

**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-0001841
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:	3
Number of vacancies on the date of inspection:	3

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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 August 2014 09:30 To: 28 August 2014 05:00

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 designated centre comprises of a 6 bedded house, which provides respite residential accommodation and support services for 48 adults with a moderate-severe to profound intellectual disability on a rotational basis. The service operates from Wednesday to Sunday each week. There were 3 residents using the service on the day of the inspection.

As part of the inspection, the inspectors met with these residents, staff members, the person in charge, and the provider. The inspectors observed practices and with the consent of residents reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures.

The house is situated in a quiet housing estate on the outskirts of the village. The grounds around it were well-maintained and there was a garden for use by residents at the rear of the premises. The house itself was bright, comfortable, homely and well maintained and was appropriately furnished. Staff interacted in a warm and friendly manner with the residents and showed a good understanding of their individual needs, wishes and preferences.

Inspectors found evidence of good practice in most areas reviewed. There was a

person-centred approach to care promoted that met the health and social care needs of residents. Residents were supported to enjoy a range of activities outside of the centre and were involved in decisions about their care.

Some non-compliances were identified in relation to resident's personal plans been kept to update and inspectors identified that there were gaps in the communication between day service providers and residential respite service providers. Inspectors also identified that the protocols for dealing with monitoring residents with specific health conditions required reviewed to ensure clearer guidance for the staff. These findings 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:

Inspectors found evidence that residents were supported to take control over their own lives. Residents expressed satisfaction with the support received from staff, and informed inspectors that they felt safe in the centre.

Each resident had their own personalised folder, which included descriptions of their personal outcomes goals. Photographs were used to help to illustrate personal goals and other information was recorded in the resident's folders. Personal plans were found to contain comprehensive details about the residents' backgrounds and interests and the goals they planned to accomplish or had already fulfilled. There was evidence that residents were involved in the day-to-day house planning, for example; meals, social activities and personal shopping.

There was a range of activities available, and residents were attending a planned social outing on the day of inspection. They told the inspectors they were looking forward to going on this trip and had planned it themselves. There was evidence of a multi-disciplinary approach in the personal outcome plans and effective communication tools such as "social stories" and pictorial images were used to support resident's communication skills.

Inspectors saw that resident's and some family members were actively involved in the development of personal plans. Some residents had a summary of their plan in picture format displayed in their bedroom. One resident who chose not to have a written person plan told inspectors she felt able to decide on a day to day basis what her goals were and was comfortable communicating her wishes to the person in charge.

Residents normally lived at home with their families and were accommodated in the centre on a respite basis every 6 weeks. Most residents also attended day services. Inspectors found it was not always possible to review complete personal plans or follow through if personal goals were achieved as up to date personal plans were not always kept in the centre and inspectors were told on occasions that part of the personal plans were kept in day services. For example, one resident's personal plan was available; however, on review, inspectors found that the personal goals identified by the resident had not been reviewed since 2012.

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. 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 local risk register was also available and was reviewed by inspectors. Inspectors saw that clinical risks were identified in residents' personal plans and that controls or protocols were put in place to address issues affecting residents such as challenging behaviour, epilepsy and other medical emergencies.

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. There was evidence of learning from past accidents and incidents and measures to prevent re-occurrences were detailed in resident's care plans. For example a fire panel was identified in the log as faulty as it was indicating the wrong fire zone. Inspectors saw that a contractor had been called to address this promptly once identified. The vehicle used by residents in the houses was appropriately maintained and checked monthly for safety by the services vehicle safety officer.

There were precautions in place against the risk of fire. Staff had completed fire safety training and demonstrated knowledge of what to do in the event of a fire and suitable fire equipment was available and inspectors saw that the fire alarm was serviced on a

quarterly basis and fire safety equipment was serviced on an annual basis. There was adequate means of escape and fire exits were all observed to be unobstructed. 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. There is a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Evidence of fire drills monthly fire drills were recorded in the centres fire register.

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 appropriate 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 confirmed that no allegations of abuse had been reported.

Residents told inspectors they felt safe and could talk to staff. Staff interviewed could clearly describe the appropriate action they would take if they became aware of or suspected a resident was been harmed or abused. There was a policy available to guide staff on "responding to challenging behaviour. A separate procedure was available on the provision of personal care to residents which included guidance on respecting residents' privacy and dignity.

Behavioural support plans were drawn up by a multidisciplinary team to support some residents with a history of challenging behaviour. Potential triggers were identified and interventions were detailed to prevent the behaviour or prevent it from escalating. Inspectors reviewed the file of one resident. Efforts were made to identify and alleviate the underlying causes of behaviour and any triggers which contributed to the behaviour.

Reactive strategies were also in place to ensure a consistent approach was maintained by all staff in response to any behavioural outbursts. The Person in charge confirmed there were no restrictive practices in use.

Staff had received training in the protection of vulnerable adults and in responding to challenging behaviour; however, inspectors observed that over four years had elapsed since some staff completed the training. Inspectors were told that refresher training in both areas 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:

Staff and residents described good access to the local General Practitioner (GP's) and there was evidence of good liaison between the residents' family and the centre to achieve the best outcome for the resident. In the sample of care plans reviewed, inspectors noted that there was a comprehensive medical history documented for each resident. There was evidence that residents had been appropriately referred for investigation by specialists where recurrent health problems were observed. Reviews were recorded by the General Practitioner and the Psychiatrist in residents' personal files. Each resident had a 'hospital passport' document available 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 evidence of regular health screening of residents. Residents were weighed regularly and had their blood pressure checked. Support services including; dietetics, dentist, physiotherapy, and chiropody were available to residents as required. There was evidence that care plans were regularly reviewed in response to residents' changing needs however as discussed in outcome five, there were gaps apparent where outcomes of referrals were not always communicated between day service providers and residential care providers.

