<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-0001841</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>1</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.
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**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>12 November 2014 10:00</td>
<td>12 November 2014 18:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

This announced monitoring inspection was the second inspection of this centre carried out by the Health Information and Quality Authority (The Authority) in response to an application from the provider to register the centre. The centre is part of the service provided by St Christopher’s Services Ltd. The service provides Respite services to both male and female adults with an intellectual disability in County Longford.

The designated centre inspected is a detached 6 bed house on the outskirts of a small village in County Longford. The centre provides respite residential accommodation and support services on a rotational basis to 48 adults with a
moderate-severe to profound intellectual disability. The service operates from Wednesday to Sunday each week. 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 and policies and procedures. Questionnaires’ completed by residents and their families were also reviewed.

The house is purpose built to a high specification and is in an urban setting. The grounds around the house were well-maintained with a small garden for use by the residents. The house itself was bright, spacious, comfortable, homely and well maintained and appropriately furnished. Staff present interacted in a warm and friendly manner with the residents and showed a good understanding of their individual needs, wishes and preferences.

Prior to the inspection the PIC forwarded the centre’s statement of purpose to the inspector. This document described the service provided and the processes in place to provide this service to the residents. Inspectors observed practices and reviewed documentation such as personal plans, medical records, policies, medication practices as well as accident and incident records.

Inspectors found that residents received a good standard of care and support. There was a clearly defined system of governance in place. The service was managed and run by a suitably qualified person in charge who had good oversight of the service and systems in place. Residents attending day services, generally appointments with doctors and specialists were arranged through day services. Residents said they were treated with respect and were supported to lead independent lives. They were consulted about their care needs and in the operation of the centre through weekly meetings. There was an effective system of person centred assessment and care planning to meet resident’s needs. Appropriate communication aids were used to support residents with impaired communication. Measures were in place to protect residents including staff training and Garda vetting. Residents that presented with behaviour that challenged had appropriate behavioural support plans in place.

There was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and residents reported satisfaction with the service provided to them. Actions from the previous inspection had been completed. Some areas of non-compliance were identified which are discussed further in the report and include making the kitchen and bathroom more wheelchair accessible and ensuring doors leading from the kitchen area are fitted with self closing devices. These 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:**

Forty eight residents with moderate to severe intellectual disabilities receive respite services in the centre. This service is provided on a six week rotational basis. Residents normally lived at home with their families. The service operates from Wednesday to Sunday each week. Inspectors reviewed the care plans of the residents who were in the house and found that they were supported to live as independently as possible and to exercise choice in the way they lived their lives.

Residents were supported on arrival to have a house meeting to plan day-to-day issues for that week for example; the meals planned for the week, social activities and personal shopping planned. Residents were supported by staff to plan their meals and shop for themselves. Personal preferences for each resident were well documented in their care plans. Each resident had a designated bedroom and bed linen for their stay. Inspectors found evidence of resident’s privacy and dignity being respected. Staff were courteous towards residents and sought consent before entering resident’s bedrooms.

The centres complaints Policy was displayed in the kitchen area and was in an accessible format for residents. The policy was reviewed and required minor revision as it did not clearly state who the nominated complaints person was or who ensured that all complaints were responded to appropriately. There were two complaints recorded in the centres complaints log. Inspectors were able to determine that the PIC had acted appropriately to resolve both complaints. All residents spoken with told inspectors that any issues raised were resolved by the staff.
Inspectors were satisfied that there were appropriate arrangements in place to safeguard residents’ money. Records of all transactions were available and two staff signatures were present for transactions.

**Judgment:**
Non Compliant - Minor

### 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:**
Residents were supported by staff to share their preferences for meals and activities for the week at a house meeting on the evening of their arrival. Pictures of all the staff on duty and the menu for the day were displayed in the kitchen. Personal plans had pictures to aid communication. Residents were supported to communicate in accordance with their needs and preferences and resident’s individual communication requirements were highlighted in their personal plans. Copies of documents such as the residents’ guide and complaints policy were available in an accessible format.

