

**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 Hilda's Services
Centre ID:	ORG-0008062
Centre county:	Westmeath
Email address:	SBuckleyByrne@sthildas.ie
Registered provider:	St Hilda's Services
Provider Nominee:	Sheila Buckley Byrne
Person in charge:	Lisa Conneally
Lead inspector:	Florence Farrelly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 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 1 day(s).

The inspection took place over the following dates and times

From: 02 December 2013 13:00 To: 02 December 2013 20:30

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application to register this centre. The inspection took place over one day. As part of the visit, practices were observed and relevant documentation reviewed such as personal plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members were also sought.

The nominated person on behalf of the provider, person in charge and persons participating in the management of the centre demonstrated their knowledge of the legislation and Standards throughout the inspection process. The fitness of the person in charge was assessed during the registration inspection process.

This centre operates over five days with four of the five residents' going home to family at the weekend and the remaining resident going to a host family.

Overall, evidence was found that residents' rights and dignity were maintained, residents' had choice regarding how they wanted to spend their time, and they were consulted with regarding the running of the house.

All routine healthcare needs such as hospital appointments, visits to the doctor, dentist or optician were facilitated by family. However, should a resident require a doctor out of hours or in an emergency, this is managed by staff in the centre.

The inspector found there were aspects of the service that needed improvement. Deficiencies were identified in areas such as personal planning for residents, fire safety training and centre-specific policies and procedures.

The action plan at the end of this report outlines the improvements required in order to comply with 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.

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 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

Judgement:

Compliant

Findings:

Throughout the inspection, the inspector noted that residents were treated with dignity and respect.

At the start of the inspection, all residents were attending their respective day centres. On their return the inspector observed residents and staff engaging in a positive manner. Staff made time to speak with residents both collectively and individually and actively listened to each resident as they discussed the day's activities.

The inspector observed that choice was facilitated and supported, for example, residents were observed moving freely throughout the house, and they were included in all house activities such as putting their laundry away and preparing the table for the evening meal. One resident told the inspector that they were responsible for keeping their rooms tidy. The inspector observed the evening meal time was a social event in the house and residents and staff share their meals together.

The person in charge informed the inspector that there were resident-led weekly house meetings. Topics for discussion included weekly menu, planned outings and any concerns or queries the residents may have. Two residents told the inspector that if they wished they could choose not to go on outings or not to partake in organised activities. For example, the women in the house had chosen not to partake in Special Olympics activities. Residents travelled to outside activities in the staff members' cars. The person in charge informed the inspector that the vehicles had been indemnified by insurance policies for such use.

The person in charge informed the inspector that residents had access to advocacy services in their day placements and regular advocacy meetings took place. This could not be verified as these meetings were not documented in the residents' information

folder.

All residents have their own bedrooms with their own personal belongings. The bedrooms were decorated in accordance with each resident's wishes. If a resident chooses to be alone they could use their bedroom or Two residents told the inspector that if they wished they could choose not to go on outings or not to partake in organised activities. For example, the women in the house have chosen not to partake in special Olympics activities. Each bedroom door had a stop sign which the resident could put up if they did not want anyone to enter their room. Two of the residents showed the inspector around their rooms, and each room contained pictures of family members and evidence of activity the resident had taken part in.

Residents could take phone calls privately and could use the Internet privately as the house has a wireless modem. One resident had a mobile phone and could ring family members at any time in private. There was also a landline phone that could be used privately if required.

There were robust systems in place in relation to the management of residents' finances. Each of the residents in the centre managed their own finances with the assistance of the staff. Residents were aware of the cost of the accommodation and paid this amount to the person in charge weekly. With the remainder of their allowance each resident chose to either spend or save their money. One of the residents spoken with informed the inspector that she had purchased Christmas presents with her allowance.

There was a robust easy to use resident-focused complaints policy in place in the centre. All residents had a user-friendly version in their information folder and the same version was also displayed in the front hallway. Two residents spoken with stated that if they were worried about anything they could speak to the person in charge.

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

Judgement:

Compliant

Findings:

The inspector noted that there were effective communication methods in use in the centre. The manner in which the residents and staff interacted in a friendly, open manner indicated that staff knew the residents well and could accommodate their requirements as required.

Information provided to residents, staff and relatives was accessible and in a format suited to residents' communication needs. For example, pictures were used around the house to inform residents of where items were stored. Pictures were used for the roster, where the residents could visually see which staff member was on duty and when. The complaints policy also used pictures for ease of understanding for the residents, and the fire evacuation procedure was displayed in picture format.

