| **Centre name:** | A designated centre for people with disabilities operated by St Aidan's Day Care Centre Ltd |
| **Centre ID:** | ORG-0008084 |
| **Centre county:** | Wexford |
| **Email address:** | cluid@saintaidansservices.com |
| **Type of centre:** | Health Act 2004 Section 39 Assistance |
| **Registered provider:** | St Aidan's Day Care Centre Ltd |
| **Provider Nominee:** | Maura Kelly |
| **Person in charge:** | Mary Thompstone-Crean |
| **Lead inspector:** | Mairead Harrington |
| **Support inspector(s):** | Louisa Power; |
| **Type of inspection** | Announced |
| **Number of residents on the date of inspection:** | 7 |
| **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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 12 May 2014 09:00  
To: 12 May 2014 17:30

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

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Summary of findings from this inspection
This centre, operated by St Aidan's Day Services, is a designated centre providing accommodation and care for people with disabilities including dual diagnosis mental illness and intellectual disability, autism, epilepsy and individuals with behaviours that challenge.

This was an announced monitoring inspection which was part of a wider inspection process of the service undertaken by two inspectors over three days. The findings of the inspection are set out under ten outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

As part of the inspection there was a review of the premises and care and administration practices were observed. Inspectors interviewed the registered provider and several members of staff. Inspectors also spoke with residents and, where possible, their family members. Inspectors also reviewed documentation in relation to standard policies and procedures, resident care-plans and staff files.

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

In general the inspectors observed evidence of good practice during the course of the inspection and were satisfied that residents received an appropriate standard of care with access as required to a general practitioner (GP), dentist and other allied healthcare professionals. There was a range of social activities available to residents.

The inspectors found that whilst the service was generally of a good standard, it did not meet all of the requirements of the Health Care Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Areas identified for improvement included the following:

- Information on complaints
- Statement of purpose
- Health and safety risk management
- Healthcare
- Medication management.

### Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 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:**
Inspectors were satisfied that the privacy and dignity of residents was respected. Appropriate courtesy in interactions between staff and residents was observed in the course of the inspection. Staff and management were mindful of privacy issues in relation to residents’ accommodation during the inspectors’ guide of the premises. Each resident had their own bedroom with adequate space and facilities for storage and
personal belongings. Residents could receive visitors either in communal areas or in the privacy of their own rooms.

Personal plans recorded the interests and preferences of residents and the activities on offer ensured that residents had the opportunity to participate in activities that reflected these interests. Each resident was enabled to exercise choice over their activities of daily living such as meal choice, shopping for groceries and laundering of personal clothing.

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

A centre-specific, up-to-date complaints policy and procedure was in place. A complaints log was maintained containing relevant details, actions and outcomes. The complaints procedure on display however, did not reflect the policy as reviewed by inspectors. This issue was addressed during the course of the inspection and the information on display was updated to reflect current policy.

There was an up-to-date, site-specific policy and procedure on residents' personal property and possessions. Appropriate systems were in place to secure residents' monies and individual finances were maintained. No discrepancies were identified in records that were checked during inspection.

**Outcome 05: Social Care Needs**

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

**Theme:**
Effective Services

**Judgement:**
Compliant

**Findings:**
Inspectors reviewed personal care plans during the inspection and found that residents' wellbeing and welfare was maintained by a high standard of evidence-based care and support. Residents' needs were assessed on admission and personal plans were
developed in collaboration with residents which reflected areas such as personal goals, communication issues, personal care, activities and education and learning. Copies of care plans were available to residents in an accessible format.

Inspectors noted that personal care plans were regularly reviewed and meetings were attended by both family members and staff. The review took into account changes in circumstances and new developments, and also assessed outcomes achieved and identified those responsible for pursuing objectives within agreed time-scales.

Inspectors noted that where residents were moving between services associated needs were discussed at staff meetings and family members were informed.

The centre had access to an on-site vehicle and inspectors saw residents being transported to and from a variety of activities and outings.

