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-0008063
Centre county:	Westmeath
Email address:	SBuckleyByrne@sthildas.ie
Registered provider:	St Hilda's Services
Provider Nominee:	Sheila Buckley Byrne
Person in charge:	Alan Nolan
Lead inspector:	Finbarr Colfer
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 December 2013 13:30	02 December 2013 20:00
03 December 2013 09:30	03 December 2013 18:30

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 monitoring inspection was announced and took place over two days. As part of the inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Following the inspection, inspectors received questionnaires from family members which were complimentary of the service being provided at the centre.

Because residents from centre are out during the day, part of the inspection took place in the late afternoon and evening, when residents had returned from their daily activities.

Overall, inspectors found that residents received a good quality service in the centre. Staff supported residents to participate in the running of the house and in making decisions and choices about their lives. There were regular meetings for residents, and residents' communication support needs were met very effectively. Residents were supported to pursue their interests and hobbies. The centre had a warm, hospitable atmosphere and inspectors found that the residents were comfortable and confident in telling the inspectors about their home.

The provider had put arrangements in place to ensure that the premises were maintained to a good standard, met the needs of residents and ensured the safety of residents, staff and visitors.

While evidence of good practice was found across all outcomes, areas of non-compliance with the Regulations were identified. These included the arrangements for the management of residents' finances and the provision of training to staff around fire precautions and the protection of vulnerable adults. Other areas for improvement included the development and implementation of policies to guide staff practices, residents' personal plans, the complaints procedures, the directory of residents, the contract for provision of services and the statement of purpose. The non-compliances are discussed in the body of the report and are included in the action plan at the end of this 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 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:
Non Compliant - Moderate

Findings:
The inspector found that residents' rights, dignity and consultation were supported by the provider and staff. However, improvements were required in the protection of residents' finances and the management of complaints.

In general, there was a commitment by the provider, person in charge and staff to promoting the rights of residents. Residents told inspectors about their rights in the centre. Two residents drew attention to a large poster in the kitchen which used pictures as well as words to set out residents' rights.

Residents were consulted on the running of the house. There were weekly house meetings where residents made decisions and asked staff for support. Residents were also very involved in the development of their support plans and were able to tell the inspector about them. Residents could make choices about their daily lives such as when to go to bed, what food to eat and how to spend their free time. Staffing was arranged in a flexible manner to support residents with their individual interests and hobbies.

Staff were observed interacting with residents in a respectful manner, consulting with them and seeking their views.

Residents told the inspector about their involvement with their local community. This included the use of local amenities such as the cinema, swimming pool and bowling alley. Residents were supported to do their own shopping in the local supermarket. During the inspection, some residents were visiting friends' houses.

The provider had not developed a policy to provide guidance to staff on the care of residents' property and finances, as required by the Regulations. While the provider and person in charge had put guidelines in place to protect the property and the finances of

residents, these were not sufficient to ensure residents' finances were adequately protected or to ensure there was transparency in relation to the use of residents' monies. Residents paid a weekly amount from their disability allowance to the everyday costs of running the service. The provider informed inspectors that this amount also included a rental payment. The weekly amount was set out in a tenancy agreement which stated that it was used to cover such expenses as food provisions, electricity and telephone bills. However, some of the weekly charge was also being used to cover staff costs such as meals while on duty and outings. This was not clearly stated in the tenancy agreement and some residents whom the inspector spoke with were not aware that they were paying for staff expenses. Also, when residents went on holiday trips, staff costs were included in the amount charged to residents. Residents or their representatives were not clearly informed of this, or of the amount being included to cover such staff costs.

Records were being kept of how residents were using the balance of their disability allowance each week. The inspector reviewed a number of these and noted transactions were being signed by staff members and countersigned at a later date by the person in charge. The inspector found there were inaccuracies in some accounts and insufficient receipts to account for some expenditure. This was particularly worrying in relation to more dependent residents who did not have a good awareness of their finances.

Residents were supported and encouraged to take responsibility for minding their own personal items. Residents' rooms were personalised and residents kept their personal possessions in their rooms. A resident showed the inspector a section in his support plan which contained information on this. In addition, the inspector saw lists of residents' possessions which were kept in the residents' files, and these were updated regularly to ensure that residents' property was accounted for and to prevent items going missing.

