<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Hilda's Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0008061</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Westmeath</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sbuckleybyrne@sthildas.ie">sbuckleybyrne@sthildas.ie</a></td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St Hilda's Services</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sheila Buckley Byrne</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Evelyn Murtagh</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Maeve O'Sullivan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 December 2013</td>
<td>02 December 2013 20:30</td>
</tr>
<tr>
<td>03 December 2013</td>
<td>03 December 2013 17:30</td>
</tr>
</tbody>
</table>

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 inspection was announced and took place over two days. As part of the inspection, the inspector spent an evening in the centre and met with residents and staff members. A day was spent in the organisation’s head office reviewing policies and procedures, staff records and collecting other information required to inform the inspection. The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files. Residents completed questionnaires which were complimentary of the service being provided in the centre.
Four people live in the centre. The centre is run over five days, with all residents going home to family at the weekend. All four residents are out during the day.

Overall, the inspector found that residents received a very good person-centred quality service. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents held regular meetings about how the house was run and did their own shopping. Residents’ communications needs were promoted and all residents were supported to pursue their hobbies and interests. The centre was homely and warm, and the inspector found that the residents were comfortable and confident in telling the inspector about their home.

The provider had put arrangements in place to ensure that the premises was 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 provision of up-to-date 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 procedure, the directory of residents, emergency planning, 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 - Minor

Findings:
The inspector found that the rights, privacy and dignity of residents were promoted and residents' choice encouraged and respected.

Residents were consulted with and participated in decisions about their care and about the running of the centre. Residents told the inspector about the regular meetings that they held, and about how they consulted with each other and the staff in relation to the running of the centre. Resident meeting minutes viewed by the inspector reflected the range of issues discussed such as delegating household chores, and demonstrated that residents had control and ownership of how the centre was run. The inspector observed numerous interactions between residents and staff that were respectful and caring and were delivered in a manner that ensured that the dignity and privacy of residents were maintained and their independence promoted. There was evidence of a commitment by staff to promote the rights of residents. Residents told the inspectors that they knew what their rights were. Residents had regular access to an external advocacy service.

The centre had a complaints policy and procedure but it did not meet all of the requirements of the Regulations. An accessible poster on the complaints procedure was clearly displayed in a prominent place in the centre. Residents told the inspector that they knew how to make a complaint. The inspector reviewed the complaints log and noted that no complaint had been made in the previous year. The person in charge told the inspector that they were aware of the complaints procedure and said that they would record and manage any type of complaint if one was made.

Residents told the inspector that they would speak to a staff member if they had a concern. They said that they liked living in the centre and felt that they had choice and control over decisions they made about their life. Each resident had their own bedroom. One resident had an en suite shower room to maximise his/her privacy. Residents’
rooms were personalised and well furnished to maximise storage. Residents could attend to their own laundry and some liked to do their own ironing. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information entered into the daily records.

The cost of staying in the centre was managed between the person in charge and the resident or their family. Residents had their own bank accounts. When residents’ money was used to purchase personal items, a robust system of recording and receipts was maintained by staff in the centre. Residents were supported to do their own shopping. They told the inspector that they were aware of how much they paid weekly to live in the centre and what bills had to be paid. The inspector observed an accessible explanatory chart in residents’ care plans that detailed the costs associated with living in the centre. The person in charge told the inspector that petty cash provided by the organisation allowed staff to accompany a resident to a café or to the cinema.

Residents told the inspector about the recreational and sporting activities that they liked to participate in and about some of the activities that they were involved in at home where their family lived. Two residents spoke about their jobs. Residents had access to the Internet and could use a landline if required. Some residents had their own mobile phone.

### 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:**
Ongoing communications were promoted for all residents. Staff practice ensured that residents had access to information in a timely manner. Information on the communication needs of each resident was documented in their personal care plan and reviewed on a regular basis. Inspectors observed staff communicating effectively and in a supportive way with a resident in order to facilitate her communication. Creative communications tools were also used by the residents and allowed them to communicate with each other.