**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 centre formed part of a purpose built development for a sheltered community. The premises was single storey with adequate access and space throughout to accommodate assistive equipment such as hoists and wheelchairs. The location, design and layout of the centre was in keeping with the statement of purpose and contained accommodation appropriate to the individual and collective needs of residents. The premises was free from hazards, well furnished, comfortable and decorated in a homely fashion with appropriate equipment for use maintained in good working order. Kitchen and bathroom facilities were clean, accessible and suitably equipped.

**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:
There were up-to-date policies and procedures relating to health and safety including a health and safety statement dated April 2014. A current risk management policy was also in place covering areas such as injury, unexplained absence, self-harm and aggression and violence. Inspectors saw documentation that incidents were recorded and health and safety audits were carried out.

Floor plans, evacuation procedures and emergency contact details were clearly on display. Fire safety equipment including extinguishers and fire blankets were readily accessible. Inspectors noted that comprehensive personal emergency evacuation plans were also in place. Equipment was serviced annually and last inspected in May 2014. Fire alarms were tested quarterly with daily checks in evidence in all units. Fire drills were also carried out quarterly.

In general satisfactory procedures were in place for infection control with personal care plans containing standard precautions for the management of potentially infectious residents. Personalised slings were in use for residents requiring the assistance of a hoist. Hand gel was seen to be available and in use. Colour coded cleaning systems were in operation and current policies were in place for the disposal of clinical waste. Alginate bags were also available and in use for laundering.

Although staff were up-to-date in manual handling training some staff had not received current fire training.

A number of vehicles were available for use at the centre and documentation seen verified that all of these were adequately insured with relevant maintenance certification in place and up-to-date. Designated drivers were licensed and had received recognised training in wheelchair clamping.

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:
Compliant

Findings:
Current policies and procedures were in place for the prevention, detection and
response to abuse. Staff had received training in the protection of vulnerable adults and staff with whom inspectors spoke understood what constituted abuse and were clear on lines of reporting and action to be taken. Inspectors saw documentation that confirmed incidents and allegations of abuse had been appropriately investigated and managed in line with the centre's policy, national guidance and legislation.

There was an up-to-date, centre-specific policy on managing challenging behaviour and restraint and physical intervention. Staff had received appropriate training in the use of restraint and managing challenging behaviour and the use of positive behaviour support plans. Inspectors saw evidence that residents requiring restraint were risk assessed in line with best practice. Personal plans detailed the use of restraint, consent in relation to the use of restraint and records of supervision and observation of a resident whilst restraint was in use. Inspectors also noted that where restraint was utilised, other methods of managing the behaviour had been considered.

There was a current policy in place regarding residents' personal property and possessions. Residents had access to personal monies and could spend it in accordance with their wishes. A record of the handling of money was maintained and two signatures were recorded in all instances and receipts provided for transactions.

**Outcome 11. Healthcare Needs**

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Minor

**Findings:**
Overall the welfare and well-being of residents was maintained through both evidence based nursing care and appropriate medical care. Provision of care by allied healthcare professionals was also facilitated with access as required for dentistry, chiropody, physiotherapy and community mental health amongst others.

Inspectors reviewed a number of residents' personal care plans and found them to be individualised, comprehensive and kept under regular review. Inspectors saw that where possible residents were encouraged to take ownership of their own welfare; independence was promoted in the management of their own day-to-day needs and practices in relation to health, hygiene and nutrition. Residents were involved in the choice, purchase and preparation of ingredients for meals. Meal choices could be varied and personalised according to individual preferences. Where necessary pictograms were used to communicate dietary options or requirements.

Recognised and appropriate assessment tools were utilised to inform decision making about treatment across a range of issues such as challenging behaviour and pressure
sores. In one instance there was no score calculated for the pressure sore assessment of a resident and therefore no associated care plan was in place. Where assessments indicated a referral to allied health therapists such referrals were documented and occurred within appropriate time-frames. A review of medical notes showed that a GP was in regular attendance at the centre.

**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:**

There was a centre-specific policy, dated April 2014, for medication management including the prescribing, administration, storage, safekeeping and disposal of medicines. The processes for handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. However, inspectors noted on one instance that medication was not being signed in and out consistently in accordance with procedure.