The centre had a complaints procedure but it did not meet all of the requirements of the Regulations. There was a complaints log but it did not contain any complaints. Staff said they would record any formal complaint but had been dealing with other complaints in an informal way at local level. This meant that there was no information to indicate whether the informal complaints had been addressed to the satisfaction of the complainant and the person in charge did not have access to adequate information about complaints to assist him in improving the quality of service.

There was an independent advocacy service available and the provider showed the inspector examples of input from the independent advocate. However, residents were not aware of the availability of this service, there was no information in the centre on how to access the advocacy service. Details of this were not included in the contract for the provision of care or in the complaints procedures.

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 found that the person in charge and staff had responded very effectively to the communication support needs of residents. Relevant information was available throughout the centre in accessible formats. For example, notices in the kitchen provided advice on healthy eating in written and pictorial form, a resource pack of photographs and other prompts were kept in the kitchen for residents to use to assist them in communicating with staff. One resident required additional communication supports and she had her own resource pack which contained photographs divided into categories covering such things as places to go in the community, favourite restaurants and different activities.

All residents had a personal support plan. In addition to the main file, each resident also had his or her own version of the support plan which set out the main aspects in an accessible format using plain language with pictures and photographs. A resident showed the inspector his folder and was able to explain each aspect of his personal plan. Some residents also had a large poster depicting their personal plan on their bedroom wall. Two residents showed the inspector this plan and explained the different components in it.

The person in charge had arranged regular meetings for residents in the centre as another way of supporting residents to communicate their views. The inspector saw notes of some of these meetings and residents also told the inspector that they used the meetings to make decisions on what they wanted to eat during the week, what activities they were planning and also to decide which jobs in the house each resident should do.

Residents had access to telephones, with some residents having their own mobile phones. A number of residents had televisions in their rooms and there was a large screen television for residents' use in the sitting room.

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:
While the inspector did not have an opportunity to meet with family members during the inspection, there was evidence of active family engagement. Residents told the inspector that family members and friends could visit at any time and that they visited their family homes regularly. Notes in residents' files recorded regular meetings and correspondence with family members. These included notes of discussions with family members of the residents' personal plans. In addition, the inspector received completed questionnaires from some family members. The replies were complimentary of the service being provided to the residents and included such comments as relatives being "very pleased" with the way that residents' needs were being met, that residents are "listened to" and that residents "seem very happy in the house".

If a resident wished to meet a visitor in private, he or she could use the kitchen or sitting room. The inspector met with residents in private on a number of occasions and this was facilitated by the other residents.

The residents knew people in the local community, such as the shopkeeper and the chemist. During the first day of inspection, two residents were visiting friends in another house, while another was going out to basketball practice.

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:
There was an admissions policy and it set out the arrangements for admitting new residents. The inspector reviewed the file of a resident who had been recently admitted to the service. It included a three-week transition plan for the resident including a visit to the house to meet with the other residents. The plan was resident-specific and assisted the resident, others in the house and staff with the move.

While residents signed a document called a tenancy agreement, this did not provide sufficient information to constitute a contract for provision of care. It confined itself to information about the weekly charges and did not clearly set out what the weekly charges covered nor reflect the service being provided to the residents.

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 - Minor

Findings:
In general, the inspector found that residents were involved in the development of their personal plans and that staff provided a good quality of social support to residents. However, some improvements were required to ensure personal plans were outcome-focussed rather than solely activity-based.

Each resident had a personal plan and inspectors reviewed three of the plans with residents. They were based on the individual support needs of the resident and there was evidence of regular review and participation of residents in the development of their plans. Residents had signed the plans and, in addition, each resident also had an accessible version in a folder that they kept in their bedrooms. Some residents had a large poster which used pictures, words and photographs to depict the information in the residents' folders.

The personal plans contained important information about the residents' backgrounds, including details of family members and other people who are important in their lives. They also contained information about residents' interests. Individualised risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. For example, one resident wanted to take care of the garden, including mowing the lawn. Staff had completed an individualised risk assessment which included measures to reduce and manage the risk of using the lawn mower. The resident proudly showed an inspector photographs of himself mowing the lawn.

While the personal plans included planned activities such as getting a new television or restarting swimming sessions, they were not focussed on outcomes for residents. It was also not possible to use the plans to evaluate whether the activities enhanced the quality of life for residents. Also, staff were not effectively assessing whether goals had been achieved.

