<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Christopher's Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001839</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Longford</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St Christopher's Services Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Clare O'Dowd</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Marie Matthews;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</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 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: 15 July 2014 11:00
To: 15 July 2014 21:00

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

|-------------------------------|-----------------------------------------------|---------------------------------|-------------------------------|----------------------------------|-------------------------------------|---------------------|

Summary of findings from this inspection
This monitoring inspection was the first inspection of this Residential Service carried out by the Authority. It was an announced one-day inspection. This service is one of seven residential services run by the organisation.

The centre provides residential accommodation and support services for 6 adults with a moderate - severe to profound intellectual disability. As part of the inspection, inspectors met with residents, staff members, the Person in Charge (PIC) Michelle Dolan and the Provider nominee, Clare O Dowd. Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures. Inspectors found an organised, well run service which provided a person-centred approach to meet the health and social care needs of residents.

The house is a modern purpose built bungalow situated on a quiet estate in a residential part of the town. It accommodates a maximum of 6 residents on a full time basis. There were no vacancies on the day of inspection. The house and grounds were well maintained and offered a comfortable homely environment grounds for residents.

Inspectors sought the consent of residents to enter their bedrooms and review personal plan and care files. Residents bedrooms were decorated according to their wishes and taste and one side of the kitchen had been adapted to meet the needs of residents in wheelchairs.

There was evidence that resident’s diverse health care and psychosocial needs were appropriately supported and promptly responded to by staff. Access to a range of
allied services including psychological and mental health specialists was evident. Staff interviewed displayed good knowledge and understanding of individual residents' needs, wishes and preferences and inspectors observed good interactions between staff and residents. Residents or their families were involved in decisions about their care and being supported to promote independence and exercise choice in their daily lives.

While evidence of good practice was found across all outcomes, areas of non compliance with the regulations and the National Standards were also identified. Night time staffing levels require review to ensure each residents needs are fully met; residents evening meal experience requires improvement to give residents a better input and afford residents more choice; a clearer system to capture the social activities residents took part in each day was needed and drivers required appropriate training for driving wheelchair accessible vehicles. These are issues are discussed further in 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 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors found that each resident had a personal plan in place and there was evidence that these were reviewed consistently and at a minimum annually. There was evidence that residents and/or their families were involved in preparing their personal plans. Inspectors viewed a sample of resident’s personal plans and found that they were individualised and person centred. Resident’s abilities, needs and aspirations were clearly identified and there were opportunities for residents to participate in meaningful activities appropriate to his or her interests and capacities.

A key worker was assigned to each resident to help them to achieve their personal goals and inspectors saw that goals identified for the previous year had been reviewed and some had been realised. Communication tools and pictorial images were used to ensure personal plans were in a form accessible to residents.

Staff told inspectors that the residents are very much part of the local community. Some residents attended day services, visited the local pubs, restaurants, library and church as well as taking part in social activities in the house such as cooking, art and massage. Although personal plans detailed the activities individual residents enjoyed, there was no system in place to track the activities attended by residents on daily basis and assist staff to identify if they were achieving their personal goals.

Judgment:
Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
A risk management policy was available which had been reviewed in response to an inspection of another service. It clearly identified the procedures on risk identification, description, and risk rating. A health and Safety Statement was also available which was reviewed in January 2014. It contained an organisational risk register which identified known risks specified in the regulations. A local risk register was also found in each house. Monthly safety audits were carried out to ensure a safe environment.

The inspector viewed a number of individual risk assessments for residents. Some related to social activities or outings. Inspectors found evidence that staff took a proactive approach to control risk to residents whilst ensuring that residents could still take part in their chosen activity.

Accidents and incidents were recorded electronically by the Person in Charge and these were reviewed monthly by the provider. Inspectors found evidence of learning from accidents and incidents and measures in place to prevent re-occurrences were included in resident’s care plans. Staff files reviewed by inspectors had evidence that staff had completed manual handling training.

