<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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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001839</td>
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<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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<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>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 20 October 2014 09:30  
To: 20 October 2014 19:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
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**Summary of findings from this inspection**

This was the second inspection of this residential service carried out by the Health Information and Quality Authority. This service is one of seven residential services run by St. Christopher's Services Ltd.

The centre provides residential accommodation and support services for six adults with moderate/severe intellectual disabilities. Inspectors met with residents, staff members, person in charge (PIC) and the provider nominee, Clare O Dowd. As part of the inspection process inspectors observed practices, reviewed documentation such as personal plans, risk management documentation, medical records, and policies and procedures. Inspectors found that the centre was an organised, well run
service that provided a person-centred approach to meet the health and social care needs of residents.

The house was a modern purpose built bungalow situated in a quiet estate in a residential part of the town. It accommodated a maximum of six residents on a full-time basis. On the day of inspection there were no vacancies, however; one resident was in hospital.

Inspectors sought the consent of residents to enter their bedrooms and review personal plan and care files. Resident’s bedrooms were decorated according to their wishes and taste, and the kitchen had been adapted to meet the needs of residents in wheelchairs. The house and grounds were well maintained and offered a comfortable homely environment for residents.

There was evidence that resident’s diverse health care and psychosocial needs were appropriately supported and promptly responded to by staff. Access to a range of allied services including psychological and mental health specialists was evident.

Staff members interviewed displayed good knowledge and understanding of individual residents' needs, wishes and preferences, and inspectors observed good interactions between staff and residents. Residents and their families were involved in decisions about their care and were supported to promote independence and exercise choice in their daily lives.

While evidence of significant compliance was found across most outcomes, two areas of non-compliance with the regulations and the National Standards were identified. These issues are discussed further in the report and are included in the Action Plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that residents’ rights and choices were promoted and residents were consulted about the operation of the centre. Residents’ meetings were held weekly in the centre and the minutes showed evidence that the residents were actively involved in the day to day planning for the house. For example; residents were consulted about the menus for the evening meals and the week’s social activities. Also where residents had expressed an interest in a social activity, this had been facilitated, or where specific food choices were requested, steps were taken to ensure this food was made available to the residents.

Staff members interacted with residents in a respectful manner. Resident's privacy and dignity was respected; for example, all residents had their own bedroom/en-suites and there was a room available for residents to meet their family members in private. Residents’ religious, civil and political rights were respected. For example; residents regularly attended mass at the weekends. Residents received their day service in their home. The staff members on duty displayed a positive and supportive attitude, to providing individualised activities inside and outside the centre. This was evidenced by staff signing the daily activity schedule for each resident.

Inspectors reviewed the system in place to ensure residents’ financial arrangements were safeguarded through appropriate practices and record keeping and found this to be the case. When possible, financial transactions were signed by residents, or by staff members. In addition, transactions were checked and counter signed by a second staff (if available) and written receipts were retained for purchases made on residents’ behalf. A regular random audit of the financial records was carried out by a member of the senior management team and there was written evidence of this.
Inspectors reviewed the systems and documentation in place for the management of complaints. The complaints policy identified the person in charge was the person responsible for managing complaints and the complaints appeals person was the provider nominee and the ombudsman was identified as the independent appeals person. The person in charge stated that the resident’s views were taken seriously and immediately acted upon. A suggestion box and an independent advocacy service were available to the residents/family. Inspectors found that complaints were appropriately responded to and records maintained.

The inspector noted that the name of the organisation’s complaints officer and the name of the designated person to report allegations of abuse were clearly displayed on the notice board in the kitchen. All complaints were recorded, and any unresolved complaints were referred to the management team at the quarterly service review meetings.

Judgment:
Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**
Effective and supportive interventions were provided to residents to ensure their communication needs were being met, and resident’s individual communication requirements were highlighted in their personal plans. Staff were qualified to care for individuals with a disability and this was evident when they communicated with residents that had no verbal communication. For example, staff understood residents’ facial expressions, body movements and general demeanour.

Inspectors found that one resident had a history of self injurious behaviour (SIB) and alternative communication methods were used to minimise the number of these incidents, for example; one resident required time to process information and inspectors observed staff using simple clear language and instructions when communicating with the residents.

Each resident’s communication needs were documented in their individual care plans. Residents and the multi-disciplinary team were involved in devising communication plans and the actions set out in the plans were reviewed regularly. For example; communication passports, social stories and visual schedules of daily routines planned for the residents were on display on their bedroom walls. For residents who are non-verbal, communication aids such as PECS, Teacch pictures, symbols, lamh signs and
objects of reference were also used.

