

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Christopher's Services Limited
<b>Centre ID:</b>	OSV-0003889
<b>Centre county:</b>	Longford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Christopher's Services Limited
<b>Provider Nominee:</b>	Clare O'Dowd
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	Marie Matthews;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	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, Health Act 2007 (Registration of 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 un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 18 July 2014 14:30 To: 18 July 2014 20:00

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

Outcome 05: Social Care Needs
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 detached houses located in a housing estate outside the town and provides residential accommodation and support services to 5 permanent residents with a moderate to severe intellectual disability and respite accommodation to a further 5 residents with a moderate to severe learning disability on a rotational basis. The first house accommodates 3 permanent residents and a sleepover member of staff. The 2nd house accommodates 2 full time residents and one respite bedroom is used by 5 part time residents who each come to the centre for a week of respite care every 6 weeks. There were no vacancies on the day of inspection. The grounds of both houses were well maintained and had secure well-maintained gardens for use by residents.

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

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. Inspectors found good practice in a range of areas. 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 interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences.

Risk and medication management policies were available to guide staff and there was a proactive attitude to 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.

Areas of non compliances with the regulations and the National Standards were identified. Some time had elapsed since staff completed training in adult protection and managing challenging behaviour. Also in some instances there were no medical notes for residents from their General Practitioner (GP) in their personal plans. These are discussed further in the report and 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, Health Act 2007 (Registration of 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:**

Residents had personal plans in place and there was evidence that these were reviewed consistently and at a minimum annually. Inspectors found that there were opportunities for residents to participate in meaningful activities appropriate to his or her interests and capacities. For example some residents said they enjoyed going to the cinema, bowling and swimming and for others said they like to meet friends and go for a meal in one of the local restaurants. All of the residents went to various day services during the day.

There was evidence that residents or where appropriate their representatives were involved in the personal planning process. 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. Personal plans were reviewed at a minimum annually and inspectors saw that the plans contained details of the supports and services needed to help residents achieve a good quality of life and achieve their personal goals. Inspectors saw that goals identified for the previous year had been realised which included going on holidays, going to concerts and going swimming regularly. Each resident was assisted to complete their own plan with the help of a key worker. There was evidence that communication tools appropriate to residents including pictorial images were used to support resident's communication skills.

**Judgment:**

Compliant

**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 draft policy on risk management was available which identified the procedures on risk identification, description, and risk rating. The policy was in draft format at the time of inspection but had been recently reviewed in response to an inspection of another residence in the service. A health and safety statement was also available which had been reviewed in January 2013. Inspectors reviewed an organisational risk register prior to the inspection. A separate risk register was kept in both houses. Inspectors saw that this was kept up to date through monthly safety audits.

Accidents and incidents were recorded electronically by the Person in Charge and these were reviewed monthly by the provider. A copy of the log was available in the houses. Inspectors saw that where a pattern of incidents occurred the PIC had taking steps to prevent a re occurrence. There was evidence of learning from past accidents and incidents and measures to prevent re-occurrences were detailed in resident's care plans. Individual risk assessments were documented in residents' personal plans and inspectors saw that actions were taken to mitigate risks. Risk assessments had been completed for social activities that residents liked to participate in to ensure their safety. The vehicle used by residents in the houses was appropriately maintained and checked monthly for safety by the services vehicle safety officer.

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. A personal evacuation plan was documented in each resident's personal plan detailing the assistance the resident would require in the event of an emergency evacuation. A copy of this was also kept near the entrance to the centre.

**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 observed that staff members interacted with residents in a respectful and dignified manner. A policy was available on the delivery of intimate and personal care which had been reviewed in April 2014.

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.

A review of staff files verified that staff had received training in the protection of vulnerable adults and in responding to challenging behaviour however training was not current. Inspectors were told that refresher training in both areas was scheduled.

**Judgment:**

Non Compliant - Moderate

**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 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 and achieve their goals. Monthly reports were completed for each resident by the key worker and documented in personal plans.

Good access to the local general practitioner was described by the Person in Charge (PIC) and this was evident in the files reviewed. An out of hour's service was also available. There was evidence of residents been appropriately referred to specialist health services including physiotherapy, occupational therapy, chiropody and a dentist and inspectors saw that residents were supported to attend these appointments. A 'hospital passport' document was available for each resident which included a summary of information on the residents' needs including their medical and emotional needs and preferences. The document was available in the event that the resident was transferred to hospital.

There was a residents meeting every Friday when residents returned from day services where residents decided on their activities and menu choices for the week. Residents had their main meal in day services and had their evening in the house. A menu for the week was displayed in picture format in the dining room. Residents told inspectors that they enjoyed helping to shop for ingredients and prepare meals with the assistance of staff. The inspectors found that there was a good supply of fresh and frozen food, and residents could have snacks at any time. One residents' care plan indicated a history of digestive problems for which an appropriate specialist referred had been organised; however although the input of the community dietician had been sought for advice on the residents nutritional intake the resident was still awaiting this referral and alternative arrangements had not been arranged privately.

