

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Aidan's Day Care Centre Limited
Centre ID:	OSV-0001855
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Aidan's Day Care Centre Limited
Provider Nominee:	Maura Kelly
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration 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:
09 December 2014 12:30	09 December 2014 17:30
10 December 2014 08:30	10 December 2014 19:30

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

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

Summary of findings from this inspection

This centre, operated by St Aidan's Day Services, was a designated centre providing accommodation and care for people with disabilities including dual diagnosis, autism, epilepsy and individuals with behaviours that challenge. This was an announced inspection, carried out over two days, for the purposes of informing a decision to register the designated centre.

The documentation submitted by the provider as part of the registration process was submitted in a timely and ordered manner. As part of the inspection the inspector met with residents, the nominated provider, the person in charge, social team leaders, nurses, relatives and other staff members. The inspector reviewed the

policies and procedures in the centre and examined documentation which covered issues such as staff training, complaints and advocacy, personal plan development, staff training and health and safety risk management. St Aidan's Day Services operate a number of centres in the area and this inspection process included the registration of two of these centres; the inspection assessment in respect of both these centres was comparable in areas of overlap such as policies, procedures and practices that were reflected in both centres.

This centre operated over two sites, comprising two residential houses, located within a mile of each other and of the main campus of St Aidan's Day Services in Gorey town. Service users were supported in their access to facilities on the main campus, including a food canteen, and other day services such as activities and training.

Previous inspection findings for this centre were generally satisfactory; where regulatory non-compliances had been identified the provider and person in charge demonstrated a willingness and capacity to implement the required improvements. The last inspection was undertaken on 12 May 2014 and that report, including the provider's response to the action plan, can be found on www.hiqa.ie. The action plan at the end of that report cites areas where improvements were identified to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

In summary, both the registered provider and the person in charge were found to be actively involved in the day-to-day running of the centre and readily available and accessible to both residents and staff. There was evidence of individual residents' needs being met and the staff supported residents encouraging them to achieve or maintain their independence where possible, including training and education. Inspectors noted that community and family involvement was also encouraged.

The inspector observed good practice during the course of the inspection and there was evidence of a high standard of care delivered with access as required to a general practitioner (GP), dentist and other allied healthcare professionals. There was a range of both social activities, and educational and training opportunities, available to residents both on-campus and in the local community. Overall the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were well met though there were some findings in relation to documentation around governance, social care needs, safeguarding and safety and records management.

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:

There was a centre-specific complaints policy dated 1 April 2014 in place which was summarised in a flow-chart format and displayed clearly at the centre. It identified the nominated complaints person and included information about time-frames and procedures for internal and external review. Information on how to access advocacy services was also clearly displayed in an easy-to-read format. The social team leader explained that where residents raised any issues efforts were made to address these issues informally on an on-going basis; where actions were undertaken as a consequence these issues they were recorded in a log accordingly. Any learning from outcomes was cascaded back to staff in feedback through staff meetings and one-to-ones.

A privacy and dignity policy was in place dated 1 April 2014 which included direction on informed decision making. The inspector noted interactions between staff and residents were familiar and comfortable whilst being respectful with appropriate boundaries observed. Residents had their own bedroom with adequate space and facilities for storage and personal belongings. Residents could receive visitors either in communal areas or in the privacy of their own rooms. Contact with family and friends was encouraged as part of routine activities which residents took an active part in scheduling. Personal plans recorded the interests and preferences of residents and the activities arranged ensured that residents had the opportunity to participate in activities that reflected their interests. It was clear from participation records and personal plans that residents could exercise choice as to whether or not they attended scheduled activities. House meetings were held regularly and records indicated service users both attended and actively contributed with ideas and suggestions for improvements.

An information booklet provided as part of the admission pack was user-friendly and detailed the resource provided by the National Advocacy Service and how this could be accessed. A number of staff had also received advocacy training and meetings with residents were held regularly. Staff were appropriately trained and qualified to engage with the resident profile and residents were supported to exercise rights such as voting. Religious interests were documented in personal care plans and attendance at religious services was facilitated. Resident consents were documented in relation to issues such as personal care, money management and medical care.

There was an up-to-date, site-specific policy and procedure on residents' personal property and possessions. Appropriate systems were in place to secure residents' monies and individual finances were maintained. A sample of records that were checked during inspection were in accordance with procedure in terms of dated and signed transactions and the cash balance reconciled with records.