Good documentation was in place to support the decisions taken at the personal care planning meetings. Residents' care plans documented the professional advice from speech and language therapists, to enhance residents’ communications skills; with the aid of alternative communication techniques such as Teacch. In addition; the inspectors saw picture notices on display as an aide mémoir for residents. For example, photographs of the staff on duty were on display in the kitchen/dining room.

Residents had easy access to television and radio, and resident's preferences in terms of what TV programmes or music they preferred were facilitated.

**Judgment:**
Compliant

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**Outcome 03: Family and personal relationships and links with the community**

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community. Residents had families who were actively involved in their care; other residents had access to independent advocates for their support. Residents stated that their friends and families were welcome in the centre and were free to visit. Families were encouraged to participate in the lives of the residents and the inspectors saw that they were regularly consulted and kept up to date. Care plans were in place to support and enhance this process, and residents had photographs of their family members to view in the sitting rooms and their bedrooms.

Residents were supported to attend local community events and used the local shops, post office and restaurants.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

**Theme:**
Effective Services
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were policies and procedures in place to guide the admissions/discharge process. The admissions process was appropriately managed. There was a transparent external admission process through which referrals for admission were processed. All admissions and transfers to residential services were directed by the residential support group for the Midland area. The person in charge was clear that all planned admissions would only take place after the needs and wishes of the current residents were considered. There was a consultation with residents and their families and they were encouraged to visit the centre prior to admission and choose furnishing for their new bedrooms.

Each resident had a contract of care in place outlining the services provided to the resident and the weekly costs of the services to the individual resident. The contracts of care and the resident's guide (which included the services to be provided in the centre) were available in an easy to read format. Staff recorded the discussion with the resident/family member with regard to agreeing the contract of care in the resident's person's file. However, contracts did not include details of the additional cost of any additional services or therapies to be provided.

Judgment:
Non Compliant - Minor

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Resident's abilities, needs and aspirations were clearly identified and there were opportunities for residents to participate in meaningful activities appropriate to his or her interests and capacities. Inspectors found that there were opportunities for residents to participate in meaningful activities appropriate to their interests and capabilities. Recreational activities were available for residents during the week and occasionally at weekends.

Inspectors found that each resident had a personal plan in place, and there was evidence that these were regularly reviewed and at a minimum annually. There was also
evidence that residents and their families were involved in preparing their personal plans and inspectors viewed a sample of resident’s personal plans and found that they were individualised and person centred. For example; one resident had four person centred personal goals, such as, to go bowling, shopping, to have a leisure buddy or to go on a holiday; and all goals had been realised by this resident.

A key worker was assigned to each resident to help them to achieve their personal goals and inspectors saw that goals identified for the previous year had been reviewed and all had been realised. Residents had planned social activities for the current year, in cooperation with residents and their families at the yearly care planning meetings. Inspectors observed that consultation had taken place with the members of the multidisciplinary team, such as speech and language therapists, and dieticians in consultation with the resident and their family members, when planning some health related goals.

It was evident that residents were very much part of the local community. Although residents attended day services from their home, they also visited the local businesses and community facilities in the town, for example; local pubs, restaurants, library and church as well as taking part in social activities in the house such as cooking, art and massage. Inspectors viewed the actions from the previous inspection and found that personal plans now detailed the activities individual residents enjoyed and there was a system in place to track the activities attended by residents on daily basis and assist staff which was an action from a previous inspection.

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):
No actions were required from the previous inspection.

Findings:
This centre consisted of one modern purpose built residence, suitable for wheelchair users. It was located in a housing estate, in Co. Longford. The house comprised of; several communal areas and seven bedrooms, five with en-suites and the other two bedrooms had sharing en-suites. There were three further bathrooms one of which includes a fully accessible bath and another which has accessible shower facilities. There were two office spaces for the safe storage of documentation for staff to maintain resident’s files and there was a separate clinical room for storing medications and clinical equipment.

Inspectors found that attention had been given to ensuring that the premise was made
as comfortable as possible. For example, colours were tastefully coordinated, rooms were personalised and attractive paintings displayed on the walls. All rooms had adequate provision for storing residents' clothes, also there was space for chairs, including resident's personal wheelchairs.

The premise was clean, comfortable and had a homely atmosphere. The centre had regular maintenance and the doorways were of a width that facilitated easy movement of wheelchairs in and out of rooms. This was important as a number of residents were wheelchair users. The premise had upgraded its heating system recently. There was adequate communal accommodation and there was access to a kitchen/dining room with counter tops lowered to accommodate wheelchair users.