Generally medication administration sheets were maintained in accordance with requirements and contained the medications identified on the prescription sheet along with the signatures of administering staff. However, the inspector did note that in some administrations of pro re nata (PRN) medication, maximum doses were not always being recorded on administration sheets. Prescription sheets were maintained in accordance with requirements and contained the necessary biographical information.

Systems for reviewing and monitoring safe medication management practices were in place with quarterly audits conducted by the local pharmacist. Patient information leaflets were kept on-site for each medication. Though no residents were self-administering there was encouragement through education by staff of residents to be independent in terms of self-medicating. Residents taking responsibility for the collection of their own medicines was actively promoted by staff.
**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:**
A written statement of purpose was in place which set out the aims, objectives and ethos of the centre including the facilities and services provided to residents. Staff spoken with were aware of the statement of purpose, copies of which were available at the centre. The statement of purpose covered the areas listed in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 though no reference was made to education, training and employment or the provision of separate day-care facilities. Whilst there was a document reference in the statement of purpose in relation to the centre's admission criteria, no specific detail was provided as to any requirements or restrictions that might apply. These issues were addressed in the course of the inspection and the statement of purpose was updated accordingly.

The statement of purpose also referenced the centre's aim to "maximise independence for all residents empowering them to make real choices about their lives" and inspectors found that this commitment was reflected in the attitude of staff and the day-to-day running of 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:**
Overall the inspectors found that governance arrangements were satisfactory. There was a full-time person in charge who was a registered nurse with the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. The registered provider was also a registered nurse with extensive clinical experience who has worked as general manager of the centre since 2005. Both the person in charge and the registered provider were actively involved in the day-to-day operational management of the centre.

Key members of staff spoken with demonstrated a good knowledge of the standards and regulatory requirements in general, and were found to be committed to providing quality, person-centred care to their residents. Governance was supported by effective systems of communication and supervision as evidenced by regular, minuted meetings between residents, staff and key workers and also staff and management. The general manager was also supported by a financial manager and a HR manager.

Inspectors saw that a copy the National Standards for Residential Services for Children and Adults with Disabilities was available and accessible at the centre. Staff spoken with were also aware of the requirements in relation to the regulations.

**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:**
Inspectors reviewed recruitment and training records and procedures and spoke to staff and management in relation to both these systems. There was a centre-specific policy on recruitment and selection of staff. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Based on observations by inspectors, staff members were knowledgeable of residents' individual needs and provided assistance to them in a respectful, caring and timely manner.

Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents during the day and night. Staff received on-going training to support them in the delivery of evidence-based nursing including management of restraint and challenging behaviour. The qualifications of
senior nursing staff and their levels of staffing also ensured appropriate supervision at all times.

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

**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:**

Mairead Harrington  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

| Centre name: | A designated centre for people with disabilities operated by St Aidan's Day Care Centre Ltd |
| Centre ID: | ORG-0008084 |
| Date of Inspection: | 12 May 2014 |
| Date of response: | 23 June 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 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:
Ensure appropriate arrangements are in place to provide all staff with the necessary training in fire precautions and procedures.

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:
Fire training is scheduled to take place on 25th July 2014.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 25/07/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ensure care plans are up-to-date and accurately reflect the outcome of health and welfare assessments.

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

Please state the actions you have taken or are planning to take:
The water-low risk scale was fully completed following the inspection. Random audits will be completed by the Person in Charge and the Service Provider to ensure personal plans are up-to-date and accurately reflect the outcome of health and welfare assessments.

Proposed Timescale: 23/06/2014

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:
Ensure appropriate signed records are maintained where required in relation to the delivery and return of medication.

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

Please state the actions you have taken or are planning to take:
Senior member of staff will audit delivery and return of medication.

Proposed Timescale: 23/06/2014

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure that the records of medication administered to a resident include maximum dosage information where appropriate.
Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
An extra column will be added to the MARS/Admin flow sheet by Hickey's Pharmacy and will state “PRN Maximum dose given”. This will be implemented at the next medication cycle in July 2014.

Proposed Timescale: 25/07/2014