Appropriate fire equipment was located throughout the centre and there was evidence that this and the emergency lighting and alarm system were serviced regularly. Weekly and monthly fire safety checks were recorded in the centres fire register. All fire exits were unobstructed and staff took part in regular fire evacuation drills which were documented. A personal evacuation plan was documented in each resident’s personal plan and a copy of this was also kept near the entrance to the centre. Fire safety training for all staff had taken place and included evacuation procedures. The procedure to be followed in the event of fire was displayed in the centre.

Vehicles used by residents were appropriately maintained and were checked monthly for safety by the services’ vehicle safety officer. It was not clear if all persons driving vehicles used to transport residents had completed appropriate training for driving adapted vehicles including the correct technique for clamping wheelchairs to prevent movement during transportation.

Judgment:
Non Compliant - Moderate
Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors found that measures were in place to protect service users being harmed or suffering abuse. A centre specific policy was available for the prevention, detection and response to allegations of abuse. It included procedures to guide staff on the different forms of abuse and their responsibility if they suspected any form of abuse and the procedure for managing an allegation or suspicion of abuse. The name and contact details of the designated contact person was included in the policy. The Person in Charge informed inspectors that no allegations of abuse had been reported.

Staff interviewed confirmed that that they were aware of this policy, and of their responsibility to report any allegations or suspicions of abuse. Residents told inspectors they felt safe and could talk to staff. A procedure was also available on the provision of personal care to service users which included guidance on respecting residents’ privacy and dignity.

There was a policy available to guide staff on “responding to challenging behaviour. and inspectors saw that efforts were made to identify and alleviate the underlying causes of behaviour that was challenging. Residents who had a history of self harm had been reviewed by the services behaviour support staff and were appropriately referred to a Behavioural Psychologist. The inspector saw that behavioural support plans were developed to help staff to support these residents. Inspectors saw that PRN or as required medication prescribed for one resident with self injurious behaviour had been reduced as a result of these interventions.

Judgment:
Compliant
**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Staff and residents described good access to the local general practitioner (GP) and there was evidence available of this in the files reviewed. An out of hour’s GP service was also available. Comprehensive health assessment and regular health screening were in carried out to ensure residents had optimal health. Appropriate care plans were in place for any assessed care needs. Inspectors saw that referrals to a range of allied health services including physiotherapy, occupational therapy and chiropody, the optician and dentist were made where appropriate.

Inspectors reviewed a ‘hospital passport’ document on resident’s files for use should the resident require transfer to hospital. The document was regularly reviewed and included information on aspects of the residents’ care including their emotional needs and preferences.

A menu for the week was displayed in pictorial format in the dining room. The inspectors found that there was good supply of snacks and fresh and frozen food, available. Residents with the assistance of staff helped with shopping for smaller items during the week.

Although residents ate their main meal in the house every evening, inspectors were told that a cook chill system was used to prepare the meal off site. Meals were then reheated for residents in the evening as this was their preferred time have dinner. Consequently residents did not have the opportunity to take part in preparing the meal and had limited opportunity to choose what they ate for their dinner and detracted from providing a home like environment for residents. All staff had completed food safety training and required temperatures were recorded.

**Judgment:**
Non Compliant - Moderate
### Outcome 12. Medication Management

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

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Health and Development</th>
</tr>
</thead>
</table>

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

This was the centre’s first inspection by the Authority.

**Findings:**

A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to service users. Inspectors reviewed the prescription records and medication administration record and found that documentation was completed in accordance with safe practice guidelines. There were protocols in place for the safe administration of medication for epilepsy.

Medications were stored appropriately and there were no medications that required strict control measures (MDA’s) at the time of the inspection. There was a system in place for the reporting and management of medication errors electronically and these were reviewed by the PIC. Staff spoken with knew what process they had to follow if they made an error.

**Judgment:**

Compliant

### Outcome 14: Governance and Management

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

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Leadership, Governance and Management</th>
</tr>
</thead>
</table>

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

This was the centre’s first inspection by the Authority.

**Findings:**

The centre is managed by a suitably qualified and experienced Person in Charge (PIC).
who works full time in the centre. The person in charge reports to the residential coordinator who in turn reported to the general manager. Deputising arrangements are in place in the event of the PIC’s absence and an on-call arrangement is in place 24/7. Staff files reviewed confirmed that a system of annual staff appraisal is in place. There was evidence of regular staff meetings and inspectors saw that a schedule of meetings was planned for the year.

