

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Marian Avenue
Centre ID:	OSV-0001839
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Christopher's Services Company Limited by Guarantee
Provider Nominee:	Clare O'Dowd
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Emma Cooke
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 January 2017 10:00 To: 10 January 2017 20:15

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to this inspection:

This was the third inspection of this residential service carried out by the Health and Information Quality Authority (HIQA). The purpose of this inspection was to monitor against on going regulatory compliance. This service is one of seven residential services run by St. Christopher's Services Ltd.

Description of the Service:

The centre provides residential accommodation and support services for adults with moderate to profound intellectual disability and associated physical, sensory, medical, and behavioural needs. The centre is registered since 2014 for a maximum capacity of six residents. Inspectors found that the service described in the statement of purpose adequately reflected the service provision inspectors observed on the day of inspection.

The house is a modern purpose built bungalow situated in a quiet estate in a residential part of a town in County Longford. Each resident has their own individual bedroom and ensuite. All bedrooms were decorated according to the wishes of the

resident taking into account their taste and preferences. There was a large kitchen and dining area adapted to residents needs with two communal living rooms. The centre has a large sensory garden which provides a safe accessible outdoor green area and a facility for gardening. The centre is centrally located within close proximity to a variety of amenities such as shops, restaurants and pubs.

How we gathered our evidence:

The inspection took place over one day and as part of the inspection, Inspectors met with residents, staff, person in charge and the provider nominee. As part of the inspection process inspectors observed practices, reviewed documentation such as personal plans, policies and procedures, medical records, maintenance records and risk management documentation. At the time of the inspection, some residents were out attending day services and other residents remained in the centre with plans in place to go for a walk that evening. Inspectors sought the consent of residents to enter their bedrooms and speak with them.

The majority of staff members interviewed demonstrated good knowledge and understanding of the individual residents' needs, wishes and preferences. Inspectors observed respectful and dignified interactions between residents and staff at all times. Residents and families were involved in all aspects of decision making about their care and the designated centre. Residents were supported to promote independence and exercise choice in their daily lives. Inspectors spoke with all five residents on the day of inspection and spoke more in-depth with one resident.

Overall judgment of our findings:

Inspectors found that the centre was an organised, well run service that provided a person centred approach to meet the individual health and social care needs of all the residents. Residents' personal plans contained comprehensive assessments; however, behaviour support plans were not in place for a resident where a need had been identified. Person centred planning goals were not being achieved in some instances and reasons for not achieving goals had not been evaluated.

11 outcomes were inspected against and inspectors found evidence of good practice across all outcomes. Of the 11 outcomes inspected against, seven were found to be compliant or substantially compliant, four were found to be moderately non compliant. Some improvements were required with regards to residents contract for the provision of services, fire containment measures, social care needs, notifications and restraint management.

These evidence of our findings are discussed further in the report and include an the Action Plan at the end of the report.

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 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Inspectors reviewed residents' contracts of care to assess if the provider had addressed the action from the previous inspection in relation to lack of information with regards to fees residents were required to pay while living in the centre. The action had not been addressed.

Residents' contracts of care did not outline in detail the fees they must pay as part of their terms and conditions for living in the centre. Also, the contracts of care and the organisational policy did not set out clearly the services the St. Christopher's Services provided residents, for example, how the service supported residents to avail of specialised equipment and who paid for such equipment.

Inspectors spoke with the person in charge and the provider nominee with regards to this matter. The person in charge told inspectors that recent changes in how equipment was supplied to residents meant she was not clear on the procedure for helping residents procure equipment recommended for them.

As already stated, the organisational policy did not give any guidelines with regards to this. At the time of inspection a resident prescribed a specialised wheelchair, had not received the equipment yet as there was confusion as to who should pay for the equipment.

The provider was required to clearly set out in their policies and procedures and contracts of care the services they offered residents including how they supported residents to acquire equipment recommended for them and the services residents were required to pay for including any regular fees charged to them.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found that a comprehensive assessment of the health, personal, social care and support needs of each resident was in place.

Each resident had an individual personal plan that reflected their abilities needs and aspirations. However, person centred planning goals were not being achieved in some instances. Where goals had not been achieved specific assessments were identified as required to support residents achieving their goals, these had not been completed at the time of inspection.