The centre had an adequate number of bathrooms and showers to meet the needs of the residents, and all were spacious and suitable for wheelchair users. Inspectors had noted in the last inspection that equipment, such as wheelchairs were being stored in the main bathroom, however this storage problem had been address since the last inspection.

Residents had access to appropriate equipment to promote their independence and comfort such as, electric profiling beds, hoists and mobility aids. There was a Jacuzzi bath available for all residents to use and all staff were trained to use the equipment provided. The equipment was fit for purpose and regular servicing of equipment took place. However; inspectors found that there was very limited space in one of the resident’s bedrooms for using a manual hoist, and inspectors saw that there was also no space in close proximity to the resident’s room for storage of the hoist. The person in charge informed the inspector that she had taken steps to address this issue and had submitted an application to the board of management to purchase a ceiling hoist for this resident. This would allow safer and easier access and egress in and out of the resident's bedroom including access to the toilet/shower area.

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):**

No actions were required from the previous inspection.

**Findings:**

The centre had policies and procedures relating to health and safety and there was an up to date health and safety statement in place. A risk management policy was available that clearly identified the procedures on risk identification, description, and risk rating. The health and safety statement was available which was reviewed in January 2014. It contained the organisational risk register which identified risks specified in the regulations. A local risk register was also found operational in the centre. There was monthly safety audits carried out to ensure a safe environment in the centre.
Inspectors viewed a number of individual risk assessments for residents. Some risks related to social activities or residents' medical conditions. Inspectors found evidence that staff took a proactive approach to control risk to residents whilst ensuring that residents could still take part in their chosen activity.

Accidents and incidents were recorded on the organisational electronic data base by the Person in Charge, and these were reviewed monthly by the provider. Inspectors found evidence of learning from accidents and incidents and measures were put in place to prevent accidents re-occurring, and these actions were documented in resident's care plans. Staff files reviewed by inspectors showed certificates of completed training in specific areas, for example; abuse prevention, safe moving and handling, medication management training, and management of behaviours that challenge.

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

Vehicles used by residents were appropriately maintained and were checked monthly for safety by the services' vehicle safety officer. Action had been taken since the last inspection to ensure that all persons driving vehicles used to transport residents had completed appropriate training for driving adapted vehicles; including, the correct technique for clamping wheelchairs during transportation.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Appropriate measures were in place to protect residents from being harmed or suffering abuse. Staff members were observed to treat residents with respect and warmth and residents told inspectors they felt very safe in the centre.

There was a policy available on the detection, prevention and response to abuse and staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including to whom they should report allegations. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The provider was listed as the designated person in the centres adult protection policy and staff were aware of her role. Staff had completed Trust in Care training.

There was a policy available to guide staff on “responding to challenging behaviour’s and inspectors saw that efforts were made to identify and alleviate the underlying causes of behaviour that was challenging. For example; Inspectors saw that behavioural support plans were developed to help care staff to support these residents. Residents were provided with appropriate support to help promote a positive approach to behaviour that challenges.

Inspectors reviewed some residents behavioural support plans, for example; as a result of individualised supports being in place, one resident had significantly reduced incidents of self injury and aggressive behaviour towards other residents and staff. This was a result of the support provided by St. Christopher's staff as significant attempts had been made to alleviate the underlying causes of behaviour and the triggers which caused the self injurious behaviour.

Inspectors saw that multi-disciplinary input was sought when planning interventions for this resident and she had been assessed and reviewed by the mental health services and the behaviour support team. This resident had not displayed any major incident of aggression towards herself or towards other residents/staff as a result of a low arousal environment and individualised staffing provided. In addition; inspectors noted that the resident had not been administered any chemical restraint for seven months this year as a result of the behaviour support strategies and individualised staffing in place.

However, the person charge informed inspectors that they had been notified by the HSE that they could no longer fund this individualised service for this resident, and after ongoing communication between the provider and the HSE the decision was made by the HSE to relocate the resident in an alternative service.

Inspectors viewed evidence to show that this residents aggressive behaviour had re-occurred since the transitional process to another centre had commenced. Inspectors were shown evidence of incidents of aggressive behaviour including pictures of self injury. As a result of this behaviour, chemical restraint had been administered.

Inspectors viewed the protocol and the psychiatrist's instructions regarding administering chemical restraint and found that they had been followed on these occasions.