Residents had access to various media sources such as the television and the radio. Residents told the inspector about the soaps that they liked to watch on TV. Residents had access to speech and language therapy services to assess and enhance their communications where required.
Relevant information was available throughout the centre in accessible formats. For example, notices in the dining area provided advice on healthy eating. A resource pack of photographs of food and household goods was used to assist residents to draw up shopping lists. One resident required additional communication supports and a section in his/her care plan detailed his/her communication preferences.

All residents had a personal support plan. In addition to the main file which was used to plan supports for residents, an accessible section which used plain language with pictures and photographs was visible in their file. Two residents showed the inspector their folders and explained each aspect of their personal plan. Some residents also had a large poster depicting their personal plan on their bedroom wall. One resident showed the inspector their plan and explained the different components in it. Their plan highlighted their interest in art and technical drawing. This interest was further developed and supported when they secured a job in that particular area.

**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:**
Residents were supported to maintain relationships with family and friends. Residents attended a day service and daily records highlighted the social activities that they were involved in. Residents talked to the inspector about their friends and about trips to the cinema and to the shops. They said that visitors were welcome to the centre and that they could meet with them either in the sitting room or the kitchen. The inspector received a warm and welcoming reception from residents and staff on arrival to the centre.

**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:
The organisation had a policy on admissions and discharges. Admissions were overseen by an Admissions, Transfer and Discharges Committee. All four residents living in the centre had lived there since 2001. A sample of residents’ files reviewed by the inspector had a copy of a contract that was referred to as a tenancy agreement drawn up between the organisation and the resident. The agreements were developed so as to be accessible to all residents and were reviewed every two years. However, the contract for provision of services to residents did not include sufficient information on the support, care and welfare services to be provided.

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 found that residents’ needs were suitably assessed and met. However, further work was required to ensure that personal plans were more outcomes focused. The inspector reviewed a sample of care files and found that the residents’ care needs were identified and plans were put in place with the residents to address those needs. Residents confirmed that they were involved in the development of their plans and in regularly reviewing them with their key worker. The person in charge told the inspector that a resident’s key worker could be based in the residential centre or in the day service. Daily records in care files documented the supports that staff and key workers provided to residents to address their needs. There was evidence that plans were regularly reviewed by multidisciplinary teams and changes recorded in the resident’s care plan. The files contained detailed records for residents on areas such as healthcare, intimate care needs and communications. One resident showed the inspector a poster version of his care plan displayed on his bedroom wall.

The personal plans contained important information about the residents’ lives, their likes and dislikes, their interests, details of family members and other people who are important in their lives. The inspector found that the personal plans concentrated on the activities, with limited focus on tangible outcomes and whether the activities enhanced a person’s quality of life or not.
**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 fully accessible, suitable and safe for the residents living there. The centre was warm, homely and well maintained. Each resident had his/her own bedroom. The bathroom was of a good size and the layout of rooms mirrored a typical family home. There was an additional toilet downstairs. The staff office/sleep over room was suitably located and did not impact on the homely layout of the centre. A large sitting room provided space for residents to relax. An accessible kitchen allowed the residents to prepare their own meals. Residents had unrestricted access to the kitchen. The laundry area was accessible and residents could attend to their own laundry. One resident showed the inspector his/her bedroom. The bedroom was nicely decorated and contained personal items such as family photographs, a drawing table and pictures. Residents had access to assistive equipment where required.

Residents told the inspector that they were responsible for keeping the house clean. The inspector saw invoices of regular maintenance work that had been recorded as being carried out in the house. The person in charge stated that any maintenance requests were attended to promptly by the provider.

---

**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:**  
The inspector found that the health and safety of residents and staff was promoted. However, the overall system to manage risk required improvement.

The organisation’s risk management policy was in draft format and required further work to ensure compliance with the Regulations. The inspector found that many of the requirements of the policy were contained in the organisation’s Health and Safety
Statement.