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:

A communication policy dated 1 April 2014 was in place including a policy on the provision of information to residents. Residents were seen to be consistently supported and assisted in their communications. Staff were aware of the individual needs and personal habits of residents in relation to communication and were competent in assisting residents to express themselves and also anticipating needs to facilitate such expression. Appropriate reliance was placed on communication techniques such as illustrated signage in communal areas and around functions of daily living like nutrition charts and food preparation. Pictograms and photographs were used to good effect in conveying information about staff identities and to assist residents in identifying the different roles of individual carers. Illustrated booklets were available providing information to do with personal rights, safety and dignity. A clear flow-chart illustrating the complaints procedure was on display and also referenced the advocacy services and contacts that were available. The use of technology in general was well supported with access to equipment and training provided on an individual basis and tailored to the needs of each resident. Residents had access to radio, television and social media. A private phone was accessible for all residents with some managing their own mobile device. Transport and supportive arrangements were in place to facilitate residents in

their access to local services and activities. It was clear that residents were fully integrated into a small but interactive local community with effective links and support apparent in relation to employment opportunities and due consideration given to co-operation around safeguarding.

Personal care plans reviewed by the inspector recorded the individual communication requirements of residents including the input of external professionals such as a psychologist or speech and language therapist for example. Plans of care outlined specific means of communication and were seen to be detailed, including information such as how residents' behaviour would change when expressing different emotions. The plans also outlined methods of communication to use to support relatives' contact with individual residents including correspondence and phone calls. The inspector spoke with residents and reviewed questionnaires completed by residents that reflected the application of communication care plans in practice.

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:

Arrangements for contact with families and the development of personal relationships was outlined in the statement of purpose and also in the service users' guide. Residents spoken with by the inspector talked of their day-to-day activities as well as of their ambitions in terms of personal achievement and education. It was clear from these discussions that positive relationships with family, where achievable, were actively fostered by staff and management at the centre. Residents spoke of regular and frequent excursions into the local community for the purpose of both recreation and in order to achieve outcomes related to independent living such as banking or shopping for provisions and personal items. Care plans documented records of past contact with friends and relatives and also an agenda of upcoming arrangements, for example outings planned over the festive period. Communication with family around healthcare and wellbeing was also recorded.

Both units of the centre were located just on the outskirts of town and access to community services was supported with appropriate transport systems in place. The inspector noted that the residents were also supported in achieving independent access with systems of remote but accessible monitoring in place. Residents had the benefit of

access to the day services available on-site at the campus and a training resource centre that provided a variety of activity workshops and interactive recreational activities. The inspector visited this premises and saw that the relatives of residents were able to attend if they so wished. This venue also provided an opportunity for residents to engage in some of the local community initiatives such as volunteering and fund raising.

Although residents were involved in activities or training and education in the course of the day, the centre had an open policy for visitors with opportunities for friends and family to visit regularly and suitable private visiting spaces available for use, as well as access to the communal areas of the centre.

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:

Admission criteria were clearly outlined in the statement of purpose and also referenced in the service users' guide with appropriate policies in place to direct procedure in this regard. Documentation in personal care plans illustrated that extensive consideration went into the planning and arranging of admission, transfer or discharge of residents. The process was seen to be person-centred and policy outlined appropriate consideration of the needs and safety of residents moving to, and already residing in, the centre.

Contracts of care reviewed contained relevant detail in relation to the services provided and any associated fees. Those inspected were also appropriately signed and dated.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to

meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Appropriate and current policies and procedures were in place providing directions to staff on the delivery of care in areas such as behavioural support and intimate care. A number of personal care plans (PCPs) were reviewed during the inspection. The inspector noted that in a number of cases residents had direct and on-going access to these plans and were familiar with the layout and content of the documentation. The plans were working documents which were updated continuously and accompanied residents to the centres of their daily activity. Information on communication in the plans showed that they were regularly reviewed with input by both family members and staff.

