

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by St Christopher's Services Limited
Centre ID:	OSV-0001842
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Christopher's Services Limited
Provider Nominee:	Clare O'Dowd
Lead inspector:	Thelma O'Neill
Support inspector(s):	Marie Matthews;
Type of inspection	Announced
Number of residents on the date of inspection:	8
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: 27 August 2014 10:00 To: 27 August 2014 19:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

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.

The centre comprises two separate houses located together in the town which provide residential accommodation and support services to a total of eight residents with moderate to profound intellectual disability. The first house accommodates six residents with high support needs on a permanent basis permanent. Two other are accommodated on a shared care basis on alternate weeks. The second house provides an individualised service to one resident and has a room for a staff member who sleeps over. There were no vacancies on the day of inspection.

As part of the inspection, inspectors met with residents, staff members and the Provider and the Person in Charge (PIC). Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures. Staff files were also reviewed in the services head office prior to the inspection.

Inspectors found that the two houses were very well maintained and provided a comfortable homely environment. Residents were provided with person-centred health and social care with appropriate input by support services. Specialist communication aids were provided for residents with impaired communication.

Residents were involved in decisions about their care and were supported to live as independently as possible and exercise choice in their daily lives. Staff and residents interacted in a friendly manner and the key worker system in place ensured staff had an in-depth understanding of individual residents' needs, wishes and preferences.

Policies and procedures were available to guide staff in accordance with the regulations and there was a positive attitude towards risk.

Behavioural support plans were developed to support residents with behaviour that challenges and there was a multi-disciplinary input into planning interventions for residents, however, training for staff in adult protection was not reviewed in over 4 years.

Other areas of non compliances with the regulations and the National Standards were identified. Neurological observations were not always recorded when residents sustained an unwitnessed fall, one care plan reviewed required further revision to give clearer guidance to staff and unused medication stock required more frequent return to the pharmacy to keep stock balances lower. These are discussed in more detail in the report and included in the Action Plan at the end.

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:

Resident's well being and welfare was maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in activities, appropriate to their interests and preferences. All residents attended the day service depending on their assessed needs and interests. Both houses are located within walking distance of all the amenities of the town so residents visited the local shops, cinema, bowling alley and swimming pool with the assistance of a key worker.

Inspectors viewed a sample of resident's personal plans and found that they were individualised and person centred. Resident's needs, choices, abilities and aspirations were clearly identified. Inspectors saw that they were drawn up with the participation of residents and were available in picture format which was more accessible to the residents.

There was evidence that personal plans were reviewed annually or more frequently if there was a change in residents needs. The plans contained details of the supports and services needed to help residents achieve a good quality of life and achieve their personal goals. An accessible version of the resident's personal goals was displayed in picture format in several residents' bedrooms. Inspectors reviewed reports completed by support staff completed monthly which reported on the residents' progress towards completing their goals.

Judgment:

Compliant

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

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

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

Findings:

The two houses were clean and well maintained and had suitable heating, lighting and ventilation. Houses were nicely decorated and had a choice of communal accommodation. However; some residents were not able to access parts of house due to poor accessibility in the design of the building. For example, the kitchen units were not accessible for residents who used a wheelchair.

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:

The health and safety of residents, visitors and staff was promoted and protected. There were policies and procedures available relating to health and safety including an up to-date health and safety statement and a risk management policy. The policy had been recently amended in response to a previous inspection of another house. The risk management policy included the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents.

Inspectors reviewed the centres accident and incident log and were satisfied that all risks were appropriately identified, assessed, and managed. There was evidence that arrangements were in place for investigating and learning from serious

incidents/adverse events involving residents. All accidents were recorded electronically and these were reviewed monthly by the PIC and the provider. All staff had up to date training in moving and handling of residents.

Fire equipment was provided throughout both houses and there was evidence that emergency lighting and fire fighting equipment was serviced annually. There was evidence of weekly and monthly fire safety checks recorded in the centres fire register. All fire exits were unobstructed and staff took part in regular fire evacuation drills which were documented.

There was an emergency plan available and suitable arrangements were in place for responding to emergencies. Each resident had their own Personal Evacuation Plan (PEEP) which was kept in their personal plan and a copy of the PEEPs was also kept at the front entrance along with the Fire register. The mobility and cognitive understanding of residents was clearly accounted for in the evacuation procedure.

Judgment:

Compliant

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. Staff were aware of who the designated officer was and were clear on the reporting arrangements. The PIC confirmed that no allegations of abuse had been reported.