**Judgment:**

Non Compliant - Moderate

**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:**

The inspectors reviewed the centres written operational policies for the ordering, prescribing, storing and administration of medicines which had been reviewed recently. The policy had been reviewed recently in response to an inspection of another residence. A local medication management procedure was also available for reference.

Medications were stored securely in a locked cupboard in the staff office and that the

medication keys were held by the staff on duty. A sample of medication administration records was reviewed by inspectors which was completed appropriately and included photographic identification of the resident. The maximum dosage for PRN or as required medication was not always stated on the individual prescriptions reviewed.

There were clear processes in place to ensure residents' medicines and prescription were up to date and reviewed as their needs or conditions change in relation to their medicine. A review of the accident and incident log showed that there was a pattern of medication errors in the past 6 months. Most of these involved the same resident, and occurred while the resident was at home. Inspectors saw that a care plan had been put in place to prevent further incidents.

**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.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Inspectors found that there was a clearly defined 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 at previous inspections of the service which affected other centres had been addressed. For example, the risk management and medication management policies had both been revised.

The centre is managed by a suitably qualified and experienced Person in Charge, (PIC). Staff told the inspectors that the PIC provides strong leadership. In the event of absence of the PIC, an emergency on call system was available.

Staff and service users were clear in relation to lines of authority. The person in charge reported to the residential coordinator (who is also the provider nominee), who in turn reports to the general manager. The inspector found, through interview with staff, that in the absence of the person in charge, a social care leader provided cover. On call arrangements were in place 24/7 and the inspector found that staff were aware of these

and had ready access to the contact details.

The quality of care and experience of the residents was monitored on an ongoing basis. The inspector found that a system was in place to carry out bi-annual inspections. The most recent inspection report was available and was reviewed by inspectors prior to the inspection. A Schedule of Audits was also planned. There was evidence that actions were taken to address issues identified in previous audits. The inspector found that there were plans in place for further audits. There was evidence of regular meetings between the General Manager and the Residential Co- Coordinator and between the PIC and the staff.

**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. The inspector reviewed three staff files which were held centrally and found that all required 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 in place. Documentation was well organised and easily retrievable.

A staffing rota was available and inspectors were advised by staff that staffing levels were adjusted to meet the needs of the residents in this centre. Inspectors observed from the rota that the normal complement of staff on duty was one staff member in each house in the evening and one in each house in the morning and an individual support staff for one resident as required in one house. A sleepover staff was present in each house at night. Minor revision of the rota was required to clearly and accurately show that times that staff started and finished work in the 24 hour clock and to reflect staff on annual leave. An emergency on-call policy was available and a pool of regular locum staff was available in the event of staff illness.

Staff and residents interacted comfortably and staff supported residents to engage in the inspection process and meet with inspectors following consultation. Staff were knowledgeable of the residents living in the centre and of the positive support plans in place.

There was evidence of regular staff meetings and of meetings with the centres residential co-coordinator. There was a system of staff appraisal in place and evidence that these were held annually was seen on the staff files reviewed. There was a training plan in place for 2014 to ensure staff were kept up to date and this included training on medication management, personal care planning, food safety, protection and safety of vulnerable adults, epilepsy awareness and manual handling.

**Judgment:**

Non Compliant - Minor

## 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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Christopher's Services Limited
<b>Centre ID:</b>	OSV-0003889
<b>Date of Inspection:</b>	18 July 2014
<b>Date of response:</b>	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, Health Act 2007 (Registration of 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 08: Safeguarding and Safety

**Theme:** Safe Services

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

Staff training in responding to challenging behaviour was not current.

**Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is

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

challenging and to support residents to manage their behaviour.

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

MAPA training is scheduled for completion for all staff members attached to this centre

**Proposed Timescale:** 31/12/2014

**Theme:** Safe Services

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

A review of staff files verified that all staff had received training in the protection of vulnerable adults but training was not current.

**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:**

Protection of vulnerable adults training is scheduled for completion on 08th October 2014.

**Proposed Timescale:** 08/10/2014

**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:**

One residents with digestive problems and had not been referred to a dietician for nutritional advice.

**Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Please see factual accuracy form.

A Medical Review took place on 12th September 2014 for the resident.

A referral for a private appointment with a dietician has been made and resident and support staff are awaiting a response.

**Proposed Timescale:** 08/10/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Revision of the rota was required to clearly and accurately show that times that staff started and finished work in the 24 hour clock and to reflect staff on annual leave.

**Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Off Duty revised and format changed to reflect clearly and accurately the times that staff started and finished work in the 24 hour clock and to reflect staff on annual leave.

**Proposed Timescale:** 29/09/2014