The PCP's described the aims and ambitions of residents and residents spoken with explained how they had been involved in the planning of their goals and the steps being taken to achieve them. Milestones and timeframes were outlined and those individuals with responsibility for ensuring progress on these milestones were identified. Evidence of achievements were also produced by the residents themselves such as items crafted during workshops and certificates for completed training courses for example. The inspector noted that residents' wellbeing and welfare was maintained in keeping with evidence-based care and support. Residents' needs were assessed on admission and personal plans were developed in collaboration with residents which reflected areas such as personal goals, communication issues, personal care, activities and education and learning.

The inspector noted that though good practice was in evidence, on the day of inspection the admissions policy did not reference procedures around transfers and temporary absence - the policy was updated at the time to address this finding.

Access to services both on campus and in the community were facilitated with appropriate transport arrangements in place and an adequate complement of staff suitably trained and equipped to ensure safe access.

Judgment:

Non Compliant - Minor

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 designated centre comprised two residential houses located approximately a mile from each other just on the outskirts of Gorey town. One house formed part of a purpose built development for a sheltered community and was single storey with adequate access throughout to accommodate assistive equipment such as hoists and wheelchairs. The other premises was a semi-detached two-storey townhouse. The grounds of both houses were well maintained with an area directly accessible for residents that was secure. Parking was available for both premises. The location, design and layout of both premises was in keeping with the statement of purpose and contained accommodation appropriate to the individual and collective needs of residents. Both properties were free from hazards, well furnished, comfortable and decorated in a homely fashion with appropriate equipment for use maintained in good working order. Kitchen and bathroom facilities were clean, accessible and suitably equipped. Residents' rooms were comfortable with adequate storage for belongings and rooms were individualised with personal items and photographs.

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:

Actions identified during the previous inspection had been addressed in accordance with the action plan and staff had received the necessary training on fire prevention and emergency procedures. Staff spoken with understood procedures for evacuation in the event of a fire or emergency.

There were up-to-date policies and procedures relating to health and safety, including a health and safety statement dated April 2014, though this did not include a reference to visitors - an omission that was addressed and documentation updated before the inspection was completed. A current risk management policy was also in place covering areas such as injury, unexplained absence, self-harm and aggression and violence. The inspector saw that comprehensive data was maintained and monitored in relation to incidents and accidents including falls and medication errors. Health and safety audits were carried out with data collated and assessed monthly to identify trends against averages.

Floor plans, evacuation procedures and emergency contact details were clearly on display in large print. Fire safety equipment such as extinguishers and fire blankets were readily accessible. Comprehensive personal emergency evacuation plans were in place. Records indicated that escape routes and the fire panel were checked daily. Records for assistive equipment were maintained with certification dated 17 November 2014 available. Equipment was serviced annually and a compliance certificate dated 10 December 2014 was available. Records indicated a fire drill was carried out on 2 December 2014. Fire alarms were in place with a record of service on 8 December 2014.

Satisfactory procedures were in place for infection control with personal care plans containing standard precautions for the management of potentially infectious residents. Personalised slings were in use for residents requiring the assistance of a hoist. Hand gel was seen to be available and in use. Colour coded cleaning systems were in operation and current policies were in place for the disposal of clinical waste. Alginate bags were also available and in use for laundering where necessary. Cleaning chemicals were appropriately secured and sluice rooms were adequately equipped.

A number of vehicles were available to service users for transport and documentation seen verified that all of these were appropriately insured with relevant maintenance certification in place and up-to-date. Designated drivers were licensed and had received recognised training in wheelchair clamping.

Judgment:

Non Compliant - Minor

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:

All staff at the centre had attended a training programme delivered on 10 December 2014 on 'Trust in Care' and positive behavioural support. Staff with whom the inspector spoke understood what constituted abuse and were clear on lines of reporting and action to be taken. Where allegations had been made procedures for managing the process were clearly documented and managed in line with the centre's policy, national guidance and legislation. The current policy, however, did not reference guidance where allegations involved visitors and this was revised and updated on the day of inspection.

Centre-specific policies on managing challenging behaviour and restraint and physical intervention were in place dated 1 April 2014. Staff had received appropriate training in the use of restraint and managing challenging behaviour and also the use of positive behaviour support plans. Through discussion with both staff members and residents, and observation of interactions between staff and residents, the inspector was satisfied that residents were assisted and supported in developing a self-awareness around their behaviour generally and that positive behavioural supports were implemented. Several residents spoken with demonstrated insight around their behaviour and understood when it might be problematic and potentially a source of distress for themselves or other residents; they could also talk about things they did, or avoided, to remain calm and how staff helped them with this. Personal care plans included behaviour monitoring charts where incidents were recorded and positive behavioural interventions were recorded. Bed-rails were in use for one service user, by request, and there was a record of input by a multi-disciplinary team in the personal care plan along with a signed consent form, an assessment and a safety checklist that had last been completed on 7 December 2014.