The inspector found that the provider had put sufficient risk management measures in place. A risk assessment of the environment had been undertaken in the centre and had been reviewed by the organisation’s services coordinator. The assessments were being updated regularly as risks were identified or changed for residents. There was evidence that staff took a proactive role in the management of risk in the centre. Individualised risk assessments were used to ensure that residents could participate in activities with appropriate risk management systems in place. For example, one resident expressed a wish to go to the local shop alone. Staff had completed an individualised risk assessment with the resident and ensured that potential risks were identified and managed. Risk assessments were carried out on the use of staff vehicles to transport residents. Files that were reviewed by the inspector contained evidence of staff’s vehicle insurance cover and driver’s licence.

The centre had a Health and Safety Statement which was reviewed annually by the service’s coordinator. The centre had a system in place to record accidents, incidents and near misses. Training records provided to the inspector showed that the two staff in the centre had received training in areas such as occupational first aid and moving and handling. There was no emergency plan in place to guide staff in the event of emergencies such as power outages or flooding.

The provider had ensured that arrangements were in place to manage the risk of infection. A senior nurse manager had responsibility for overseeing infection control arrangements across the organisation and for providing training and information to staff on managing infection. The inspector found that the person in charge was familiar with infection control arrangements and observed her taking necessary infection control measures while dispensing medication.

The centre had fire safety management systems in place. Records demonstrated that fire drills were carried out on a regular basis and reports detailing who had participated were seen by the inspector. Residents told the inspector that they had participated in fire drills and that they knew what to do in the event of a fire. Fire exit explanation charts were displayed in key areas and fire extinguishers were evident in the centre and there was evidence that they were checked annually. Fire safety inspection checks were conducted by staff on a monthly basis. However, fire training had not been provided to staff since 2011. Training documents that were seen by inspectors in the organisation’s head office showed that fire training was planned for December 2013 and January 2014.

<table>
<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
**Theme:**
Safe Services

**Judgement:**
Non Compliant - Moderate

**Findings:**
The inspector noted that the provider had put some systems in place to promote the safeguarding of residents and protect them from the risk of abuse. Staff were knowledgeable about these systems. However, not all staff had received training on the protection of adults from abuse as required in the Regulations. This could result in staff not being aware of their roles and responsibilities in relation to the identification and reporting of abuse or suspected abuse. A training programme provided to inspectors showed that staff were scheduled to participate in adult protection training in December 2013 and January 2014.

The policy on protecting residents from abuse contained information for staff on recognising abuse and how they should respond. It also contained guidelines on how an allegation of abuse should be managed. The provider had appointed a senior manager in the organisation as the designated adult protection officer. The centre had a number of other policies and practices that protected residents and promoted their safety such as a lone-worker policy, a whistleblowing policy and a missing-person policy. Training records provided to the inspector confirmed that all staff had received training in the delivery of intimate care and in the 'trust in care' policy. However, not all staff had received training in adult protection, and this was confirmed by the provider.

The inspector observed staff in the centre interacting with residents in a respectful, warm and caring manner. Daily records and personal plans reviewed by the inspector demonstrated that key information on residents and their preferences in relation to issues such as intimate care were documented and shared with staff. A diary recorded who was or was not present in the centre each day. The centre also maintained a visitor's diary.

The provider told the inspector that the organisation was in the process of finalising a policy on the use of restraints and developing a central register. The centre had a policy on supporting people with challenging behaviour. The person in charge told the inspector that a restraint-free environment was promoted and that no form of restraint had been used in the centre in the year prior to inspection.