A key worker was assigned to each resident whose role was to support residents in identifying person centred goals and to maintain their personal plans and review and update them as required. There was evidence that residents and their families were also involved in preparing their personal plans and goals.

Residents were well integrated in the local community. Some residents attended day services and other residents availed of local facilities such as restaurants, pubs and library.

Inspectors reviewed a sample of personal plans and found them to be comprehensive. Each resident had received a comprehensive assessment of need. Where needs were identified care planning was in place to support residents with that need. There was also evidence of consistent and regular review of care planning and changes were as required.

Person centred planning goals were not being achieved in some instances. For example, some residents' goals included a trial in a flotation tank and using a jacuzzi. These had not been achieved at the time of inspection despite being identified in January and February 2016. Following evaluation of why goals were not achieved a social outing risk

assessment was identified as being required but this had not been completed at the time of inspection.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The 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.

The house comprised of several communal areas and each resident had their own bedroom and en-suite. There were three additional bathrooms one of which had a fully accessible Jacuzzi bath and other accessible toilet and shower facilities. The centre had adequate storage spaces for residents' records, resident's equipment and aids as well as other additional storage for supplies.

Generally, the premise was clean, comfortable and had a homely atmosphere. However, one particular communal space was in need of redecoration and upkeep. At the time of the inspection, staff reported that project plans were in place to upgrade the communal space to a multipurpose and sensory communal space that would suit the needs of residents with particular auditory and sensory requirements.

The corridors were kept clear at all times to facilitate ease of access particularly for residents using mobility aids and there were appropriate hand rails on both sides of the corridors to assist residents when mobilising. Inspectors found the centre to be well-maintained with outside maintenance occurring on the day of inspection. Inspectors reviewed maintenance records and found regular servicing of equipment took place.

The majority of bedrooms were of a suitable size for the needs of residents. However, staff acknowledged limited space in one room for a resident requiring hoisting in and out of bed. This situation had occurred previously in this centre and steps had been taken whereby a ceiling hoist was purchased for a resident. Staff reported that these options could be explored again to suit the needs of this resident.

Residents' rooms were decorated and personalised based on their own choices and likes and residents reported that they were happy with their room and staff respected their privacy by knocking on doors.

There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents at the time of inspection. However, policies and procedures that outline how payments and fees are arranged for equipment and mobility aids that residents require required improvement. This is further discussed in Outcome 4; Admissions and Contracts for the Provision of Services.

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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted in the centre. However, there were improvements required in relation to fire and smoke containment measures in the centre and management of some personal risks for residents.

There was an up-to-date health and safety statement which addressed areas such as accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents.

The risk management policy met the requirements of the Regulations and was implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

Hazards in the centre were identified in a risk register and risk assessments had been carried out for each risk identified. Documentation of control measures in place to manage risks were identified for personal risks to residents such as risk of falling, choking or risks associated with seizures.

While the person in charge had implemented in the main robust risk control measures for residents some control measures documented for the use of bed rails required review as they were not in line with evidence based risk control practice. For example, all resident that required the use of bed rails had bumpers fitted to the bed rails to

control the risk of residents becoming entangled or trapped in the bed rails.

While this was in line with appropriate bed rail management some control measures documented included the recommendation for the use of a pillow or blanket to cover bed rails if bumpers did not fully cover the bed rail. Such control measures were not in line with evidence based practice and could pose a risk of suffocation to residents. Inspectors noted no pillows were being used in such a way at the time of inspection therefore no risk was present for residents. However, the person in charge was required to review bed rail risk assessments to ensure control measures documented were not prescribing unsafe practices.

The fire policies and procedures were centre-specific and up-to-date. The inspector observed that there were fire evacuation notices and fire plans displayed in the centre. Fire drills had taken place approximately every month. Individual personal evacuation management plans were documented for residents and implemented as part of fire drills in each residential unit. The response of residents during fire drills was documented and also the length of time the drills took. The inspector reviewed the fire safety register with details of all services and tests all of which were up-to-date.

However, there were inadequate fire and smoke containment measures in the centre. There was a lack of self closing devices on doors leading to high risk areas such as the utility room and kitchen. Staff implementing and recording fire drills for the centre had also identified the lack of automatic door closers also. This documented risk had been identified since June 2016. At the time of this inspection January 2017 the provider had still not addressed the identified risk.