A procedure was also available to guide staff when assisting residents with personal care. Residents spoken with said that staff treated them respectfully and respected their

privacy. Inspectors observed that staff members interacted with residents in a respectful manner. There was a policy available to guide staff on "responding to challenging behaviour. Inspectors reviewed the file of one resident who had behaviour that challenged. A behavioural support plan was in place to support this resident which identified potential triggers and interventions to prevent the behaviour or prevent it from escalating. Efforts were made to identify and alleviate the underlying causes of behaviour and any triggers which caused the behaviour. Inspectors saw that multi-disciplinary input was sought and behaviours support strategies to effectively manage and reduce the incidents of challenging behaviour were in place. Reactive strategies were also in place to ensure a consistent approach was maintained by all staff in response to any behavioural outbursts. Staff had completed training in responding to challenging behaviour in 2012 however the course became obsolete in 2014, and was since been re-branded. At the time of inspection the in-house trainers were up-skilling to deliver the new course.

Staff had received training in the protection of vulnerable adults from abuse however the inspector observed that for some staff this training was not current. Inspectors were advised that refresher training in this area was scheduled.

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:

A comprehensive health assessment had been carried out for each resident and inspectors saw appropriate screening/checks were in place to ensure optimal health and well being among the resident group within the centre. Personal plans contained a summary of each assessment and detailed care plans were in place for each assessed need. A key worker was assigned to each resident to assist them to achieve the best service. One care plan for epilepsy reviewed by inspectors required further review to guide staff as to when use the emergency procedure. Residents had good access to the local General Practitioner (GP) and the GPs notes were available on all of the residents files reviewed. An out of hour's service was also available.

There was good evidence of residents been referred to specialist health services for further investigations and to support services such as speech and language therapy, physiotherapy, occupational therapy, chiropody and a dentist and inspectors saw that

residents were supported to attend these appointments. Residents were weighed on a monthly basis. Recognised assessment tools were used to assess residents care needs. There was evidence that care plans were commenced and regularly reviewed in response to residents' changing needs. One care plan reviewed by inspectors for a resident with epilepsy required further review to ensure it sufficiently guided staff as to when use the emergency procedures for epilepsy.

Each resident had a 'hospital passport' document completed which included a summary of information about the resident including their medical and social needs in the event that the resident was transferred to hospital.

There was a good supply of fresh and frozen food, and residents could have snacks at any time. Residents helped decided on the menu and helped with the shopping and cooking the evening meal with the support of staff. Residents ate their main meal in day services and had their evening meal in the house. A menu for the week was displayed in picture format in the dining room.

Judgment:

Non Compliant - Minor

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were available for residents with specific conditions such as epilepsy and were appropriately implemented and reviewed as part of the individual personal plans. Medications were stored securely in a locked cupboard in a designated medication area and that the medication keys were held by the staff on duty.

Prescriptions were individually signed by GPs. The maximum dose was stated for PRN or as required medication on the individual prescriptions reviewed. Photographic identification was available on the medication Kardex to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

Judgment:

Compliant

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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

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

Findings:
The quality of care and experience of the residents were monitored and developed on an ongoing basis and effective management systems were in place to support and promote the delivery of safe, quality care services. Inspectors reviewed biannual reviews and a schedule of audits carried out as part of this work.

Inspectors found that there was a clearly defined and robust management structure in place that identified the lines of authority and accountability. This was detailed in the centres' Statement of Purpose. The provider nominee demonstrated a positive attitude to compliance and inspectors observed that issues raised in previous inspections of the service which also affected this centre, had been addressed. For example the risk management and medication management policies had both been recently reviewed and copies of the update policies were available in the centre.

The centre is managed by a suitably qualified and experienced Person in Charge. (PIC) .In absence of the PIC, there is an emergency on call system in place.

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:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Inspectors were satisfied that residents receive continuity of care. Staff had completed mandatory training and had access to education and training to according to the needs of residents and in accordance with evidence based practice.

All staff were appropriately supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. Documents required 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 available for all staff. Personnel files were well organised and easily retrievable. Staff and residents interacted well together and staff helped residents to illustrate their personal plans. There was a training plan in place for 2014 to ensure staff were kept up to date

Inspectors reviewed the staffing rota. A nurse was on duty at all times. The normal staffing compliment was 6 staff on duty during the day and in the evenings and one waking staff member at night time. As discussed under outcome 6 staff were overdue refresher training in adult protection and in managing challenging behaviour.

Judgment:

Compliant

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Christopher's Services Limited
Centre ID:	OSV-0001842
Date of Inspection:	27 August 2014
Date of response:	08 October 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 06: Safe and suitable premises

Theme: Effective Services

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

Some residents were not able to access parts of house due to poor accessibility in the design of the building for wheelchairs.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its

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

accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

- Engage the competent services of an architect to review the property and furnish a report with recommendations to adhere to best practice in achieving and promoting accessibility for residents.
- Based on the recommendations of the report, consult with the architect to devise an action plan to commence a planned schedule of works.

Proposed Timescale: 31/12/2014

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:

One care plan for epilepsy reviewed by inspectors required further review to guide staff as to when use the emergency procedure .

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- All Emergency Care Plans have been reviewed and where required amended to ensure compliance with regulation.

Proposed Timescale: 08/10/2014