The person in charge also highlighted additional safeguarding measures in place such as the fact that other than the sleep-over shift, there was always two staff members present in the centre. Residents told the inspector that they felt safe in the centre. The inspector found that staff had supported residents to develop skills needed for self-care and protection. Three residents told the inspector about various life skills programmes that they had participated in. Residents also talked about the staff they would go to if they were concerned or unhappy about something.
### 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 organisation had introduced a policy and procedure to guide staff on the management of notifications a month prior to inspection. The inspector found that the person in charge was familiar with the new policy and procedure. There had been no recent notifiable 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 found that the general welfare and development needs of residents were promoted. All residents were attending a day service appropriate to their needs, and their care plans and daily records documented the type and range of activities that they were involved with in the day service. Two residents told the inspector about their part-time jobs. Residents were supported by staff to pursue a variety of interests, including music, cooking and partaking in the Special Olympics. The provider told inspectors about work that was underway at the time of the inspection to enhance residents’ opportunities to participate in work placements and also to be involved further in 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 relevant to their documented needs. Residents’ health needs were well documented and residents met by the inspector had a very good awareness of these needs. The residents and their family managed their own healthcare with support from staff when required.

The inspector reviewed the personal plans and medical folders for two residents and found that they had access to a general practitioner (GP), to an out-of-hours GP service and to a range of allied health professionals such as chiropodists, opticians and dental services. Residents’ files contained records of reviews by medical specialists.

Residents told the inspector that they had their main meal in the day centre and prepared an evening meal when they returned to the house. They said that they 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 healthy fresh food in the fridge. Residents were able to tell the inspector about the importance of healthy eating and the types of food that they liked to prepare. Mealtimes were flexible and fitted around residents’ social and working lives.

**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 - Minor

**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 detailed and informative policy on the management of medication. The policy required all staff to undertake a training programme before administering medication. Staff training was supported by two competency-based assessments that were overseen by the organisation's nurse manager. The inspector found that the person in charge was knowledgeable about the procedure for the administration of medication and about checking the prescription, the medication description and checking that the correct medication was being administered. The person in charge was also familiar with the procedure for reporting medication errors that may occur. There was evidence that weekly stocktaking of medication is taking place.
The medication administration policy was detailed and provided good direction for staff. However, information on the management of medication was insufficient. For example, it did not contain sufficient information on the use of blister packs in the administration of medication.

Where possible, residents engaged with the pharmacist along with staff support. Medications were dispensed from the pharmacy in blister packs to promote the correct administration. There was a description of each medication provided to assist staff to 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 back kitchen. The key was kept in a locked box in the staff room. 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.

**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 and the organisational structure. The document did however reflect the day-to-day operation of the centre, and the services and facilities provided to the residents.

The inspector noted that there was a copy of the Statement of Purpose in the staff office, however, the document was not the revised version. The person in charge was familiar with the centre’s Statement of Purpose, but confirmed to the inspector that a copy had not been made available to residents and their families.

**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.*
**Findings:**
The inspector found that the person in charge of the centre was suitably qualified and experienced. The person in charge was knowledgeable about the requirements of the Regulations and Standards, and had a very good overview of the health and support needs and personal plans of all the residents. The person in charge was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. The person in charge told the inspector that she received regular support from her line manager. There was no formal appraisal or performance management system in the centre, and this was confirmed by the provider.

The provider had undertaken a number of audits and reviews of quality of service and safety of the service. Risk management systems and incidents and accidents were regularly reviewed and the analysis was discussed at management meetings.

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 persons in charge to assist them to deliver a good quality service. These supports included a policy manager, a services coordinator and a nurse manager. The provider had established monthly management meetings where the managers of all centres met to discuss common areas of interest and share their learning.

Staff were familiar with the whistleblowing policy and knew what to do if they had a concern about the quality and safety of care being provided to a 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 provider told inspectors about the systems that were in place for ensuring that each centre was managed should the person in charge be absent for any period of time. The provider had nominated a specific person who was responsible for submitting notifications to the Authority of when the person in charge is absent, as required by the
The person in charge told the inspector that there had been one occasion in the past year when she had been absent for a continuous period of 28 days or more, and that the organisation had made arrangements and nominated an experienced staff member to cover her absence.

