety of food to meet their dietary needs. Snacks and drinks were available to the residents at all times.

Some residents shopped and cooked for themselves, and confirmed they had adequate facilities to do this.

**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:**

The inspectors found there were policies and procedures around the safe administration of medication.

There was a policy in place for the administration of medication which did cover key areas such as safe administration, storage, audit and disposal of medication. This included arrangement for controlled medication.



The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration and disposal. Records showed that all staff had received training in safe medication administration. The staff in the centre were care support assistants, with the exception of the person in charge who was a nurse.

They had recently switched the system of storage and administration and found it to be working well. Some residents were administering their own medication, and a risk assessment had been completed and signed. They were reviewed monthly, and any changes needed were made to the arrangement as necessary.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete. It was noted that 'as required' medication (PRN), was recorded on their prescription card, with clear instructions for use.

The inspectors observed that the medication storage was in all of the house's in locked cupboards that were used solely for the purpose of medication storage. Residents in the flats also had access to a locked space.

Some residents go home on a regular basis, and there were arrangements in place for sending the correct medication with the resident.

There was a system in place for reviewing medication errors, and the care service manager specifically looked at them to assess if any of the processes needed to change, or whether staff needed retraining.

Inspectors saw records of both internal and external audits for the medication system, with actions clearly identified where needed.

**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 requirements of the regulations except for giving a clear description of who the service was to be provided for.

The document set out that the service was for ladies of all ages with a visual impairment. However the service was developing and supporting residents with other needs. It needed to be clearer in this document who the service is for as the regulations require that the provider only offer the service it sets out in its statement of purpose.

Inspectors read the statement of purpose and found that it provided all other information about the service. It accurately reflected the services and facilities to be provided and described the aims, objectives and ethos of the service.

The person in charge was aware of the need to keep this document up to date, and to notify the Authority of any changes.

**Judgment:**

Non Compliant - Minor

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Inspectors were satisfied that there was an appropriate management structure in place which supported the delivery of safe care services.

Inspectors found that the person in charge of the designated centre was suitably qualified and experienced. She was knowledgeable about the regulations and standards, and her role in meeting them. She was also very clear about the organisational structure, policies and procedures, and their implementation of this was seen clearly through the two day inspection.

The person in charge was responsible for two designated centres, both on the same campus. She was supported in her role in this centre by the care services manager, and they covered the full week and holidays between them. They were both seen to have a very good knowledge of the support needs of the residents. Staff and residents all knew who they was and felt they were supportive.

There was a clearly defined management structure. The board was supported by the Chief Executive. For each area of the organisation there was an unit or department manager, including for care services. There were teams within the structure to deal with

specific issues, for example finance and human resources.

Staff spoken to during the inspection were very clear about their roles, and where decisions needed to be made by other people. They also felt they had good access to the managers when needed. They commented that they felt the staff handover was a very good system of making sure all staff know any changes to residents needs, and also about new policies and procedures.

Reporting systems were seen to be in place for any incidents, for example falls and medication errors. They were reviewed for themes and trends, and to identify any learning for the organisation.

The provider had commissioned a consultant to carry out audits across the service, as they had previously found this helpful. A schedule was seen that covered all the areas of care and support practice.

The provider had also commenced the annual review of quality and safety in the centres across the organisation. She reported that she found this a positive experience and the report was providing useful information for the organisation in future planning.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The provider had appropriate contingency plans in place to manage any such absence. The person in charge and the care service manger did not take leave at the same time, and covered the full working week between them.

Both the person in charge and the care service manager demonstrated a clear understanding of their roles and responsibilities under the regulations when fulfilling their role.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that sufficient resources were provided to meet the needs of residents.

On the day of the inspection there was sufficient staff to meet the needs of the residents. They were involved in a range of activities, including supporting meal times, administering medication, supporting residents to access social activities.

Records of maintenance being carried out in a timely manner were seen. Houses were seen to meet the needs of the residents and had the facilities they needed.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspectors observed that there was sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. Residents knew all the staff well as they had been in the service for some time. Residents who spoke to the inspectors gave strong praise to the staff, and felt the service offered the right balance between supporting their independence while also offering support where it was needed. In the questionnaire people completed they said 'the staff are very helpful and good to me', 'staff help me any time I need' and 'staff are

on hand if needed, very approachable’.

The staff knew the residents well, and were seen to have sufficient skills and experience to meet their needs. They explained to the inspectors that as new residents were moving to the centre with different needs, they were receiving training on the different medical conditions and the type of support that residents would respond to.

The staff rota matched the staffing in each of the houses. The flats were not staffed specifically, but all residents knew how to contact the staff on duty. The inspectors spoke to the residents, staff, care support manager and the person in charge about the staffing levels, and all agreed that there were sufficient staff to meet the needs of the residents. The staff was supported by security staff during the night, in relation to moving around the premises and if any support was needed, for example an evacuation.

All staff had completed the required training for safeguarding vulnerable adults and fire safety. They had also undertaken a range of other courses including safe moving and handling, infection control, dementia and associated behaviours that challenge, safe medication practice. The staff reported to inspectors that they felt they were well supported in their training needs.

Staff files reviewed contained all the required documents as outlines in Schedule 2 of the Regulations, which was evidence of a robust recruitment process. Other than the person in charge there were no nursing staff employed in the centre.

Evidence was seen of the process of supervision being in place, and staff reported that they found it supportive. There was also a system of annual appraisals that focused on what had gone well, any areas for improvement or training needs.

Minutes were seen of staff meetings, covering issues such as training, residents needs and policies and procedures.

Staff said they felt supported by the care service manger, the person in charge and the provider nominee. All three were regularly present and available in the centre.

**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):**

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

**Findings:**

The inspectors found that there were systems in place to maintain complete and accurate records and the required policies were in place. However, not all of the policies reviewed were specific to the centre and would guide the practice of staff.

The inspectors read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. However a number of key documents, such as the safeguarding policy, the managing challenging behaviour and the use of restraint policy referred to staff roles that were not in place in this designated centre.

Inspectors found that staff members were sufficiently knowledgeable regarding the operational policies.

Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner and the directory of residents was maintained up-to-date.

Satisfactory evidence of insurance cover was provided to HIQA as part of the registration process.

**Judgment:**

Non Compliant - Minor

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Helen Lindsey  
Inspector of Social Services  
Regulation Directorate

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider’s response to inspection report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by St. Mary's Centre (Telford) Limited
<b>Centre ID:</b>	OSV-0002314
<b>Date of Inspection:</b>	03 December 2014
<b>Date of response:</b>	08 January 2015

**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 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not clearly set out the care and support needs that the centre is intended to meet.

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

**Action Required:**

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

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

The Centre's Statement of Purpose has been reviewed and edited to include and detail the care and support needs intended to be met in the Telford Houses & Apartments as a Designated Centre for Persons (Children and Adults) with Disabilities. This updated Statement of Purpose was submitted to HIQA for approval on 12/12/2014.

**Proposed Timescale:** 12/12/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Some policies were not written in a way that made them specific to the designated centre.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures 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.

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

The policies identified during the Registration Inspection have been reviewed and edited with regard to making them specific to the designated Centre.

A Policy identified as being specific to Designated Centres for Persons (Children and Adults) with Disabilities has also been added to the Centre's Policies and Procedures Database – QL 010 Maximising Individual's Autonomy and Independence (incorporating Education, Training and Employment).

The Centre's policies will be reviewed and edited on an on-going basis to ensure they are specific to the designated centre.

**Proposed Timescale:** 08/01/2015