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:
The inspector found that the centre was warm, well maintained and homely. Each resident had his or her own bedroom and there was sufficient communal space in the house. Some residents showed the inspector their bedrooms which were nicely decorated and of suitable size to meet their individual needs. Each room was decorated in accordance with the wishes of the resident and contained personal items such as family photographs, gym equipment or posters.

The entrance to the centre was accessible, with a discreet ramp leading to the front door. The centre was being kept in a clean and tidy manner, and residents told the inspector about how they contributed to keeping the house clean. The inspector saw invoices of regular maintenance in the house and the person in charge stated that any maintenance requirements were attended to by the provider promptly.

There was sufficient storage in residents' bedrooms for their clothes and other personal items. There was also sufficient storage in the house for the storage of other, general items. There were adequate bathroom and toilet facilities in the house. Two of the bedrooms had en suite shower and toilet. There was also a bathroom upstairs with a walk-in bath and a toilet and wash-hand basin. There was an additional toilet downstairs. Each bedroom also had a wash-hand basin.

The sitting room was large and comfortable, with a television, armchairs and couches. During the inspection, residents were observed putting up a Christmas tree in the sitting room. There was a large kitchen/dining room and residents had unrestricted access to their kitchen. There was a laundry room to the rear of the house where residents managed their own laundry, some with assistance from staff.

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 Health and Safety Statement which had been reviewed by the provider on 14 March 2013. There was no risk management policy, which is a requirement of the Regulations. However, many of the requirements of the risk management policy as set out 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, inspectors found that the provider had put sufficient risk management measures in place. Risk assessments 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. An inspector saw a number of handwritten, additional risk assessments with control measures in place which had been added by the person in charge or staff since the previous review by the coordinator of services. Staff undertook a proactive role in the management of risk in the centre.

In addition, individual 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 independence.

Accidents, incidents and near misses were being recorded in detail and 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 reoccurrence. 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. An inspector reviewed minutes of the meetings which confirmed that actions 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 any reported incident.

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

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. 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 were posted clearly in the hallway.

Records reviewed by inspectors indicated that fire training had not been provided to staff since 2011. However, the coordinator of services showed the inspector confirmation from an external trainer that fire training was to be provided during December 2013 and January 2014.

There were 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 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, 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, staff had not, since 2006, been provided with training on the protection of vulnerable adults from abuse. However, the training plan confirmed that this training would be provided during December 2013 and January 2014.

The policy on protecting residents from abuse 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 said that they were aware of the importance of promoting the safety of, 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 privacy was respected and to protect the residents 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 each resident.

Residents told the inspector that they felt safe. The inspector found that the staff supported residents to develop skills needed for self-care and protection. Residents were able to tell the inspector about a number of staff and others whom they could talk to if they felt in danger or unhappy. Residents were very conscious of safety in the centre and the inspector observed them reminding each other of safety measures such as checking who was at the front door before opening it.

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:
There was evidence that the staff were maintaining detailed records of all accidents and incidents in the centre. These were reviewed by the person in charge, the coordinator of services and the general manager.

At the time of inspection, there had been no incidents in the centre that required notification to the Authority as required by the Regulations. However, the person in charge was very knowledgeable about the requirements in the Regulations and had a notice with details of the requirements placed above the office desk to inform all staff.

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:
Non Compliant - Minor

Findings:
The inspector found that residents' general welfare and development was being facilitated. All of the residents attended a day centre which provided a range of activities. One resident told the inspector that he had recently started a part-time job with a local business. He talked about his work and his new workmates. The provider informed inspectors that another resident also participated in a work placement programme. Residents were supported by staff to pursue a variety of interests, including bowling, swimming and basketball.

However, as stated previously, while residents were being supported to participate in activities, and while one of the residents had a part-time job, the personal plans were limited in scope and not based on outcome goals. Such outcome goals would include developmental goals such as training, education or work.

The policy development manager told the inspector that the provider was in the process of expanding opportunities for residents to participate in work placements and also to become involved in more community-based activities.

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 found that residents were supported to access healthcare services relevant to their needs. The inspector reviewed the personal plans and medical folders for three residents and found that they had access to a general practitioner (GP), including an out-of-hours service. There was evidence that residents accessed other healthcare professionals such as chiropodists, opticians and physiotherapy services. Some of the residents had epilepsy and the inspector reviewed the file for one of these residents. The file contained records of reviews by medical specialists, while a specific epilepsy response plan had been developed based on the advice of the medical specialists. Staff were aware of the plan and were able to tell the inspector about it.