The provider was required to address the fire safety works as to ensure robust fire safety measures were in place in the centre. This was particularly relevant given all residents in the centre had mobility issues which impacted on their ability to evacuate the centre independently.

There was a policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. The premises appeared hygienic throughout. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

However, supply of hand washing and drying materials required improvement. Of the five ensuite and bathroom/shower facilities in the centre, one ensuite and one shower/toilet facility had hand wash soap and hand drying facilities available. In order to promote good hand hygiene for staff engaging in personal care practices for residents the provider was required to provide adequate hand hygiene products throughout the premises. Inspectors noted a recent outbreak of the winter vomiting bug had occurred in the centre the containment of which would have been impacted on by the inadequate hand hygiene facilities available.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training. A good supply of hoists were available for staff to use. These included a manual and overhead hoist in the centre. Inspectors observed appropriate, discreet manual handling measures implemented by staff during the course

of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were appropriate policies and procedures in place to protect residents from experiencing abuse, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. However, there were improvements required in relation to the management of behaviours that challenge and restraint management.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken outlined the procedures they would follow should there be an allegation of abuse. Designated persons were assigned within the organisation to manage allegations of abuse and carry out preliminary screening and investigations of allegations of abuse. Inspectors were satisfied that allegations of abuse were comprehensively acted upon and investigated in line with safeguarding policies and procedures.

All staff had received training in response to behaviours that challenge and potential aggression. Residents who could display behaviours that challenge had a behaviour support plan in place. While the behaviour support plan was in place it was not comprehensive and had been drafted in 2015 and required updating to ensure it reflected the most up-to-date recommendations and interventions for the resident and to reflect changes in the resident's presentation. Some staff spoken with did not demonstrate adequate knowledge of the triggers to the resident's behaviours that challenge and did not demonstrate adequate knowledge of the resident's behaviour support plan.

At the time of inspection a psychologist from another service provider provided approximately two days per month to St. Christopher's Services. The person in charge

said they required more input and support to ensure the behaviour management plans they had in place were appropriate.

A restraint free environment was not adequately promoted in the centre. Inspectors observed where residents required bed rails, for example a bed rail risk assessment was carried out and necessary risk controls were in place. However, there were some improvements required in relation to restrictive practices. As a risk control measure for a resident at risk of falls staff placed couches in a living room in a configuration which ensured a resident could not move or navigate around them thus environmentally restricting the resident to a small space between the couches.

There was no evidence which indicated other alternatives had been trialled in relation to the prevention of falls to the resident. The duration of time the resident spent in the environmental restraint was not monitored or recorded. There had been no restraint or human rights review of the practice. This was not evidence of restraint being used in the least restrictive manner and for the least amount of time possible.

Another restrictive practice in place was the use of baby sound monitors in residents' bedrooms to alert staff at night time should residents attempt to get out of bed or call for staff. Inspectors noted that recommendations by an occupational therapist had identified the use of a baby monitor was not suitable and a sensor mat would be a more appropriate option to manage the risk of falls to residents. Equally inspectors were not assured that the use of such monitors were entirely effective in controlling risks to residents.

The use of baby monitors in the centre imposed upon residents' right to privacy at night time in their bedrooms. Similar to the environmental restraint in use the use of these monitors had not been reviewed from a human rights or restraint perspective. There had been no trial of alternatives to this practice.

In light of these findings inspectors reviewed the restraint management policy and procedures for the organisation and found they were out-of-date. The provider nominee and person in charge informed inspectors that the policy was currently under review. The restraint management policy did not give guidance for staff in the management of bed rails, lap belts, baby monitors or the use of chemical restraint, for example. It also did not outline how restrictive practice was audited and monitored in the service.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Some required notifications had not been submitted to the Chief Inspector.

A recent outbreak of a vomiting bug had not been notified.

A grade 3 pressure ulcer in May and August 2016 had not been notified in quarterly notifications.

Judgment:

Substantially 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:

Overall, residents were supported on an individual basis to achieve and enjoy the best possible health. Improvements were required in relation to timely access to dietary healthcare services for the management of nutritional risk. Additionally, further oversight was needed in monitoring and evaluating daily healthcare records and checks for residents with complex medical needs.