A policy dated 1 April 2014 was in place covering the management of residents' personal property and possessions. Residents had their own bank accounts and access to personal monies to spend in accordance with their wishes. A record of the handling of money was maintained and two signatures were recorded in all instances with receipts provided for transactions. An account check in one instance confirmed that a running balance was maintained and verified.

The inspector also noted that staff discussed spending habits with residents to both support their independence and also to safeguard their interests. For example some residents were buying different types of an item to form a collection whereas others were occasionally buying items they already possessed, such as duplicate copies of a CD. In such instances staff and management made efforts to differentiate the purchases for residents and took steps to engage with services in the community and foster a dialogue to address these issues, such as agreeing the subsequent return and refund for items on occasion. This was another example of ways in which community links were developed on both sides from a person-centred perspective.

Judgment:

Non Compliant - Minor

--

Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Appropriate records were maintained of all incidents occurring at the centre and, where required by the regulations, such incidents were notified within the specified time-frames.
Judgment: Compliant

Outcome 10. General Welfare and Development <i>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.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: All service users had access to a day care service which was provided following an assessment of needs and taking into account individual preferences and the availability of service. St Aidan's provided day care services to meet a range of assessed needs including those of older persons as well as people with disabilities. The services of a dedicated training centre were also available providing access to further education and certified courses as well as work-shops, activity groups and recreational facilities. The inspector attended some of the day services in the course of the inspection and observed that resources and activities were appropriate to the needs and interests of residents. Opportunities were made available for both group and individual endeavour and family participation was also facilitated. Service users were supported to participate in further education courses available locally. There were several examples of service users graduating with certification from such courses and having the opportunity to participate in both voluntary and paid work in the wider community.

Following daily activities the pursuit of personal interests in the evenings was also actively supported. Residents who could were encouraged to undertake independent activities such as a walk or some personal shopping. If necessary, transport was arranged to attend recreational activities and residents spoke of regular outings to go swimming, walking or to the cinema.

The inspector was satisfied that residents were provided with ample opportunity for new experiences, social participation, education, training and employment.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspector reviewed a number of residents' personal care plans (PCP's) and found them to be individualised, comprehensive and kept under regular review. Health needs were appropriately assessed and met by the care provided by the centre. Residents were encouraged and facilitated to engage in activity programmes appropriate to their abilities and interests. Recreational activities routinely incorporated physical exercise and independence was promoted in the management of day-to-day needs and practices in relation to health, hygiene and nutrition. Healthy living choices were encouraged with residents involved in the choice, purchase and preparation of ingredients for meals. Meal choices could be varied and personalised according to individual preferences whilst consideration was also given to a balanced diet. There was evidence of multi-disciplinary input on several PCP's reviewed. Access to allied healthcare professionals was available with documented referrals in relation to consultations with chiropractors, opticians and audiologists for example. Residents were encouraged to take ownership of their own welfare which included their choice of general practitioner (GP). A review of medical notes showed that a general practitioner (GP) was in regular attendance at both premises of the centre.

Overall the welfare and well-being of residents was maintained through both evidence based nursing care and appropriate medical care.

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:

Previous findings in relation to the signing of records around medication movement and administration had been addressed.

A centre-specific policy, dated 1 April 2014, was in place for medication management that referenced the prescribing, administration, storage, safekeeping and disposal of medicines. The processes for handling of medicines were safe and in accordance with current guidelines and legislation with medications stored appropriately in a secured cabinet. Systems for reviewing and monitoring safe medication management practices were in place with quarterly audits conducted by the local pharmacist at both premises of the centre on 22 October and 5 December 2014 respectively.

Out-of-date or unused medicines were returned to the pharmacy on a weekly basis. Systems were in place to record medication errors which included a mechanism for feedback and learning by staff. Patient information leaflets were kept on-site for each medication. In the event that a resident refused medication, protocols were in place to ensure effective communication and follow-up via the personal care plan.