The person in charge informed the inspector that one resident choose not to verbalise and the inspector noted this resident was facilitated to communicate using picture cards.

Each resident had an individualised information pack which accompanied the resident each day when they attended day services. Information was in pictorial format and contained details such as the house's address and phone number, arrangements in place for residents going home at the weekend, how to pay for the things they needed, disability allowance payments, and the amount and the cost of accommodation.

Papers were received weekly and one resident purchases her own magazines. One of the residents spoken with showed the inspector her mobile phone and demonstrated how she called her mother regularly. This resident also uses an electronic tablet to review items on the internet. Residents had access to the centre's computer to look up items such as cinema times or local activities.

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

Judgement:

Compliant

Findings:

This centre provides residential care for five residents from Monday to Friday. All residents leave the centre for the weekend, with four of the five residents' going home to family and the remaining resident visiting a host family.

The inspector saw evidence in the centre of good family support, while families are involved in assisting the resident to develop their personal plans on a formal basis once a year.

The residents' families organise all medical treatment required and attend hospital appointments, dental appointments or any other allied health professional appointments with the resident.

All residents spoken with told the inspector about their family and the time they spent at home. The inspector was invited to view two residents' bedrooms and saw further evidence of family involvement such as family photographs, photograph of functions they had attended and photographs of family pets.

Residents were encouraged to maintain friendships with other service users, for example, during Halloween residents and staff hosted a party and invited friends to attend. Photographs displayed show that staff and residents dress up for the occasion. The person in charge informed the inspector that the centre joined another centre managed by the same provider two or three times per year for social outings and at the time of inspection there was a Christmas party organised for residents for 16 December 2013.

The person in charge told the inspector that links were maintained with the local community where possible, for example, the local residents' association had issued an invitation to residents and staff of the centre to attend their Christmas party, which had been due to take place on 11 December 2013. Residents and staff discussed the invitation and decided to wait until nearer the date to determine if they would attend.

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

Judgement:

Non Compliant - Moderate

Findings:

All residents living in the centre require moderate support in line with the centre's statement of purpose.

The five residents who live in this centre live there on a permanent basis and have done so for a number of years. As stated in Outcome 3, the service provided is over a five-day period, with residents leaving the centre on Friday morning to attend day services and go home or to their host family for the weekend. As these residents are permanent occupants of the house, admissions outside to this group do not take place.

The contract of care in place was a combined consent and contract document and refers to the agreement between the parents/guardian of the resident and St Hilda's Services. All residents have a signed contract in place. However, the contract does not include details of the support, care and welfare to be delivered to the resident, the service provided or the fees to be charged. All residents in the centre are adults and the inspector formed the view that they should be involved in agreeing their contract of care. This was brought to the attention of the person in charge during the inspection.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspector reviewed the files for two residents and noted that each file contained evidence of assessed needs such as intimate care needs, medication management and communication. The personal care plan contained specific information in relation to health, risk management and intimate support plans. However, the personal plans did not contain all required information.

While there was evidence in the centre that residents' needs were being met and residents spoken with informed the inspector that they were able to participate in the running of the house and attend activities they enjoyed, the personal plans in place did not reflect the assessed needs of the residents. There was evidence in the files reviewed of residents and family involvement in the development of personal plans. However, the personal plans did not include such details as development of a network of personal supports, social services in use, the residents' wishes or aspirations around friendships, belonging and inclusion in the community and transport services in use.

The person in charge informed the inspector that personal plans had been identified as an area requiring improvement during a staff meeting held on 28 November 2013. Minutes of the staff meeting outlined a plan of action which included monthly meetings with day services to discuss planning for the following month, new personal notice boards to be installed in residents' bedrooms to display information from the monthly plan with agreed goals, and monthly staff meetings to ensure personal plans were up to date.

The inspector was satisfied that residents were supported to transition between services, rosters reviewed in the centre demonstrated there were staff on duty to assist residents prepare to attend day services and when they returned to the centre in the evening. The person in charge informed the inspector that one of the residents had attended one day service and when the resident chose to move to a another service this was facilitated in accordance with the resident's wishes. The inspector spoke with the resident and was informed that they were very happy with the current arrangements.