### 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. The person in charge used staffing resources efficiently and flexibly to meet the support needs of residents. Two staff were rostered on each evening shift from Mondays to Thursdays, while one staff member slept in the centre overnight. The centre was maintained to a good standard and had a fully equipped kitchen. There was evidence that maintenance requests were dealt with promptly. An assisted bathroom catered for the individual needs of a resident. Accessible transport was available to bring residents to their day services and to social occasions.

### 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:**
Robust recruitment systems were in place that ensured that staff who were employed in the centre were suitable for working with vulnerable adults. The organisation’s recruitment practices that were reviewed by inspectors ensured that the documentation required for staff employed in the centres was in place. Inspectors reviewed a sample of staff files and noted that they contained all required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for
Training records were held centrally. Both staff in the centre had attended recent training in areas such as medication administration, occupational first aid and manual handling. The person in charge also maintained a record of staff training in the centre. The person in charge was aware of staff’s training deficits and told the inspector about the organisation’s current and future training plans. During the inspection, training records provided to inspectors outlined the planned training for December 2013 and January 2014.

The person in charge told the inspector that they attended monthly management meetings with managers from other centres. The person in charge confirmed that there was no formal staff supervision system in place. The centre was staffed by two care staff, one of whom was the person in charge. In accordance with the needs of the service, both staff members worked a 34-hour week.

Inspectors noted that copies of the Regulations and the Standards were available in the staff room. There were no volunteers working in the centre at the time of inspection.

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:
There was evidence that the centre had a number of quality information systems that ensured the delivery of person-centred, safe and effective care to residents. Residents were provided with a residents’ guide. The guide was in an accessible format and included information in pictures, photographs and words. The guide provided residents with information about 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. Staff to whom the inspector spoke with demonstrated an understanding of these policies. 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 finances and possessions. Neither was there evidence that records were audited by line managers.

The organisation had a policy on records management. Residents’ files were kept secure in the staff room. The provider maintained staff records in a secure and safe manner. Staff records were made available to the inspector as required during the inspection. An insurance certificate reviewed in the provider’s office stated that the centre had insurance cover.

The registered provider had not established a directory of residents. There was a list of residents in the centre, however, the information required in a residents’ directory as specified in the Regulations was not available.

**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:**

Maeve O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Hilda's Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0008061</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>2 and 3 December 2013</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 February 2014</td>
</tr>
</tbody>
</table>

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 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. 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.

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

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The contract for provision of services to residents did not include sufficient information on the support, care and welfare services to be provided to the resident.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
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 concentrated on the activities, with a limited focus of the plan's impact on outcomes for the resident and their quality of life.

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:
The draft risk management policy 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
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The draft risk management policy did not include measures and actions in place to control for 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) (iv).

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
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:**  
Suitable fire safety 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:**  
All staff have been trained on the 21/1/2014.

**Proposed Timescale:** 21/01/2014

---

**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 had not been provided to all 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:**  
All staff have received Adult Protection Training on the 17/12/2013.

**Proposed Timescale:** 17/12/2013
### 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 did not contain sufficient information on the use of blister packs in the administration of medication.

**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 will meet with the staff to review the requirements for storage of medication and stock management on site. This will take place through unannounced monitoring visits in February. An Appendix has been added to the Medication Policy to include information on the use of Blister Packs in the Administration of Medication.

**Proposed Timescale:** 27/02/2014

### 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 did not contain all of the information required by the Regulations.

**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

**Theme:** Leadership Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A copy of the statement of purpose had not been made available to residents and their families.
<table>
<thead>
<tr>
<th><strong>Action Required:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.</td>
</tr>
</tbody>
</table>

**Please state the actions you have taken or are planning to take:**
A copy of the revised Statement of Purpose has been made available to all residents and their representatives.

**Proposed Timescale:** 12/02/2014

---

### 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:
The centre did not maintain 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.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**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