Medication administration sheets were maintained in accordance with requirements and contained the medications identified on the prescription sheet and the signatures of administering staff. Prescription sheets contained the necessary biographical information. Staff were appropriately trained in the safe administration of medications (SAMs).

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):

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

Findings:

A written statement of purpose was in place which set out the aims, objectives and ethos of the centre including the facilities and services provided to residents. Staff spoken with were aware of the statement of purpose, copies of which were available at the centre. The statement of purpose covered the areas listed 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. The person in charge confirmed that the statement of purpose was kept under regular review.

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:

Effective management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was in keeping with that outlined in the statement of purpose. There was a full-time person in charge, who was a registered nurse, with extensive clinical knowledge and the appropriate experience to ensure the effective care and welfare of residents in the centre. The registered provider was also a registered nurse with extensive clinical experience who had worked as general manager of the centre since 2005. Both the person in charge and the registered provider were actively involved in the day-to-day operational management of the centre and demonstrated sufficient knowledge of the associated statutory duties. Senior management was supported by a financial manager and an HR manager and was accountable to a Board of Directors that had overall responsibility for the governance of the organisation.

Management communication systems included quarterly management meetings with information cascaded to staff via meetings with unit heads that were held, at least, on a monthly basis. Care was directed by the person in charge via the team leader. Quality management systems were in place that included regular audits to inform the review process. For example the person in charge had conducted an audit of personal care plans (PCP's) on 23 June 2014. Issues identified as a result of this audit were raised with staff via meetings and an audit follow-up on 27 July 2014 found that the actions identified had been completed. Other areas subject to review and audit included infection control, hand hygiene and medication management. The review of quality management systems was in process though no written report on the quality and safety of care and support provided at the centre had yet been produced. The provider confirmed this would be available in early 2015.

Judgment:

Non Compliant - Minor

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:

There had not been an occasion where the person in charge was absent for 28 days or more. Suitable arrangements were in place for the management of the designated centre in the absence of the person in charge whereby the registered provider would deputise in the role. The provider was aware of statutory requirement to notify the Chief Inspector of any such absence.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with its statement of purpose. The provider explained that resources were regularly reviewed in consultation with the person in charge with needs identified through the use of audits and risk assessments. During the course of the inspection the inspector did not identify any area where insufficient resources were impacting on the ability of the service to deliver appropriately in relation to the needs of residents as outlined in the individual personal plans. Discussion with both the person in charge, and staff generally, confirmed that there had not been any occasion where the delivery of service to meet residents' goals had been constrained due to lack of resources. The inspector found that the facilities and services available in the designated centre reflected the statement of purpose. Staff confirmed that there was a household budget that could be used to meet the day-to-day running costs of the centre and that any extra requirements were met by the management.

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 inspector reviewed recruitment and training records and procedures and also spoke with staff and management in relation to both these systems. There was a centre-specific policy on recruitment and selection of staff dated 1 April 2014. A policy on the recruitment and vetting of volunteers was in place dated 8 December 2014 which referenced description of duties and supervision. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Staff spoken with were appropriately qualified and competent to deliver care and support to residents; where required, staff held the appropriate professional registration. Staff were also aware of, and understood, their statutory duties in relation to the

general welfare and protection of residents. A copy of the Health Act 2007 and associated regulations and standards were readily available for reference in both premises of the centre.

The inspector noted that a planned and actual staff rota was in place that included staff quotas for both day and night duties with effective arrangements to ensure continuity of care for all residents both on-site, in transit and whilst participating in off-site training, activities or personal pursuits. The inspector was also satisfied that the staff numbers and skill mix were appropriate to meet the needs of residents. Staff received on-going training to support them in the delivery of evidence-based nursing care and all were up-to-date in relation to mandatory training. The qualifications of senior nursing staff, and their levels of staffing, also ensured appropriate supervision at all times.

Inspectors reviewed a sample of staff files and noted that the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available. Inspectors also noted an appraisal system was in place that provided formal support and management of performance in relation to staff conduct of duties and personal development.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Written, site-specific policies and procedures, as listed in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013, were maintained in a manner whereby they were both current and complete and also readily accessible for reference. Though a specific policy in relation to the creation of, access to, retention of, maintenance of and destruction of records was

not in place, practices in relation to record maintenance were in keeping with statutory requirements. Records in respect of schedule 2 were maintained appropriately as detailed in outcome 17 on workforce.