The inspectors saw that the provider had organised a schedule of audits across all the residential centres run by the service and these looked at different outcomes for residents including personal plans, food and nutrition, health and safety, staff files, medication audit, and complaints. There was evidence that actions had been taken to address issues identified in these audits and the inspectors found that further audits were scheduled. The Provider had undertaken a series of unannounced visits to the centre and produced a written report as to the safety and quality of care and support provided as required by the regulations. There was evidence that the quality of care and experience of the residents was monitored on an ongoing basis. Records of Bi-annual inspection were made available to inspectors for review.

**Judgment:**
Compliant

**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector reviewed the recruitment practices and found there was a system in place to ensure all the required documentation for staff employed in the centre was in place. Three staff files were reviewed which were held centrally and inspectors found that all documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Service users in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were present. Documentation was well organised and easily retrievable.

There was staff rota available with levels of staff assigned based on the numbers of residents in the houses. The normal staffing compliment was two staff members who work a 13 hour day caring for the residents. One of these staff member was a nurse and
the other a care assistant. A third staff member who worked 12 hours off site was assigned specifically to one resident who requires one to one care. Staff indicated that the current day time staffing levels allows them to meet residents needs. Inspectors found on review of night time staffing levels that one resident needs were not being adequately met due to inadequate night time staffing levels.

There was evidence that staff received training commensurate with the assessed needs of residents and records of training were documented on staff files. There was a training plan in place for 2014 to ensure staff were kept up to date. Inspectors saw that training on medication management, personal care planning, food safety, protection and safety of vulnerable adults, epilepsy awareness and manual handling had been provided to staff. Training on adult protection was not current and staff were due refresher training.

**Judgment:**
Non Compliant - Moderate

### Closing the Visit

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

**Acknowledgements**

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

**Report Compiled by:**

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
### Centre name:
A designated centre for people with disabilities operated by St Christopher's Services Limited

### Centre ID:
OSV-0001839

### Date of Inspection:
15 July 2014

### Date of response:
12 August 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.

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

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

There was no system in place to track the activities attended by residents on daily basis and assist staff to identify if they were achieving their personal goals.

**Action Required:**
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
A Daily Activity Tracking Log has been devised and implemented for each resident, to assist staff in identifying that each resident is achieving his/her personal goals.

Proposed Timescale: 06/08/2014

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:
It was not clear however if all persons driving vehicles used to transport residents had completed appropriate training for driving adapted vehicles including the correct technique for clamping wheelchairs to prevent movement during transportation.

Action Required:
Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

Please state the actions you have taken or are planning to take:
Information and instruction session is scheduled for the 18th September, which will be facilitated by the service’s Transport Manager.

The service provider will procure a competent training provider to deliver a 'Train the Trainer' course, which will train and up skill a number of organisation staff as instructors to deliver staff training in the safe clamping of service vehicles.

Proposed Timescale: 31/10/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Meals were not prepared in the house, consequently residents did not have the opportunity to take part in preparing the meal and had limited opportunity to choose what they ate for their dinner.

Action Required:
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident’s individual dietary needs and preferences.
Please state the actions you have taken or are planning to take:
A catering assistant will be sourced and assigned to the designated centre, which will increase each resident’s opportunity to partake in the preparation of meals and provide extended choice during mealtimes.

**Proposed Timescale: 30/09/2014**

### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A resident’s needs were not being met due to inadequate night time staffing levels.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Following the submission of two business cases to Health Service Executive in 2013 and 2014, and two Multi-Disciplinary Review Meetings, the service provider is awaiting confirmation of a follow on meeting with the Health Service Executive to secure funding for an additional night time support for the resident.

**Proposed Timescale:** 30/09/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Training on adult protection for staff was not current.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
Adult Protection Refresher training will be scheduled and delivered to all staff in the designated centre.
In the meantime the person in charge will discuss the Non Accidental Injury and Abuse policy with each staff member and record same on the policy induction attendance sheet by 08th September 2014.

**Proposed Timescale:** 13/10/2014