Inspectors found that the majority of staff were knowledgeable about residents' particular health care needs and assessments.

Residents' individual healthcare needs were comprehensively assessed and appropriate plans were in place addressing individual healthcare needs.

Residents had access to a range of allied health care services which reflect their different care needs such as speech and language therapy, occupational therapy, physiotherapy and dietician. Systems were in place for staff to make referrals to these allied healthcare professionals. However, some improvement was required in relation to timely referral and liaison with residents' dietician in the event of weight loss and in line with residents' prescribed nutritional support planning.

Inspectors reviewed a number of care plans of residents that had particular complex healthcare needs. Staff knowledge in the management of dealing with the complex

needs was found to be good. Systems were in place for the prompt detection and escalation of clinical deterioration in relation to the complex healthcare condition. Records documented the relevant information about medical devices in place and plans guided staff on problem identification and solving approaches.

At the time of inspection, the centre was exploring options of up skilling staff in the management of particular healthcare devices in order to improve the quality of residents' lives by reducing the need to travel distances to attend health care appointments.

Inspectors reviewed good communication systems in place for residents that required to be transferred outside the service for periods of time. For example, staff identified the 'hospital passport system' in place to ensure the safe transfer of important information such as health, physical and emotional needs from one service to the next to provide continuity of care. These communication systems were kept under review every 6 months and updated when a change in residents needs or circumstances occurred.

Some improvements were required. While daily observation records were maintained, it was not clear that these records were used effectively to evaluate residents' health care status and the effectiveness of care plans in place to manage specific healthcare issues. For example, fluid balance records were not totalled in a 24 hour period to evaluate residents' total fluid intake in a day which required close observation and evaluation due to a complex health care need. Bowel charts, to monitor for signs or risk of constipation, did not follow a specific assessment tool.

Residents were involved in decisions around weekly menus and inspectors noted the weekly food menu was displayed in appropriate forms on a white board in the dining area. Residents were involved in carrying out the weekly food shop for the house. Suitable kitchen space and facilities were provided for residents who wish to prepare and make their own meals and support was available from staff to help them with this. Care plans reflected residents likes and dislikes and the advice of dieticians and speech and language therapists was implemented in accordance with each resident's personal plan.

Inspectors observed residents being assisted with their meals throughout the day. It was clear that residents are offered support and enabled to eat and drink when necessary in a sensitive and appropriate manner. Inspectors found that there was a good supply of water and snacks available to residents at all times. Residents reported that they liked the food and that food was available in sufficient quantities and at times that suited them.

End-of-life care had been explored with residents and care plans were in place to support this.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

Overall, Inspectors found that each resident was protected by the designated centres' policies and procedures for medication management. However, there were some gaps in the maintenance of medication administration documentation.

The inspector found staff knowledgeable and competent regarding safe medication management practices within the designated centre. Nurses primarily administer the medication to residents but care assistants are also trained up and receive refresher training in medication management to administer medication if a nurse is not available.

Inspectors found evidence that a person centred approach had been implemented in relation to the times that residents receive their medications. For example, residents received their medication, in so far as reasonably suitable, at times that best suited their individual daily routines and plans. Inspectors reviewed individual medication plans in place that supported the provision of epilepsy care and it was clear that residents' safety was protected in all aspects of their daily lives and medication plans were regularly reviewed.

Inspectors reviewed prescription and administration records for all residents in the centre. Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription. However, regularly prescribed topical skin treatments and eye drops did not have the dosages accurately recorded.

Inspectors reviewed medication practices around the administration of PRN 'as necessary' medications. Inspectors found that maximum daily dosages for PRN medications were not consistently recorded on resident's prescriptions. For example, medications used to treat nausea and constipation did not specify the maximum daily dose that could be administered. At the time of the inspection, staff identified the appropriate steps they would take to ensure residents would not be at risk when required to administer such medication.

Inspectors found that medication was stored securely in a locked press within an office accessible by a coded keypad system and the keys were kept on a senior staff member at all times. Systems were in place for out of date or returned medicines whereby they were stored in a locked press and segregated from other medicinal products and signed and accounted for and returned to the pharmacy. Inspectors reviewed records that verified the systems in place. Records of pharmacy related interventions and

communications were kept in a safe and accessible place and staff interviewed was knowledgeable about out of hours systems in place for access to pharmacy.