Each resident had their own communication passports in the event of a resident been admitted to hospital which summarised any special care and communication or medical needs.

**Judgment:**
Compliant

### 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:**
As residents were receiving respite care family members were very involved in their care and they were consulted and kept up to date with residents’ progress. Inspectors found that residents were supported to maintain positive personal relationships with their family members and with the wider community in the village. Some relatives lived close by and residents said their family were welcome to visit. Care plans reviewed during the inspection contained information about residents’ families and residents showed inspectors their families photographs displayed in their bedrooms. Residents were supported to attend mass and other local community events and regularly visited the local shops 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 was a clear admissions process and each resident had a contract of care in place. Admissions are assessed by a group comprising of the provider nominee and PIC for Residential Respite Services from St Christopher’s, a senior Psychologist, Social Worker, the Disability Liaison Officer from the Health Service Executive (HSE), and three parent representatives. Prior to admission to the service there was consultation with residents and their families which was confirmed by the residents and their relatives in their questionnaires.

The service has an admission policy to guide the admissions process. Each resident had a contract of care in place outlining the respite service provided. Contracts set out costs such as rent and utility bills. Contracts were available in an easy to read format; however, they did not include details of any additional cost which might be incurred by the resident.

**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:**
This outcome was fully reviewed on the previous inspection and inspectors verified again on this inspection that each resident’s well-being and welfare was maintained by a high standard of evidence-based care and support. Residents had a written personal plan, which detailed their individual needs and choices. Inspectors viewed a sample of resident’s personal plans, and found that they were person centred and identified resident’s needs, choices and aspirations. There was evidence of a multi-disciplinary approach in the individual files reviewed and inspectors saw that residents and/ or their families were actively involved in the development and review of personal plans.

Inspectors saw that personal goals were identified each year for residents and many had been achieved. Residents attended day services in Longford and Edgeworthstown and one resident attended supported employment. Outside of the day services inspectors found that there were good opportunities for residents' to participate in meaningful activities appropriate to their interests and capabilities. Residents described going on trips to local towns and going out for dinner or lunch to local restaurants and coffee shops.

**Judgment:**
Compliant

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**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:
The six bed two storey dormer style house had spacious rooms. Most of the bedrooms had an ensuite bathroom. A large well equipped kitchen / dining area was provided however, the kitchen units were a standard height and therefore not accessible to residents who used a wheelchair. Toilet and bathroom facilities were available. Staff interviewed described difficulty using a hoist in the main bathroom and inspectors observed this room was divided by an arched wall area which would make it difficult to access the bath so this room was not fully accessible to all residents using the house.

There was a choice of communal area for residents to sit in and these were appropriately furnished to provide a comfortable homely environment. The premises were well maintained and heating, lighting and ventilation were provided. There is a safe suitable outside area for residents to use when weather permits.

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

Findings:
This outcome was fully addressed on the last inspection and the centre was found to be in substantial compliance. On this inspection inspectors verified that the actions identified on the previous inspection had been completed. Self closing devices were not fitted on the doors leading from the kitchen area to prevent the spread of fire. There was a discussion with the Provider and PIC to establish if the doors in the house complied with fire and building regulations. A revised fire cert has since been submitted which confirms this.

A revised risk management policy was available which addressed all of the areas identified in the regulations and systems and procedures were in place to promote the health and safety of residents, staff and visitors. Satisfactory risk management and fire safety procedures were in place.

Each resident had a personal evacuation plans completed which took account of their
mobility and cognition. Suitable fire safety equipment was provided throughout the house and illuminated directional signage indicated fire exits. There was evidence that fire drills had been completed at various times including night time. All staff had up to date fire safety training and demonstrated good knowledge on what to do in the event of a fire. A monthly fire audit was completed by the Person in charge.

Vehicles used by residents were appropriately maintained and were checked monthly for safety by the services' vehicle safety officer.

