### Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Christopher's Services Limited</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001837</td>
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<tr>
<td>Centre county:</td>
<td>Longford</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Christopher's Services Limited</td>
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<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>5</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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: 1 September 2014 10:00
To: 01 September 2014 05:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 12: Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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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 on the outskirts of a small village, which provides residential accommodation and support services to six adults with a moderate-severe intellectual disability, four full time and two on an alternating part time basis. The service operates on a full time basis each week with residents going to various day services during the day. There were 5 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 purpose built to a high specification and is in a rural setting. 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 areas of non-compliance were identified in relation to improving fire safety measures and providing all staff with refresher training in adult protection and infection control. These findings are discussed further in the report and included in the Action Plan at the end of this report.
**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:**

*Each resident’s well-being and welfare was maintained by a high standard of evidence-based care and support and residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences.*

Inspectors saw that residents had a written personal plan which detailed their individual needs and choices. There was evidence of the involvement of residents and /or their families in the plans reviewed. Some plans were drawn up and displayed in residents bedrooms. There was comprehensive assessments completed for each resident and the arrangements to meet assessed needs were set out in a personal plan that reflects the resident’s needs abilities and interests. There was evidence of a multi-disciplinary input into personal plans.

Residents attended day services from Monday to Friday. Two of the residents took an additional rest day each week. Residents attended a wide variety of community based activities including Tai Chi, bowling, Special Olympics training and visiting a local leisure centre. Two residents told inspectors they also enjoyed meeting with friends in the local pub and going to mass on Sundays. There was a good system in place to track the activities completed each day. Each resident was assigned a key worker who completed a monthly report of the activities they had taken part in during the month.

**Judgment:**

*Compliant*
<table>
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<tr>
<th>Theme: Effective Services</th>
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**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors were satisfied that all risks were being appropriately managed in the designated centre, with evidence of individual risk assessments for residents, along with environmental risk assessments as outlined in the centre's health and safety statement.

A risk management policy was available, which identified corporate governance procedures on risk. The policy was comprehensive and had been recently reviewed to include all the risk management procedures identified in Regulation 26 of the Health Act 2007(Care and Support of residents in designated centre's for persons (children and adults) with disabilities) Regulations 2013. A risk local register was maintained and inspectors saw this was regularly reviewed.

There were precautions in place against the risk of fire in the designated centre. Records reviewed by inspectors indicated that maintenance and servicing of the fire alarm and emergency lighting system was carried out at regular intervals. On review of training records, the inspector found that all staff and the person in charge had completed training in fire safety. During the inspection the staff members interviewed were clear on the evacuation procedures in place and described the personal evacuation plans in place for each resident. There was evidence of monthly fire drills recorded in the centre's fire register. Self closing doors were fitted throughout the centre however, inspectors observed that the door leading from the kitchen to the hall did not have such a device fitted.

The inspector found that there was a good system in place for recording and, accidents, incidents or near misses. An on-line log of all accidents and incident relating to the designated centre was completed by the person in charge and reviewed.

A restraint free environment was promoted and inspectors found that alternative less restrictive options were in use such as alarm mats. The inspectors saw that the centre's policy on Infection control had been reviewed in response to an inspection of another centre managed by the person in charge however training on infection control was out of date for some staff.

**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 there were measures in place to protect residents from being harmed or suffering abuse in the designated centre, with only some improvements required in relation to refreshing staff training.

An updated policy was available on safeguarding and protection of vulnerable adults, which had clear guidelines for staff on how to identify and report suspicions or allegations of abuse. The policy included guidance on the procedure to follow in the event of a suspicion of abuse and identified the lines of responsibility to assist staff. On speaking with staff members, the inspector was satisfied that they were familiar with the policy, and the steps to be taken if they had a suspicion of abuse.

Inspectors reviewed training records prior to the inspection and saw that although all staff had received training in safeguarding and protection, this training wasn’t current and refresher training was scheduled.

The inspector reviewed a sample of behaviour support plans for residents which were done in consultation with the organisations' behavioural specialist and with the resident or their families. The inspector found that incidents of behaviour were quite low and were well managed through the use of the behaviour support plans.

There was a policy in place on the use of restrictive practices, which was based on national best practice. A restraint free environment was promoted and inspectors found that alternative less restrictive options were in use such as alarm mats.

The inspector reviewed practices in relation to the protection of resident’s finances, and found a transparent system in place.