A secure fridge was provided for medications that required specific temperature control. However, there was no way of indicating what temperature control the fridge was set at and the acceptable parameters that it should be maintained at. The centre did not have a procedure in place for staff to ensure that medication requiring refrigeration is appropriately stored at the correct temperature and how to effectively manage a situation whereby the medication fridge is not adequately working. Inspectors acknowledged that the centre was currently looking into this at the time of inspection.

There was an electronic system in place for the reporting and management of medication incidents. These were reviewed by the PIC with actions and learning outcomes communicated with staff at regular meetings. Inspectors reviewed the management of a recent medication error and it was clear that actions implemented had resulted in positive outcomes for residents and staff.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre had a written statement of purpose that accurately described the service provided in the centre. The statement of purpose for the designated centre set out the aims and objectives and ethos of the designated centre and the facilities and services which are to be provided to the resident.

Inspectors reviewed the updated statement of purpose in the centre on the day of the inspection. Changes had been made to the statement of purpose to adequately address the findings and actions on the previous inspection. Changes had also been made to reflect information on the centres admission criteria and process and the social activities provided inside and outside the centre. In addition, the statement of purpose outlined that nursing care is provided at all time in the centre.

Changes had been made to the statement of purpose to reflect the diverse needs of residents whereby the maximum capacity numbers that the service could accommodate

was reduced by one to reflect the changing needs of residents.

The statement of purpose was made available in an accessible format to residents and their families on entry to the designated centre.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider had continued to implement comprehensive and consistent review of the quality of supports residents received in the centre.

The person in charge of the centre had changed since the previous inspection. However, she had been a person in charge of another designated centre within the organisation and the inspection report for the centre she managed had received a relatively compliant report.

Near the close of the inspection the person in charge visited the centre. The day of the unannounced inspection was a scheduled day off for the person in charge. Inspectors discussed some of the findings of the inspection with the person in charge and found her to be a competent person with excellent knowledge of the needs of residents and the management of the centre.

Inspectors found her to be suitably skilled and experienced with adequate knowledge of her statutory responsibilities under the Regulations.

The person in charge reported directly to the Residential Coordinator (who is the provider nominee), who in turn reports to the Chief Executive Officer of St. Christopher's Service. Residents spoken with were fully aware of who the manager was and identified her as the person they would go to with a complaint or issue. On-call arrangements were in place out of hours and at weekends.

The person in charge worked in a full-time capacity and worked on-shift in the centre at various times during the week. This included night time shifts also. Her working week was spread over a seven day week which meant she also worked weekends from time to time. The rationale for working in this way was to ensure she had oversight of all operational management in the centre.

The person in charge met with the provider nominee for supervision every six to eight weeks and also attended organisation person in charge meetings once a month. These meetings reviewed practice within the organisation and ensured all managers within the service were up-to-date on operational procedure changes when they occurred.

The person in charge carried out staff supervision meetings every six to eight weeks and also directly supervised staff during her working shifts. An inspector reviewed supervision records and found this to be the case.

The provider had met their responsibilities in relation to regulation 23. They had continued and maintained comprehensive implementation of six monthly unannounced visits and audits of the quality of care and support offered to residents in the centre. There was also a comprehensive suite of monthly audits implemented by the person in charge and other nominated persons within the organisation. An annual schedule of auditing was in place which reviewed the centre's compliance with all aspects of the regulations and standards.

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 staffing provided in the centre is provided by nursing and care staff over a 24 hour period due to the significant medical needs of the residents. 15 staff worked in the centre and a planned and actual roster was maintained.

The residents living in this centre had significant medical and physical needs and some residents required three hourly repositioning changes throughout the day and night.

Recently the provider had changed the night time staff arrangement to waking night staff which included one nurse and one care assistant. This was to support residents that required frequent repositioning at night time whilst in their bed to reduce the risk of developing pressure ulcer and promote pressure ulcer healing.