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

Findings:
This outcome was fully reviewed on the last inspection and inspectors found that measures were in place to protect residents from being harmed or suffering abuse. The PIC and staff confirmed that there had been no allegations of abuse reported since the last inspection. There was a policy available on the prevention, detection and response to abuse and those staff interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to.

On the last inspection some staff were overdue refresher training in Adult protection. This action was addressed and training was provided by the provider nominee who is the designated person in the centres protection policy. Two staff members who could not attend the training were scheduled to attend training at the end of the month. Residents told inspectors they felt safe in the house and could talk to staff. Staff members interviewed were able to clearly describe the procedure to follow 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 also available on the provision of personal care to residents which included guidance on respecting residents’ privacy and dignity. Some residents
were identified as having a history of challenging behaviour. Behavioural support plans were reviewed for these residents which inspectors saw were completed by a multidisciplinary team including a behavioural specialist. The plans identified potential triggers and interventions were detailed to prevent the behaviour or prevent it from escalating. 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.

**Judgment:**
Compliant

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

**Findings:**
Inspectors reviewed the centres accident log which recorded all the accidents/incident/near misses occurring in the designated centre were being maintained and where required, the Chief Inspector was notified. The planned absence of the person in charge had been appropriately notified to the Authority in advance.

**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:**
Although the Statement of Purpose made a brief mention of day services, it did not
outline what type of training/employment opportunities residents availed of in day services and the full range of activities residents took part in. (This is discussed further under outcome 16). Inspectors were able to see in the personal plans and key worker reports, that residents had opportunities to engage in a range of social activities both through the services provided and also outside of the centre with the support of staff.

**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:**
This outcome was fully reviewed on the previous inspection and inspectors identified that residents were supported to achieve and enjoy the best possible health. The service provides a part-time respite services for adults. Each resident’s health needs were appropriately assessed and care plans were in place to ensure they received the appropriate care. Care plans that were reviewed on this inspection confirmed these findings.

Residents had good access to their local GP (General Practitioner) and there was evidence that an out of hour’s service was also available. Appropriate referrals were made to specialist consultants when residents required specialist advice. Support health services such as speech and language therapy, physiotherapy, occupational therapy, the dentist, and chiropody were available when residents required their services.

Care plans and daily communication notes reviewed by inspectors on this inspection confirmed these findings. Inspectors saw that where the advice of specialists was required referrals were made and the recommendations incorporated into residents’ daily care. Improved communication strategies were in place to ensure better communication between day and residential services and the provider gave a commitment to continue to work towards improving this area.

Residents choose what they liked to eat and prepared their own meals with the support of staff. Care plans contained information about residents likes and dislikes. Residents where appropriate are supported to do their grocery shopping and health, food choices are encouraged.

There was evidence of regular health screening of residents. Residents were weighed
regularly and had their blood pressure checked. There was evidence that care plans were regularly reviewed in response to residents’ changing needs. However one resident who was identified as losing weight and whom the PIC said had developed issues around eating had not been referred to a dietician or psychologist for an appropriate assessment.

**Judgment:**
Non Compliant - Moderate

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

**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.

A protocol had been developed in response to the last inspection to guide staff in the event of a resident becoming hypoglycaemic. The procedure now included guidance to staff on ensuring the appropriate BSL (Blood Sugar Levels) for the individual prior to bedtime in order to prevent the resident becoming hypoglycaemic during the night.

**Judgment:**
Compliant

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**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*
**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 residents. The SOP required minor revision to reflect all of the areas required in schedule 1 of the regulations. For example, the information on the centres admission criteria or process was unclear and required expansion to clearly set out the process for admission to the 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 interviewed the person in charge during the last inspection and found her to be suitably skilled and experienced with the required knowledge of her statutory responsibilities under the Regulations. She is responsible for two other designated centres and managed her time between each centre by spending one day and a half days in each centre. The person in charge was on planned leave during this inspection and the Authority had been appropriately notified. There was an acting person in charge on the day of inspection and she was responsible for the management of adult respite services as well as managing a separate centre for children. She was a qualified nurse with knowledge of her statutory responsibilities under the Regulations and is actively engaged in the governance of this centre and one other centre.
The person in charge reports 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 acting person in charge demonstrated a positive attitude to compliance. Inspectors observed that issues raised at previous inspections of the organisation in relation to revising policies and procedures had been addressed and the revised documents were available in this centre.