A directory of residents was in place which included the relevant information as detailed in Schedule 3 of the regulations including biographical information and the contact details of specified parties. Information for residents was available as required including a statement of purpose dated 1 October 2014. A comprehensive service users' guide, also dated 1 October 2014, was in use which summarised the services and facilities provided by the centre and the terms and conditions of residency, including arrangements for residents' involvement in consultation. Procedures around complaints and visiting arrangements were also summarised.

Other records as specified in Schedule 4 of the regulations were available and accessible in relation to admission fees and services, the right and process of complaint, notifications and risk management around fire safety - which are detailed under their respective outcomes throughout this report.

In relation to all records referenced above maintenance was in keeping with timeframes specified within the regulations.

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:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Aidan's Day Care Centre Limited
Centre ID:	OSV-0001855
Date of Inspection:	09 December 2014
Date of response:	04/02/2015

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 14: Governance and Management

Theme: Leadership, Governance and Management

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

A report on the safety and quality of care and support provided at the centre was not available.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by

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

the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The registered provider or nominated person will carry out an unannounced visit to the designated centre within the proposed timescale. Thereafter, these unannounced visits will be carried out at least once every six months or more frequently. A written report will be prepared following the unannounced visit on the safety and quality of care and support provided in the centre and a plan will be put in place to address any concerns identified during the unannounced visits.

During this unannounced visit the following will be inspected:-

- Personal Plans to ensure that they are being completed, evaluated and reviewed
- Risk Assessments
- Observation of Clinical pathways
- Provision with regard to Behaviour Support meets the needs of the service user
- That allied Health Professionals referrals are in place and ongoing
- Infection Control e.g. hand washing
- Inspection of equipment servicing records
- Health & Safety in relation to premises and environment
- Medication procedures & documentation to evidence that ABA guidelines are being adhered to.
- Ensure that best practice guidelines are being followed in relation to report writing and record keeping and that information is being used correctly
- Staff will be observed and evidence recorded in attending to various aspects of personal care
- Randomly select a number of incident reports
- Residents Finances
- The home finances
- Verbal communication with the residents and family
- Complaints procedure is being adhered to
- Fire Safety Maintenance Records
- Fire Evacuation Records
- Personalised Fire Evacuation Plans
- Observe interaction between staff and service users to ensure safeguarding and protection of Vulnerable Adults.
- HACCP guidelines are being adhered to
- Observe for competency and skill set of staff working in the home and workforce
- Ensure that the home is complying 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.

A copy of this report will be made available on request to any resident, their

representative and HIQA Chief Inspector.

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

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

The annual review of quality and safety of care and support in the designated centre had not been completed.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

The annual review of quality and safety of care and support in the designated centre and that such care and support is in accordance with standards will be achieved by the following:-

- Review of mission statement
- Analysis of HIQA Reports
- Review Statement of Purpose and Service User Guide
- Review the effectiveness of the Cared4 Quality Management System to ensure it is meeting the stated objectives of the home and requirements of its Residents which will identify areas where the Quality System can be improved and thereby improve the quality of service to its residents.
- Review the management of Complaints
- Review Key Performance Indicators
- Identify safety and quality risks
- Analyse Accident & Incident Reports & the status of preventative actions
- Review the Key Elements of the Safety and Health Management Audit System which includes 18 Criterion
- Ensure compliance with the Regulations
- Review clinical and non-clinical audits
- Review workforce roles and responsibilities
- Review of training needs analysis
- Review of Resident Satisfaction surveys
- Review of Records Management Policy
- Review of Personal Plans
- Review of Behaviour Support Plans
- Review of service users rights
- Review infection control guidelines
- Review of Service Users finances
- Review feedback from service users, carer and staff views of the service and actions that have been taken on suggestions for improvement

- Review the homes Quality Policy Statement

Proposed Timescale: 30/04/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no specific policy in relation to the creation of, access to, retention of, maintenance of and destruction of records in place.

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:

We are developing our own policy in relation to the creation of, access to, retention of, maintenance of and destruction of records in place.

Proposed Timescale: 28/02/2015