There was evidence that staff had received training commensurate with the assessed needs of residents and records of training were documented on staff files. There was a training plan in place for 2016 and 2017 to ensure staff were kept up-to-date. Staff had received training in safe medication management, personal care planning, food safety, protection and safety of vulnerable adults, epilepsy awareness and manual handling. Most staff working in the centre had also completed occupational first aid training and administration of emergency medication for the management of seizures.

The provider also intended on training a number of key staff in the process of catheter reinsertion which would prevent the necessity of transferring some residents to emergency services should their catheter become dislodged.

Staff were observed to engage with residents in a caring way and inspectors identified a pleasant rapport between staff and residents.

Staff working in the centre on work experience had received a good induction to the service and when spoken with by inspectors demonstrated good knowledge of the residents' personal plans and needs and also of the safeguarding vulnerable adults policy and procedure and fire evacuation procedures.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Christopher's Services Company Limited by Guarantee
Centre ID:	OSV-0001839
Date of Inspection:	10 January 2017
Date of response:	20 February 2017

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The provider was required to clearly set out in their policies and procedures and contracts of care the services they offered residents including how they supported residents to acquire equipment recommended for them and the services residents were required to pay for including any regular fees charged to them.

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

1. Action Required:

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

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

Pages 7 and 8 of current Contracts of Care include details of rent, service charges, additional social outings, activities, holidays and hobbies costs for a resident.

The Provider will consult with the relevant local HSE Aids and Appliance Committee to ascertain the policy/procedure to follow when,

- An allied health professional determines following an assessment with a resident that a prescribed aid and/or appliance is necessary and makes an application for same to the Aids and Appliances Committee. Clarity required as to who advises the decision made by the Committee to the resident and who is responsible for providing the prescribed aid and/or appliance.
- On receipt of above clarity, Current Contracts of Care will be reviewed to include details of how the organisation supports residents when an applied health professional makes a recommendation and application for a prescribed aid or/and appliance.
- The organisation will review the Policy and Procedure for the Administration of Service Users Personal Finance and Property and Procedures on Financial Management within Residential Services to ensure transparency for residents and staff regarding fees, charges and appliances.

Proposed Timescale: 31/03/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Person centred planning goals were not being achieved in some instances.

Where goals had not been achieved specific assessments were identified as required to support residents achieving their goals, these had not been completed at the time of inspection.

2. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Person in Charge will continue to assess and evaluate possible reasons why a resident is not achieving some of their person centred goals through the monthly keyworker reports.

Person In Charge will continue to communicate with residents through appropriate

forums, i.e weekly house meetings, activity trackers and direct communication with the resident and their keyworker to identify any suitable opportunities for residents to engage in activities.

Staff will be re – introduced to the documentation and process on the evaluation and achievement of person centred planning goals.

Specific assessment will be completed by keyworker

Proposed Timescale: Monthly 28/02/2017

Proposed Timescale: 28/02/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

While the person in charge had implemented, in the main, robust risk control measures for residents some control measures documented for the use of bed rails required review as they were not in line with evidence based risk control practice.

3. Action Required:

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

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

Documented control measures in the risk assessment for one resident for the use of bedrails has been reviewed and amended to ensure unsafe practices are not prescribed. (COMPLETED)

An Occupational Therapist review for the resident will be arranged by Person in Charge and communicated to the resident.

Proposed Timescale: 24/02/2017

Theme: Effective Services

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

Hand washing facilities in the centre were not adequate

4. Action Required:

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

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

The four hand washing facilities in the centre will be checked against the daily checklist, which dictates that staff on duty are responsible for ensuring adequate stock and supply of hand wash soap and hand towels.

Proposed Timescale: COMPLETED

Proposed Timescale: 21/02/2017

Theme: Effective Services

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

There were inadequate fire and smoke containment measures in the centre

5. Action Required:

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

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

The Provider has commissioned the Fire Company to install Automatic Door Closures in the Designated Centre.

Proposed Timescale: 03/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The restraint management policy did not give guidance for staff in the management of bed rails, lap belts, baby monitors or the use of chemical restraint, for example. It also did not outline how restrictive practice was audited and monitored in the service.

6. Action Required:

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

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

The services current policy has been revised and reflects the procedure which has been in place regarding the review of restrictive interventions as a result of behaviours of concern, which is a quarterly review of all restrictive interventions by the Behaviour of Concern Committee.