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

Judgement:

Compliant

Findings:

During the inspection the inspector noted that the living environment promotes independence for all residents. The premises was well maintained, clean, warm and fit for its intended purpose. The inspector observed that residents living in the centre could mobilise independently and did not require any additional assistive equipment, all residents had free access to all parts of the centre.

Accommodation is provided over two floors with four single and two double bedrooms, one of the single bedrooms on the ground floor is used by staff for the purpose of administration and sleep over. One double and one single bedroom have en-suite shower and toilet facilities and there is a separate bathroom upstairs with toilet, shower and bath facilities. There is a separate toilet facility on the ground floor for residents' use. The inspector was invited to visit two residents' bedroom and noted that the rooms were fully furnished and decorated with the residents' pictures and personal mementos. The communal areas consist of a hallway, sitting room, kitchen/diner and utility room with storage and items such as washing machine and dryer.

There is a garden at the rear of the house with a garden shed, patio/seating area and to the front of the house there is a parking area with parking spaces available for two cars.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

While there were arrangements in place to manage risk, non-compliances were identified in the risk management arrangements, emergency planning and fire precautions.

The inspector read the centre's health and safety statement which had been reviewed by the provider on 14 December 2013. There was no risk management policy, which is a requirement of the Regulations. However, many of the requirements of the risk management policy in the Regulations were contained in the health and safety statement, though not all of the specific risks identified in the Regulations had been included. The provider was in the process of developing a risk management policy and showed the inspector a draft version. While it was incomplete, this draft did not contain all of the requirements of the Regulations.

However, generally, the inspector found that the provider had put sufficient risk management measures in place. Risk assessment of the environment and work practices had been undertaken in the centre and had been reviewed by the organisation's coordinator of services. These were being updated regularly as risks were identified or changed. Staff took a proactive role in the management of risk in the centre.

In addition, individual risk assessments had been carried out for each resident to ensure that any risks were identified and proportionately managed. The inspector reviewed a number of these assessments and found that they were being used to support residents to undertake activities with appropriate support, in a manner that promoted their independence. For example, one resident enjoyed assisting with cooking and a number of risks had been associated with this activity. Rather than preventing the resident from participating in the activity, staff had identified the risks and put control measures in place to manage those risks. The inspector observed the resident assisting with making fishcakes on the evening of the inspection.

There was a management system in place for recording accidents, incidents and near misses whereby a copy of the reports were submitted to and reviewed by the coordinator of services and the provider. Incidents were being discussed at regular health and safety committee meetings with a view to learning from them and reducing the risk of recurrence. The inspector saw the minutes of some of these discussions. In addition, the coordinator of services undertook a quarterly review of all incidents and accidents and the findings of this review were discussed with managers at the monthly management meetings. The minutes of the meetings indicated that action had been taken as a result of the learning. For example, the organisation's nurse manager now reviewed all medication errors and visited the service to review medication management after each incident report.

There was no emergency plan in place to guide staff in the event of emergencies such as power outages or flooding.

All staff interviewed had participated in regular fire drills and were aware of the arrangements for responding to fire. However, fire training had not been provided to staff since 2011. The coordinator of services showed the inspector confirmation from an external trainer that fire training was being provided during December 2013 and January 2014.

The inspector found that other fire precautions had been put in place. There were regular fire drills and both staff and residents participated. Residents and staff were able to tell the inspector about what they would do if the fire alarm went off. One of the

residents demonstrated to the inspector the procedure to be followed should the fire alarm be activated. The records of fire drills were detailed and included learning outcomes. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. Fire evacuation plans in picture format were posted clearly in the hallway next the front door and on the top of the stairs.

There were infection control measures in place to manage any outbreak of infection. The organisation's nurse manager had developed an infection control resource file for each centre and had reviewed the contents with staff. In the event of an outbreak of infection, the nurse manager would oversee the response and support the person in charge to respond appropriately. Staff spoken with were aware of the arrangements around infection control and were observed using protective materials such as latex gloves when required.

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

Judgement:

Non Compliant - Moderate

Findings:

Generally, the inspector found that there were arrangements in place to safeguard residents and protect them from the risk of abuse. Some improvements were required in the policy and while staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse, they had not yet been provided with training on the protection of vulnerable adults from abuse as required in the Regulations. However, the inspector viewed a training plan which included the provision of this training on 16 and 17 December 2013.

The policy on protecting residents from abuse contained useful information for staff on recognising abuse and how they should respond to any suspicions of abuse. It also contained guidelines on how any allegations of abuse would be managed. The provider had appointed a senior manager in the organisation as a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had. A photograph and contact details of the officer were displayed in the kitchen of the centre.