All residents had their main meal in the day centre during the week and prepared an evening meal when they returned to the centre. Residents decided what they wanted for their evening meal and if any resident did not like what had been prepared, there was a range of alternatives available. The inspector found that there was an ample supply of fresh and frozen food, and residents could have snacks at any time. Residents were able to tell the inspector about the importance of healthy eating and one resident explained the food pyramid which was on display in the kitchen.

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 adequately reflect all of the arrangements around the management of medication. For example, it did not contain sufficient information on the use of blister packs in the administration of medication. In addition, one aspect of the policy had not been fully implemented in that the person in charge had not been completing a weekly stock take. The inspector also reviewed a recent stock take with the person in charge and found that some of the information was incomplete and unreliable.

The person in charge had put measures in place to ensure that, where possible, residents engaged with the pharmacist with staff support and the inspector spoke with a resident who had returned from visiting the local pharmacy. Medications were dispensed from the pharmacy in blister packs to promote the correct administration. A clear description of each medication was provided to ensure that staff could recognise the correct medication to be administered.

The receipt of medication was being recorded and medication was being 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 that are administered as required) were recorded in the medication booklet and these included the maximum dose that should be administered in any 24 hours.

Staff were knowledgeable about the procedure for the administration of medication and about checking the prescription, the medication description and that the correct medication was being administered. Staff knew about the procedures for reporting medication errors and some errors had been reported. The organisation's nurse manager had reviewed these reports and had discussed incidents with staff to minimise

recurrence.

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 - Minor

Findings:
While the statement of purpose contained most of the information required by the Regulations, it did not contain sufficient detail in relation to staffing in the centre, the organisational structure and the size and purpose of rooms 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 provider had undertaken a number of audits and reviews of the safety and quality of the service. There was a regular review of risk management arrangements and incidents and accidents. The inspector read a report of an audit undertaken by the policy manager which had identified policy and procedural areas for development. These included such areas as staff training, communication supports for residents and increased community involvement for residents. Actions taken from this review included the extension of regular meetings for residents to all residential services and the development of communication tools for residents who had difficulty engaging in verbal communication. He stated that he was in the process of developing a six-monthly review across the services.

While there were reviews being undertaken, these could be improved by including measurable outcome goals, where the benefits of improvements could be identified and verified.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist him to deliver a good quality service. These supports included a policy manager, coordinator of services and nurse manager. There was evidence that the provider visited the centre regularly and was knowledgeable about the service. The provider had also established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

Inspectors found that the person in charge was appropriately qualified and had continued his professional development by recently completing postgraduate training. He had sufficient experience in supervision and management of the delivery of a community-based group home. Furthermore, during interview, he was knowledgeable about the requirements of the Regulations and Standards, and had very clear knowledge about the support needs and personal plans of each resident.

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 found that satisfactory arrangements were in place through the availability of another experienced staff member to cover any absences of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there had been no requirement to notify the Authority of any such absence. The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

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 found that sufficient resources were provided to meet the needs of residents. There was evidence that there were sufficient staff on duty, and the person in charge used staffing resources flexibly to meet the support needs of residents. A seven-seat vehicle had been provided to enable residents to travel to community facilities.

The centre was nicely furnished and equipped. It was also well maintained. None of the residents required assistive equipment.

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 provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults.

Six staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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. During the inspection, documented evidence from external trainers was provided which outlined planned training in both these areas for later in December 2013 and January 2014.

While there were supervision arrangements in place such as regular meetings between the provider and person in charge and meetings between the person in charge and staff, much of these arrangements were informal and were not being documented.

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:
The provider had ensured that residents were provided with a residents' guide. The guide was in an accessible format and included information in pictures, photographs and words. The residents' guide provided residents with information on the service, and included a section on how to make a complaint.

The provider had developed and implemented a range of policies and procedures to guide staff in the delivery of services to residents and the running of the centre. However, not all of the policies and procedures required by Schedule 5 of the Regulations had been developed. For example, there was no policy on residents' personal property, finances and possessions. In addition, some of the policies that were in place did not provide sufficient direction to staff. For example, the policy on communication referred to arrangements for staff communication, but did not reflect the good practice that had been implemented in relation to the communication needs of residents such as the use of photographic prompts for residents.

The registered provider had not established a directory of residents. There was a list of residents in the centre, and much of the information that is required in the directory of residents was available in the residents' files. However, there was no directory of residents as specified in the Regulations.