**Judgment:**
Compliant

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where
Theme: Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors reviewed the documentation of the accidents/ incidents occurring in the designated centre, and found that they were being appropriately maintained and where required the chief inspector was notified.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that residents had opportunities to engage in social activities. Residents received their day service in their home and inspector saw that residents participated in a range of social and educational opportunities, available through the day service. The residents participated in a variety of activities such as computer projects, education courses, art, crafts and swimming.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
At the last inspection, inspectors were told that a cook chill system was used to prepare
the meals off site. Meals were reheated for residents in the evening, as this was their preferred time to have dinner. Inspectors had found that this system denied the residents the opportunity to take part in preparing their dinner and detracted from providing a home like environment for residents.

On this inspection, the person in charge told inspectors that she had reviewed this system since the last inspection and four residents who were receiving their day and residential service in their home were now supported to go to one of St. Christopher’s day service locally at lunch time daily for their dinner. The person in charge said that this had opened up new opportunities for the residents to meet new people and other days residents had their dinner out while socialising, and at the weekends meals were cooked in the house by the staff on duty. The person in charge assured the inspectors that these were just the first of a number of options being trialled at present, but that the resident’s choices and rights to experience the smell and tastes of food being cooked in their home would be fully explored and actioned.

Residents were given the opportunity to make their views known and have them taken into account about what food they liked and wanted. Care plans contained information about service user’s food likes and dislikes. One staff member stated that residents often added to the shopping list as they did the shopping, and some residents went with the staff when they were going food shopping, and they liked to help choose some of the food items. All staff had completed food safety training and required temperatures were recorded. The inspectors found that there was a good supply of snacks and fresh and frozen food, available.

Staff and service users described good access the local General Practitioner and Psychiatrist and there was evidence available of this in files reviewed. An out of hour’s service was also available. Allied health services to include dentist, physiotherapy, occupational therapy and chiropody were available to service users as required.

Inspectors reviewed a ‘hospital passport’ document on resident’s files for use should the resident require transfer to hospital. The document was regularly reviewed and included information on aspects of the residents’ care including their emotional needs and preferences. Inspectors were told that this passport had been beneficial for one of the residents in this centre that was in hospital for a significant period of time and it had helped all the staff in the hospital to communicate effectively with him and identify the residents likes/dislikes, abilities and disabilities.

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):**
No actions were required from the previous inspection.
Findings:
Inspectors found that resident's medications were regularly reviewed by the residents General Practitioners (G.P's) A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administration of medicines to residents. Inspectors reviewed the prescription records and medication administration record and found that documentation was completed in accordance with the safe practice guidelines. In addition there were protocols in place for the safe administration of medication for epilepsy.

Medications were stored appropriately and there were no medications that required strict control measures (MDA's) at the time of the inspection. Inspectors reviewed one medication kardex for the number of incidents of chemical restraint and found that it had been recently administered as directed by the psychiatrist and in line with the resident’s behavioural support plan. The inspector observed that resident's medication had been reviewed by the psychiatrist and was in the process of being gradually reduced, in consultation with the resident and nursing staff.

There was a system in place for the reporting and management of medication errors electronically and these were reviewed by the Person in charge. Staff spoken with knew what process they had to follow if they made a medication error. There were no new incidents of medication errors since the last inspection.

There was a medication audit carried out on the 15/10/14 and actions identified during the audit had been addressed prior to the registration inspection.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The statement of purpose (SOP) was submitted prior to inspection and was reviewed by inspectors. It detailed the aims of the centre and described the facilities and services which were to be provided for service users. The SOP did not clearly describe some of the areas required in schedule 1 of the regulations. For example, it did not give sufficient information on the centres admission criteria or process and the section on social/activities required further information to clearly describe the activities residents were involved in during the day including any individual day services being provided. The SOP also needs to show that nursing care is provided 24/7 in this centre.
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):
No actions were required from the previous inspection.

Findings:
Inspectors found that there was a clearly defined robust management structure in place that identified the lines of authority and accountability. 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.

The centre was governed by a voluntary board of directors. Day to day management of the service was directed by the chief executive officer (CEO) Pat O' Toole. The residential coordinator/ provider nominee and the day services co-coordinator managed the day to day organisation; Clare O Dowd is responsible for residential services and is the person identified as the provider nominee for this centre.

The provider nominee is a qualified registered intellectual disability nurse, and has twenty years experience in the disability sector. Staff spoken with said that both the provider nominee and the person in charge (PIC) were responsive and approachable. Details of the governance arrangements were included in the Statement of Purpose. The provider was aware of her responsibility to carry out bi-annual unannounced visits to prepare a written report on the safety and quality of care and support provided in the centre. Inspectors viewed evidence of this provider inspection.