Staff spoken with were aware of the importance of promoting the safety and respect for each resident. The inspector observed staff interacting with residents in a respectful and friendly manner. Staff had developed an intimate care plan for each resident to ensure that the privacy of the resident was respected and to protect the resident from any risk during the delivery of intimate care. These individualised plans were reviewed by the nurse manager in the organisation to ensure that they met the needs of residents in this centre.

Residents spoken with told the inspector that they felt safe in the centre and if they were worried or concerned about anything they would talk to either of the two staff members or their parents. The inspector found that the staff in the centre encouraged residents to express how they were feeling and observed open interaction between staff and residents while they sat at the kitchen table.

At the time of inspection, there were no residents who required behavioural support interventions.

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

Judgement:

Compliant

Findings:

The provider outlined the central system in place to ensure the required notifications were submitted to the Authority as required by the Regulations. The provider had nominated a specific person responsible for submitting notifications. The system in place requires that the nominated person is advised by the person in charge of each centre of a notifiable event and submits the required notification to the Authority.

The inspector discussed the arrangements in place in the centre with the person in charge who confirmed the system as outlined by the provider. The person in charge was knowledgeable about the types and the time frame for submitting notifications to the Authority.

To date there had been no noticeable occurrences in the centre.

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Judgement:

Compliant

Findings:

The inspector was satisfied that residents had the opportunity to have new experiences, to partake in social activities, education and training and to explore employment opportunities.

Two of the residents spoken with informed the inspector that they has taken part in person-centred planning training. One of these residents had a photograph displayed in her bedroom of the award ceremony where the resident had been presented with an award wearing a cap and gown. This resident told the inspector that her family were very proud of her and displayed her graduation picture at home.

During the inspection, the inspector observed residents and staff discussing activities planned for the coming week and also two parties which were planned for the weeks leading up to Christmas. Topics discussed included residents planning if they would attend the party and what mode of transport would be used.

The person in charge informed the inspector that during a recent personal plan review, one of the residents had stated that they wanted to find a job. The resident's day placement key worker was working on trying to facilitate this.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

The inspector was satisfied that residents' healthcare needs were met.

As outlined in Outcome 2, residents' families organise all medical treatment required and attend hospital appointments, dental appointments or any other allied health professional appointments with the resident. In the case of emergency the GP (general practitioner) for St Hilda's Services would review a resident and Mi Doc (GP out-of-hours service) attends to residents outside of hours to address their medical needs.

Staff do not have medical backgrounds. However, both staff had been trained in first aid and the person in charge informed the inspector that should they require advice on a medical matter they could contact another house that is managed by St Hilda's services and where nursing staff are employed.

The inspector reviewed the files of two residents and noted evidence that these residents had recent interventions from allied health professionals. For example, one of the residents had recently experienced a bereavement and had received bereavement counselling from a psychologist. Another resident was in hospital having investigations carried out for abdominal pain.

The inspector observed the evening meal in the centre. The meal was freshly prepared and all residents finished their meal and those spoken with said they had enjoyed the food. The person in charge had informed the inspector that one resident had lost weight and was receiving additional food supplements to promote weight gain. This resident ate slowly and the inspector observed staff encouraging the resident to finish his meal and allowed him time to finish.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

Generally, the inspector found that the provider had put arrangements in place to support the person in charge in protecting residents in relation to medication management. The provider had developed a very detailed and informative policy on the management of medication. The policy required all staff to undertake a training programme before being allowed engage in the administration of medication. The organisation's nurse manager completed two competency-based assessments with staff before this training was deemed complete. The inspector found that this had been implemented in the centre.

While the policy was very detailed and provided good direction for staff, it did not reflect the centre-specific arrangements around the dispensing of medication sufficiently. For example, medications in this centre were dispensed from the pharmacy in blister packs on a 28-day cycle, residents did not take the medication home with them at weekends as they maintained a home and centre supply, the 28 days spanned a six week and three-day time period.

The receipt of medication was being recorded and medication was stored in a locked cabinet in the staff office. The GP was using a medication booklet to prescribe medication and the prescription included clear directions to staff on the dose, route and times that medication should be administered. Some PRN medications (medications administered as required) were recorded in the medication booklet and these included the maximum dose that should be administered in any 24 hours. The blister packs contained a clear description of each medication to ensure staff could recognise the correct medication to be administered.