The inspector viewed an insurance certificate which confirmed that there was up-to-date insurance cover in the centre.

The provider was maintaining records in a secure and safe manner. Staff records were kept in a locked cabinet in the provider's office and residents' records were stored in a locked room in the staff office in the centre. Records were made available to the inspector as required during the inspection.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Hilda's Services
Centre ID:	ORG-0008063
Date of Inspection:	2 and 3 December 2013
Date of response:	22 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was insufficient support provided to residents to manage their financial affairs. There was a lack of transparency around the use of residents' money to cover certain staff costs and the records of residents' money were not reliable and accurate.

Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
1. The provider has commissioned an investigation into financial inaccuracies reported – Terms of Reference attached. The report and recommendations will be given to provider by the 12/2/14. Recommendations will be implemented by the 14/2/14. The

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

new policy and guidelines will be implemented subject to Board Approval on the 18/2/14.
2. Individual Risk Assessments will be carried out for all 6 residents to agree with each resident and their families the necessary control measures to be implemented in order to ensure support is provided to manage financial affairs – completion date 18/2/14.
3. Tenancy Agreement - Revised to show costs covered by rent money including staff expenses.

Proposed Timescale: 18/02/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure did not include an appeals procedure.

Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Please state the actions you have taken or are planning to take:
1. The Complaints Policy has been revised and Appeals Process included (see attached). Completed 4/2/14
2. The Easy Read Complaints Policy (Appendix 10 of Advocacy Policy) has been given to each resident and discussed. Completed 4/2/14

Proposed Timescale: 04/02/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While the provider engaged with an advocacy service, this information was not readily available to residents or others which meant that they needed to go through the provider to access advocacy services for the purposes of making a complaint.

Action Required:
Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

Please state the actions you have taken or are planning to take:
• The Independent Advocacy Officer has agreed to visit the home to meet residents. This discussion took place on 4/2/14.
• Accessible contact details(including picture) for the Advocacy Officer have been discussed with the Advocacy Officer on the 4/2/14 and it has been agreed that this information is circulated to and explained to residents so that they know they can make a complaint to a person independent of St. Hilda's. This will be completed by 28/2/14.
• The Person in Charge will send the accessible contact details to families of residents

so that the same information is available in family homes. This will be sent by 28/2/14.

Proposed Timescale: 28/02/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As all complaints were not being recorded, the provider could not use such information to ensure that measures for improvement were being put in place.

Action Required:
Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

Please state the actions you have taken or are planning to take:
1. The Complaints Policy has been reviewed to include the following –
• Role of Complaints Officer (who is the Line Manager / person in charge)
• How complaints are reviewed
• The Appeals Process
Completion Date 4/2/14

2. A Nominated Person (to audit Complaints on behalf of the provider) has been appointed on 3/2/14.

3. The Complaints log has been revised to record actions taken and changes to practice required for improvement. This has been put in place 10/2/14

4. Staff training of the revised policy, in particular how complaints are recorded and investigated. A review of how the revised complaints log is being completed will take place at this meeting. This training will take place on 28/2/14.

Proposed Timescale: 28/02/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Complaints which were resolved locally or informally were not being recorded. There was no record of how informal complaints were being investigated, what the outcome was and whether the complainant was satisfied with the outcome.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
A Nominated Person has been appointed on the 3/2/14. The Nominated Person will maintain a record of all complaints, investigation records, outcomes, actions taken, response times, changes to practice implemented as a result and satisfaction levels. The Nominated Person currently returns complaint details to HSE on a quarterly basis.

This will be an agenda item at the Management meeting on 27/2/14 where the Nominated Person will outline what has to be kept by managers/ person in charge to be compliant and her role.

Proposed Timescale: 27/02/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A person other than the complaints officer had not been appointed to ensure that all complaints are appropriately responded to and that records of complaints are maintained.

Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
The Complaints Policy has been amended to clarify :
(a) The role of Line Managers as Complaints Officer
(b) The revised role of a Nominated Person to include
review records, response times, patterns (see attached policy).
(c) The Line Managers/person in charge is responsible for ensuring that all complaints by residents are recorded, followed up, actioned on the provider record for recording complaints in the role of Complaints Officer.

The General Manager will provide clarity in relation to role of Line Manager/person in charge (as stated in regulation 34 (3)) as Complaints Officer and Nominated Person for Complaints (as stated in regulation 34 (2)) at the Management meeting on 27/2/14.