Chemical restraint is addressed in the document under the heading psychotropic medication. This was signed off by BOD in October and circulated to all designated

centres on the 21/12/2016.

In regards to restrictive interventions that are not associated with Behaviours of Concern, an audit of all practices is currently being completed and the findings will be presented to the Behaviour of Concern committee at their next meeting 27/04/2017. A procedure in regards the governance and implementation of such restrictions will be implemented following this meeting.

Proposed Timescale: 27/04/2017

Theme: Safe Services

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

A behaviour support plan in place was not comprehensive, had been drafted in 2015 and required updating to ensure it reflected the most up-to-date recommendations and interventions and to reflect changes in a resident's presentation.

7. Action Required:

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

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

Psychologist assigned to St Christopher's Services two days a month will undertake a detailed review of resident's behaviour support plan
Provider Nominee has submitted a Business Case to HSE for a full time Behaviour Support Specialist.

Proposed Timescale: 13/02/2017

Theme: Safe Services

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

Some staff spoken with did not demonstrate adequate knowledge of the triggers to the resident's behaviours that challenge and did not demonstrate adequate knowledge of the resident's behaviour support plan.

8. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Person in Charge has meet with staff member on 13/01/2017 to provide support and guidance to ensure adequate knowledge of the triggers to the resident's behaviours that challenge and adequate knowledge of the resident's current behaviour support

plan.

Proposed Timescale: COMPLETED

Proposed Timescale: 21/02/2017

Theme: Safe Services

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

A restraint free environment was not adequately promoted in the centre.

9. Action Required:

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

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

Psychologist assigned to St Christopher's Services two days a month will undertake a detailed review of resident's behaviour support plan.

Person in Charge has engaged with alternative providers for appropriate sensory equipment for residents.

Local Restrictive Intervention Register will be implemented in all St Christopher's Residential Service's Designated Centres.

Residents, Person in Charge and staff will review use of existing communal room to ensure it serves a purpose for all residents and present a plan for same to Provider Nominee.

Proposed Timescale:

13/02/2017

31/03/2017

03/03/2017

31/03/2017

Proposed Timescale: 31/03/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

An outbreak of a vomiting bug had not been notified.

10. Action Required:

Under Regulation 31 (1) (b) you are required to: Give notice to the Chief Inspector

within 3 working days of the occurrence in the designated centre of an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre.

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

Provider Nominee will submit the NF02 to the authority.

Proposed Timescale: 16/02/2017

Theme: Safe Services

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

A grade 3 pressure ulcer in May and August 2016 had not been notified in quarterly notifications.

11. Action Required:

Under Regulation 31 (3) (f) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any other adverse incident the chief inspector may prescribe.

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

Person in Charge will resubmit quarterly notifications to include the grade 3 pressure ulcer to the Authority.

Proposed Timescale: 24/02/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Comprehensive evaluation of fluid balance charts and bowel charts was not occurring for residents with specific complex healthcare needs.

Timely referrals to dieticians had not occurred in line with the matters as set out in some residents' personal plans.

12. Action Required:

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

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

Comprehensive evaluation of fluid balance charts and bowel charts for residents with specific complex healthcare needs have been implemented.

Four of the five residents have had reviews with a dietician within the last 3 months.

One resident was seen by a dietitian on 16/01/2017, and recommendations are reflected in the resident's support and care plan.

Proposed Timescale: COMPLETED

Proposed Timescale: 21/02/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Regularly prescribed medications did not have the dosages accurately recorded.

Maximum daily dosages for 'PRN' (as necessary) medications were not consistently recorded on resident's prescriptions.

13. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

All residents PRN kardexs will be reviewed to include maximum daily dose and sign off by relevant GP's.

Proposed Timescale: 28/02/2017

Theme: Health and Development

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

The centre did not have a procedure in place for staff to ensure that medication requiring refrigeration is appropriately stored at the correct temperature and how to effectively manage a situation whereby the medication fridge is not adequately working.

14. Action Required:

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

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

Person in Charge has implemented a Standard Operating Procedure for staff to ensure that medication requiring refrigeration is appropriately stored at the correct

temperature and how to effectively manage a situation whereby the medication fridge is not adequately working.

Proposed Timescale: COMPLETED

Proposed Timescale: 21/02/2017