The inspector reviewed the prescription sheets for all residents and found that all required information was in place. The administration sheet was signed by the person administering the medication and the time medication was administered was recorded.

Staff were knowledgeable about the procedure for the administration of medication and about checking the administration sheet, the medication description, and checking that the correct medication was being administered. Staff knew about the procedures for reporting medication errors to the organisation's nurse manager who had the responsibility of reviewing drug error reports.

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

Judgement:

Non Compliant - Moderate

Findings:

The statement of purpose is a generic document and does not contain all the requirements as outlined in Schedule 1 of the Regulations pertinent to the services provided in the centre.

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

Judgement:

Compliant

Findings:

The inspector was satisfied that there were clearly defined management structures in place.

Both the person in charge and the second staff member employed in this centre were clear regarding the reporting structure in place. The person in charge confirmed the arrangements in place for reporting health and safety and nursing matters and showed the inspector the documented contact numbers and names of the responsible persons.

There was a clearly defined reporting mechanism should the building require any minor repair and the person in charge stated that as the building was leased, the landlord was responsible for any major repair work. She was knowledgeable about each resident's tenancy agreements and demonstrated financial arrangements in place for residents' rent payments.

The person in charge had a degree in social care work and had worked in this centre as a care worker since October 2006. Throughout the inspection, she demonstrated good knowledge of the residents, policies and procedures in the centre and was proactive in identifying areas for improvement. For example, she identified that residents' personal plans required improvement and put in place an action plan to address this deficit.

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

Judgement:

Compliant

Findings:

The inspector spoke with the provider and found there were robust systems in place to ensure the management of each centre would continue uninterrupted should the person in charge be absent for any period of time.

The provider outlined a management structure whereby the person in charge was identified on the duty roster of the two centres providing seven-day services and the two centres providing five-day services. The person identified as deputising in the absence of the persons in charge was based on seniority and experience. The provider was notified in writing from each centre when the person in charge was absent and the name of the acting person in charge was outlined in the written communication.

The system in place in the respite services was similar except the person in charge is a nurse and would be replaced by a senior nurse when the person in charge was absent.

There was a robust system in place to ensure the required notifications were submitted to the Authority as required by regulations. The provider had nominated a specific person responsible for submitting notifications. The system in place requires that the nominated person be advised by the person in charge from each centre of a notifiable event and submits the required notification to the Authority.

To date there had been no requirement to submit a notification regarding the absence of the person in charge.

The person in charge and care assistant in the centre confirmed the provider's statement in relation to arrangements in place should the person in charge be absent for any period of time, and the management of the required notification to the Authority.

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

Judgement:

Compliant

Findings:

The inspector was satisfied that the centre was resourced to ensure effective delivery of care and support.

There was sufficient evidence on the day of inspection to indicate financial resources were allocated appropriately. For example, the centre was warm and inviting, residents had access to all parts of the centre and there was sufficient furniture and fittings to make the living accommodation comfortable for the residents. There was sufficient food stocks in both the fridge and dry goods store to ensure residents had a varied diet. There was sufficient staff employed to meet the needs of residents and rosters which were reviewed showed the staffing levels on the day of inspection to be the norm.

Residents spoken with stated that they had choice regarding what they wanted to do and could pursue social activities such as eating out and going to the cinema.

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

Judgement:

Compliant

Findings:

The inspector reviewed the recruitment practices and found there were robust systems in place to ensure all the required documentation for staff employed in the centres was in place.

The inspector reviewed six staff files and found that all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were in place.

Training records were held centrally which outlined the planned and actual training for all staff. Actual training provided in 2013 included areas such as intimate care provision, person-centred planning and medication management.

The inspector identified areas of training which were required such as adult protection and fire safety. Fire safety training had not taken place since 2011 and was identified as a priority. During the inspection, documented evidence was provided which outlined planned training in both these areas for later in December 2013 and January 2014.

While there were appropriate supervision arrangements in place such as regular meetings between the provider and persons in charge and meetings between persons in charge and staff, this was not consistently formalised and documented in each centre to support consistent staff development.

The number and skill mix of staff were appropriate to meet the needs of the five residents in this centre. Staff had received training in first aid, medication management, intimate care delivery and manual handling. Residents spoken with stated that staff were very helpful and assisted them to do whatever they needed. The inspector observed staff interacting with residents in a positive manner encouraging them to maintain independence in areas such as personal hygiene, laundry and assisting with cooking.