Proposed Timescale: 27/02/2014

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 tenancy agreement did not clearly provide the terms on which the resident shall reside in the centre.

Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Proposed Timescale: 04/02/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract for provision of services did not include sufficient information on the support, care and welfare of the resident, the details of the services to be provided or sufficient details about the fees that are being 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 circulated to all residents / families and will replace existing Tenancy Agreement (see attached).

Proposed Timescale: 04/02/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract/tenancy agreement did not reflect the assessed needs of the resident and the statement of purpose for the centre.

Action Required:
Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident’s assessed needs and the statement of purpose.

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 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:
Residents' personal plans tended to be activity- rather than outcome-based and it was not possible to assess or demonstrate the effectiveness of each plan.

Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
1. A template has been completed and approved for use in the organisation to measure effectiveness of goals to include the six 'Quality of Life' Outcomes. This template will collect information quarterly and the Coordinator of services will conduct an assessment of Quality of Life Goals to ensure effectiveness and personal choice. And make recommendations. First Quarter Reviews to be submitted by the 28/3/14.

2. PCP will be an item on the agenda of the Management Meeting and managers/person in charge will be asked to critically assess PCP goals with a view to understanding how needs are identified, how actions are agreed, how to look at effectiveness and consider changes and new developments/opportunities, particularly in are of work, education and community. This will take place on 27/2/14. The person in charge will be expected to implement learning and review all PCPs within 1 week of meeting and report back to General Manager.

Proposed Timescale: 06/03/2014

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 policy and while the health and safety statement contained some of the requirements of the Regulations, it did not include measures and actions in place to control aggression and violence.

Action Required:
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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:
There was no risk management policy and while the health and safety statement contained some of the requirements of the Regulations in relation to the policy, it did not include actions in place to control self-harm.

Action Required:
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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:
There was no risk management policy and while the health and safety statement contained some of the requirements of the Regulations in relation to the policy, it did not include arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the residents' quality of life have been considered.

Action Required:
Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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:
There were no plans or procedures for responding to emergencies other than fire.

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:
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).
This policy will include in its outline an Appendix – Service Specific Procedure to give a step by step response to emergencies.

Proposed Timescale: 21/03/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While staff were knowledgeable about arrangements for responding to fire, suitable training had not been provided to staff 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:
Staff were trained in Fire Prevention & Safety on the 20/1/2014 and the remaining staff have completed training on 4/2/2014.

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:
Appropriate training to be provided to staff in relation to the safeguarding of residents and the prevention, detection and response to abuse.

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:
Adult Protection Training / Refresher completed for all staff on Monday, 27th January 2014.

Proposed Timescale: 27/01/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While residents were supported to access a range of activities, there wasn't a focus on outcome goals for residents, including developmental goals associated with education, training and employment.

Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
1.PCP will be an item on the agenda of the Management Meeting and managers/PIC will be asked to critically assess PCP goals with a view to understanding how needs are

identified, how actions are agreed, how to look at effectiveness and consider changes and new developments/opportunities, particularly in are of work, education and community. This will take place on 27/2/14. The person in charge will be expected to implement learning and review all PCPs within 1 week of meeting and report back to General Manager.

The Person In Charge will ensure future PCP goals to include actions in the area of training, education and employment for each resident. This will start at next monthly review of PCP.

Proposed Timescale: 06/03/2014

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 management policy was not being fully implemented in relation to the storage of medication, including the management of medication stock.

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:
The Nurse Manager has met with the staff and reviewed the requirements for storage of medication and stock management on site as part of an unannounced monitoring visit (30th Jan 2014). A further review of these requirements will take place with the person in charge to ensure consistency. This will take place through unannounced monitoring visits.

Proposed Timescale: 28/02/2014

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:
While the statement of purpose contained most of the information required by the Regulations, it did not contain all of the required information.

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

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been revised and completed.

Proposed Timescale: 24/01/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not developed or implemented all of the policies and procedures set out in Schedule 5 of the Regulations.

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:
While there was a list of residents available in the centre, it was not a directory of residents containing the information required in the Regulations.

Action Required:
Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

Please state the actions you have taken or are planning to take:
The directory of residents has been revised and completed on 21/1/2014 as stated in the regulations with consideration of guidelines issued by HIQA.

Proposed Timescale: 21/01/2014

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The list of residents did not contain all of the information required to be included in the directory of residents.

Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 directory of residents has been revised and completed on 21/1/14

Proposed Timescale: 21/01/2014