Residents told inspectors they liked to help with the evening meal and helped with the shopping at a local supermarket. Special diets were catered for, and the advice of a dietician was sought where necessary. There were sufficient quantities of food that were nutritious and available to residents when they requested food.

Judgment:

Compliant

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 appropriate policies and procedures in place to assure safe medication practices. Most residents brought their own individually prescribed medication with them when they came in for respite. There was a system in place to log each resident's medication on admission.

Inspectors reviewed a sample of prescriptions/administration charts and medical protocols for staff to administer medications. The maximum dose of medication to be administered in 24 hours was documented for 'as required' or PRN medication. Some service-users were diagnosed with medical conditions such as diabetes or epilepsy. Inspectors observed protocols for emergency administration of medication for these conditions.

However the protocol for residents with diabetes only gave guidance in the event of an episode of hyper hypoglycaemia and there was no procedure to guide staff on the appropriate actions to take if a resident had an episode of hypo hypoglycaemia. The procedure also required review to provide clear guidance to staff on ensuring the appropriate BSL (Blood Sugar Levels) for the individual prior to bedtime in order to prevent the resident becoming hypo hypoglycaemic during the night.

Judgment:

Non Compliant - Minor

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 centre is managed by a suitably qualified and experienced Person in Charge who is a registered intellectual disability nurse. (PIC). She is also the person in charge in two other centres run by the service and divides her time between the three houses. Staff confirmed to the inspectors that she attends the centre every week and is actively engaged in running of the centre. Arrangements were in place for a clinical nurse manager to provide cover for her in her absence.

Inspectors found that there was clearly management structure in place that identified lines of authority and accountability. This was detailed in the centres Statement of Purpose. The person in charge reports to the provider nominee (the residential co-ordinator), who reports to the general manager. On call arrangements were in place 24/7 and the inspector found that staff were aware of these arrangements and had access to the contact details. There were minutes of staff meetings available and of management meetings between the provider and the person in charge.

The provider nominee and the person in charge 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 statement of purpose and infection control policy had been recently reviewed.

The quality of care and experience of the residents was monitored on an ongoing basis. Inspectors saw relatives were invited to team meetings so that they could review the care of the resident. Bi-annual inspections were carried out by the provider. The most recent inspection report was available and was reviewed by inspectors prior to the inspection. A schedule of audits was also planned some of which had already taken place. There was evidence that actions were taken to address issues identified in previous audits.

As discussed under outcomes 5 and 8, inspectors identified that communication issues between the day services and residential services needed to be improved to ensure positive outcomes were insured for residents.

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 staff present supported residents to engage in the inspection process and meet with inspectors. They interacted comfortably with residents and were knowledgeable of the residents currently receiving respite care in the centre.

Inspectors were satisfied that staffing levels and the skill mix were appropriate to meet the assessed needs of residents and the safe delivery of services. Inspectors reviewed the staffing rota. This varied according to the support needs of residents accommodated. For example where support needs were low, the normal staffing complement was 1 staff member on duty during the day and one at night. For residents requiring medium support the staffing complement was usually two staff members during the day and one at night. Where residents had high support needs the PIC said the staffing levels were increase by the addition of an extra staff member at night. The rota confirmed that these adjustments took place.

Staff had completed most mandatory training and had access to education to help them meet the needs of resident including training on medication management, personal care planning, food safety, protection and safety of vulnerable adults, epilepsy awareness and manual handling. As discussed under outcome 6, training in adult protection and managing challenging behaviour was not current. Staff had yearly appraisals and evidence that these were held annually was seen on the staff files reviewed.

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.

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-0001841
Date of Inspection:	28 August 2014
Date of response:	24 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 05: Social Care Needs

Theme: Effective Services

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

Personal plans were not always kept up to date

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

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

A schedule of review meetings to be set up with Respite residential staff to review each resident's support / care plan. A review schedule will be implemented to reflect same

Proposed Timescale: 30/10/2014

Outcome 12. Medication Management

Theme: Health and Development

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

There was no procedure to guide staff on the appropriate actions to take if a resident had an episode of hypo hypoglycaemia.

The procedure also required review to provide clear guidance to staff on ensuring the appropriate BSL (Blood Sugar Levels) for the individual prior to bedtime in order to prevent the resident becoming hypo hypoglycaemic during the night.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The individual resident's support plan and emergency plan for hyper/hypoglycaemia has been reviewed and amended in consultation with the resident, their family and the diabetes team. The amended support and emergency plans were communicated to the residential respite team at a meeting on the 17th October 2014.

Proposed Timescale: 20/10/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Communication issues between the day services and residential services needed to be improved to ensure positive outcomes were insured for residents.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Provider Nominee, Services Officer, Policy Officer, Residential and Residential Respite PICs and Day Service Unit Heads have scheduled a meeting on the 03rd December 2014 to review and identify communication gaps between the services, agree and implement improvement methods/systems for same to ensure positive outcomes for residents.

Residential Respite PIC has requested in the interim that a copy of the completed monthly keyworker report form from day services be circulated to the Residential Respite centre until the alternative method/system has been agreed and implemented.

Proposed Timescale: 31/01/2015