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

Judgement:

Non Compliant - Moderate

Findings:

Insurance certificates submitted prior to the inspection were reviewed and were found to be in date.

The inspector reviewed the policies and procedure in the centre and noted that while there were policies and procedures in place, not all policies and procedures as required 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 were in place and those that were in place were not centre-specific.

Examples of policies not in place are as follows:

- provision of information to residents
- residents' personal property, personal finances and possessions
- access to education, training and development
- emergency plan.

As outlined in Outcome 12 the medication management policy is not centre-specific and requires review.

The directory of residents in place was sufficiently detailed for this service as it outlined the dates the resident was not residing in the centre.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Florence Farrelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Hilda's Services
Centre ID:	ORG-0008062
Date of Inspection:	2 December 2013
Date of response:	29 January 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 contract did not include details of the support, care and welfare to be delivered to the resident, the service provided or the fees to be charged.

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:

The review of the Tenancy Agreement has taken place. It has been amended to include the terms in which residents should reside in the designated centre and includes the Support, Care and Welfare services provided for each resident. This has been

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

circulated to all residents / families and will replace existing Tenancy Agreement (see attached).

Proposed Timescale: 04/02/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

Personal plans in place did not reflect all the residents' assessed needs and did not outline the supports required to maximise the residents' personal development.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

1. A review of the PCP Plans for each resident will take place. The review will examine needs identified and ensure actions and supports required are clearly set out.
2. The next monthly review of each PCP meeting for each resident will include specific goals that address needs identified.

Proposed Timescale: 28/02/2014

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:

There was no risk management in place to guide staff in identifying and managing all identified hazards in the centre.

Action Required:

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

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

Develop One Risk Management Policy to include –

- Organisational Risks
- Health and Safety Risks
- Adverse Events
- Aggression and Violence
- Missing Persons
- Self Harm

With arrangements as set out in Regulation 26(1) (c) (iii).

Proposed Timescale: 21/03/2014

Theme: Effective Services

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

Staff had not received fire training since 2011.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

One staff trained on the 21st Jan / 2nd staff to be trained on the 4th Feb.

Proposed Timescale: 04/02/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff had not been provided with training in adult protection.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Both staff were trained on the 17/1/14.

Proposed Timescale: 17/01/2014

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:

The medication policy in place was generic to the service and did not accurately reflect practices in the centre.

Action Required:

Under Regulation 29 (4) you are required to: Ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

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

A site specific medication management procedure has been developed by the Nurse Manager with the person in charge. This has been added to the Medication Management Policy as Appendix 24 (see attached).

Proposed Timescale: 03/02/2014

Outcome 13: Statement of Purpose

Theme: Leadership Governance and Management

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

The statement of purpose is a generic document and does not contain all the requirements as outlined in Schedule 1 of the Regulations pertinent to the services provided in the centre

Action Required:

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

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

Completed 27/1/14

Proposed Timescale: 27/01/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

All policies outlined in Schedule 5 of the Regulations were not 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:

The Provider has reviewed all policies in Schedule 5. All are in place with the exception of the following which needs to be developed.

The Policy Manager will develop policies on –

- Risk Management and Emergency Planning (completion date 21/3/14)
- Education Access (completion date 7/3/14)
- Financial Management of Community Homes (completion date 18/2/14)

Proposed Timescale: 21/03/2014

Theme: Use of Information

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

All policies as required in Schedule 5 were not available and those that were available were not centre-specific, for example, medication management and admissions policy.

Action Required:

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

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

The Provider has reviewed all policies in Schedule 5. All are in place with the exception of the following which needs to be developed.

The Policy Manager will develop policies on –

- Risk Management and Emergency Planning (completion date 21/3/14)
- Education Access (completion date 7/3/14)
- Financial Management of Community Homes (completion date 18/2/14).

A site specific medication management procedure has been developed by the Nurse Manager with the person in charge. This has been added to the Medication Management Policy as Appendix 24 (see attached).

Admissions Policy

The Admissions outlines how admissions are directed from the Admissions Committee to the specific Service Manager in this Case Person in Charge for visits, assessments and interview with individual and family.

The Service Manager in Residential Services is the Person In Charge must assess for all Admissions. In this way the Admissions Policy is centre specific. The Admissions Committee will review this policy to ensure that it allows for a proper assessment in relation to suitability for designated centres.

Proposed Timescale: 21/03/2014