The person in charge has a Bachelor of Arts in applied Social Studies. She had thirteen years experience working in disability services. She was aware of her responsibilities under the Regulations and Standards, and was aware of the support and personal needs of each resident. The person in charge was based in the centre and works full time. The inspector found that the quality of care and experience of the service users was monitored on an ongoing basis through a system of audits. For example; there was evidence of different audits being conducted monthly, such as; medication, complaints, communication, and health and safety audits. There was evidence that issues identified in audits were addressed. There was also evidence of regular meetings between the General Manager and the Residential Co-Coordinator and also between the person in charge and the staff.
The services policy manager was identified on the application for registration as a person participating in the management of the centre, deputised for the provider nominee in her absence. She was interviewed during the inspection and had a good knowledge of the responsibilities of this role and of the requirements of the Regulations and Standards.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 15: Absence of the person in charge</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was no reported instances where the person in charge had been absent for 28 days or more. However, the person in charge informed the inspectors during the inspection that she was taking six weeks holidays in November and another person in charge was covering in her absence. This PIC was organised to work supernumerary to supervise the two centres for the six weeks. The inspector found that this was a suitable arrangement for the six weeks and the residential co-ordinator was also available in an emergency should senior manager support be required. The authority had been notified one month prior to the absence as per regulations.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 16: Use of Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</td>
</tr>
</tbody>
</table>

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre was not sufficiently resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. Inspectors found that the staffing and environmental needs of one resident with significant behaviour's that challenge had required significant additional resources to meet the resident needs. The staffing and environmental needs of this resident had been provided by St. Christopher's services.
resulting in significant over run in the centres financial budget.

As a result of the financial overrun on the centres budget, the HSE had made the decision to provide the service to this resident in an alternative residential centre managed by the HSE. This resident was in the process of being transitioned to an HSE centre at the time of inspection. The provider representative showed the inspectors a chronological time-line of events detailing all of the decisions taken by the HSE as part of this transition process. Inspectors found that St. Christopher's had taken all of the appropriate steps required to support the care and welfare of this resident and the other residents.

**Judgment:**
Non Compliant - Minor

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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):**
No actions were required from the previous inspection.

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

The staffing provided in this centre is provided by nursing and care staff over a 24 hour period due to the significant medical needs of the residents. Eleven staff worked in this centre and there were sufficient staff rostered to meet the needs of the residents, however there has been a significant number of staff changes in this centre recently and the person in charge assured inspectors that she is actively trying to ensure regular staff work in this centre to support consistency for the residents.

The residents living in this centre had significant medical and physical needs and some residents required several moving and handling positioning changes throughout the day and night that result in a high staffing ratio requirement.

Inspectors viewed medical and nursing notes and risk assessments and risk ratings showing evidence of staffing requirements. The staffing ratio during the day included the residential and the day activities staff, which required three staff for four residents’
as they were all wheelchair users and required one to one staff when out socialising or participating in social activities in the community. In addition, one resident who was independently mobile displayed behaviours that challenge and required one to one staffing. This resident’s risk assessments identified high staffing needs; as leaving her unsupervised would create serious risks to her physical and mental well-being and create a risk to the other residents. These risk assessments and risk ratings were supported by behavioural support plans and medication management protocols as directed by the psychiatrist.

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

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were systems in place to maintain complete and accurate records. Records as outlined in Schedule 3 and 4 of the Regulations were in place. Records were paper based and were securely maintained and easily accessible. Written operational policies were in place to inform practice and provide guidance to staff, and had been reviewed in the past three years.
A directory of service users was maintained in the centre and this contained all of the items required by the Regulations.

A record of service users' assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. Service user’s files were found to be complete and were kept accurately and up to date. For example, a
record was maintained of all referrals/appointments and resident notes were updated accordingly with the outcome of the appointment.

**Judgment:**
Compliant

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**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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Christopher's Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001839</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>20 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
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</tbody>
</table>

### 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

Contracts did not include details of the additional cost of any additional services or therapies to be provided.

**Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
The Individual Contracts of Support/Care will be amended to include any additional services and/or therapies to be provided.

Proposed Timescale: 20/02/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose did not give sufficient information on
- The centres admission criteria or process.
- The social/activities provided in the centre.
- Staffing allocation; for example, nurses are rostered 24/7 this is not specified in the SOP

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Amendments will be made to the Statement of Purpose to include sufficient detail on the centre’s admission process and criteria, the social/activities provided in the centre and the staffing allocation.

Proposed Timescale: 20/02/2014

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were not adequate resources to meet the individualised needs of all residents in this centre.

Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The Provider Nominee will continue to liaise directly with the HSE on a weekly basis to ensure adequate resources to meet the individualised needs of all residents in this centre.

**Proposed Timescale:** This is an on-going process with the HSE on a weekly basis.