**Judgment:**

Non Compliant - Moderate
### Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

#### Theme:
Safe Services

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

#### Findings:
Inspectors reviewed the accident and incident log and found any notifiable event had been appropriately alerted to the Authority in line with the requirements of the Regulations. The person in charge was fully aware of events and incidents that were notifiable to the Chief Inspector.

#### 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:
In the sample of care plans reviewed, inspectors noted that there was a comprehensive medical history documented for each resident. Staff and residents described good access to the local general practitioner (GP) and there was evidence of good liaison between the residents’ family and staff to achieve the best outcome for the resident. Regular reviews by the General Practitioner were evident.

There was evidence of residents been appropriately referred for investigation by multi disciplinary specialists such as speech and language therapy, dietetics, physiotherapy where recurrent health problems were observed.

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.
Inspectors saw that residents’ had regular health screening and were weighed regularly and had their blood pressure checked. There was evidence that care plans were regularly reviewed in response to residents’ changing needs.

There were sufficient quantities of food that were nutritious and available to residents when they requested food. Some residents helped to prepare the evening meal and inspectors were told by those spoken with that the meals were of good standard. A menu was displayed in picture format in the kitchen and residents helped to decide what was on the menu. Special diets were catered for, and the advice of a dietician was sought where necessary.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
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<tbody>
<tr>
<td>Each resident is protected by the designated centres policies and procedures for medication management.</td>
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</table>

**Theme:**
Health and Development

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

**Findings:**
Inspectors were satisfied that residents were protected by the designated centre's practices in relation to medication management. There was an organisational medication management policy in place to guide staff practice; this was based on national best practice and was centre specific.

The inspector reviewed the prescription records and medication administration records of a sample of residents and found that this documentation was completed and maintained in accordance with best practice. There were clear protocols in place in relation to the use of "as required" (PRN) medication, which outlined the maximum dosage in 24 hours.

Medication in the designated centre was stored safely and there was evidence that all staff had received training in safe medication management. Inspectors found that practices were in place in relation to the ordering, checking and returning medication.

**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 the person in charge to be suitably skilled and experienced with the required knowledge of her statutory responsibilities under the Regulations. The PIC was also responsible for two other designated centres and managed her time between each centre by spending one day and a half in each centre. Inspectors found that she was actively engaged in the governance, operational management and administration of the designated centre.

There was a clearly defined management structure in place in centre. The person in charge reported directly to the Residential Coordinator (who is the provider nominee), who reports to the Chief Executive Officer. Residents spoken with were fully aware of who the manager was. 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. A system of audits had been put in place across all designated centres within the organisation by members of the senior management team, and the inspector saw evidence of audits carried out in relation to this designated centre and a schedule of audits planned for the coming months.

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 this centres had been addressed. For example, policies on risk management and medication management had been recently reviewed.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.
**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge told inspectors she was going on planned leave within a month and advised that a staff member who is a clinical nurse manager would deputise in her absence of the person in charge should this occur. Inspectors were satisfied that the person in charge was aware of the statutory requirements in relation to notifying the Authority of an absence of 28 days or more.

**Judgment:**
Compliant

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**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:**
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.

There were six staff members working in the centre. The normal staff compliment on duty during the day was one clinical nurse manager and one social care worker. At night time one staff member sleeps over and assists residents to get ready in the morning. Inspectors reviewed the staffing rota and were satisfied that staffing levels and the skill mix appeared appropriate to the needs of residents and the safe delivery of services.

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 and 7 training in adult protection and managing challenging behaviour and infection control was not current. Staff had yearly appraisals and evidence that these were held annually was seen on the staff files reviewed.

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 having respite in the centre.

**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
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by St Christopher's Services Limited
Centre ID: OSV-0001837
Date of Inspection: 1 September 2014
Date of response: 28 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 07: Health and Safety and Risk Management

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have up to date training in infection control.

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

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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:
Infection control training has being scheduled for all staff in the months on the 28th November and the 2nd of December.

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<thead>
<tr>
<th>Proposed Timescale: 02/12/2014</th>
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<tr>
<td>Theme: Effective Services</td>
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</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Self closing doors were not fitted to the door in kitchen and hall.

**Action Required:**
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
Self closing device to be fitted on both doors on 30/10/14

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<th>Proposed Timescale: 30/10/2014</th>
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**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:
Although all staff had received training in safeguarding and protection, this 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:
All staff have received refresher training in Non Accidental Injury and Abuse.

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<thead>
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<th>Proposed Timescale: 21/10/2014</th>
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