**Judgment:**
Compliant

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

**Findings:**
As discussed under outcome 14 the person in charge had been absent for 28 days or more and there were suitable deputising arrangements in place. The Authority had been appropriately informed of her absence. Maeve Whyte, the acting PIC demonstrated a good understanding of her statutory responsibilities under the Regulations and is actively engaged in the governance of the centre and one other centre.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**
*The centre is resourced to ensure the effective delivery of care and support in*
**Theme:**
Use of Resources

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

**Findings:**
Inspectors found that there were adequate resources in place to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

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

**Findings:**
This outcome was reviewed during the last inspection and inspectors found there was an appropriate number and skill mix of staff to meet resident's needs. Staff were appropriately 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.

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 and saw that staffing levels were increased according to the support needs of the residents accommodated. For example where support needs were low, the normal staffing compliment 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 increased by the addition of an extra staff
member at night.

Staff had yearly appraisals and evidence that these were held annually was seen on the staff files reviewed. Staff had completed mandatory training and had access to education to help them meet the needs of residents including; training on medication management, personal care planning, food safety, epilepsy awareness, safe moving and handling, and the protection and safety of vulnerable adults.

**Judgment:**
Compliant

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**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 inspectors 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 securely maintained and easily accessible. Residents’ files were found to be complete and were kept accurate and up to date. Written operational policies were in place to inform practice and provide guidance to staff.

A directory of residents was maintained in the centre and this contained all of the items required by the Regulations. A record of residents’ assessment of needs and a copy of their personal plan was available. A record of nursing and medical care provided to the resident including any treatment or intervention was maintained.

The centre is adequately insured against accidents or injury to residents, staff and visitors.

**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-0001841

Date of Inspection: 12 November 2014

Date of response: 09 January 2015

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy required minor revision as it did not clearly state who the nominated complaints person to deal with complaints was.

Action Required:
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

Please state the actions you have taken or are planning to take:
Complaints Policy revised and amended to include name and contact number of Complaint’s Officer and ensure compliance with regulation.
Amended Policy signed off at Board of Director’s meeting on the 15th December 2014.
An Easy to Read Guide has also been developed in conjunction with this policy.
Training for adults using services, on how to identify what a complaint is and how to make a complaint will be delivered in the first quarter of 2015.

Proposed Timescale: Completed

Proposed Timescale:

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 of Care did not include details of any additional cost which might be incurred by the resident.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Current Individual Contract of Care /Support have been reviewed and amended to include details of any additional cost which might be incurred by the resident.
Each resident and/or next of kin will be advised of the amended contracts and asked to sign same following consultation with the keyworker.

Proposed Timescale: 31/01/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Kitchen units were a standard height and therefore not accessible to residents who used a wheelchair.
Bathroom facilities were not fully accessible to all residents using the house.
**Action Required:**
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**
A Carpenter has been engaged to undertake the necessary works to ensure the kitchen units meet a standard height therefore ensuring accessibility to residents who use a wheelchair.

A meeting is scheduled to take place with the architect, maintenance personnel, PIC and provider Nominee on Monday 12th January to identify options for redesign of the bathroom to ensure accessibility to residents.

**Proposed Timescale:** 31/01/2015

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**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Self closing devices were not fitted on the doors leading from the kitchen area to prevent the spread of fire.

**Action Required:**
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
An electrical has been engaged to assess the necessary works to be undertaken in this centre on Tuesday 13th January 2014 and the necessary works will be carried out following assessment.

**Proposed Timescale:** 19/01/2015

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One resident who was identified as losing weight and who had developed issues around eating had not been referred to a dietician or psychologist.
Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
MUST assessment completed, which confirms BMI within normal range. Full blood works completed in the last twelve months have been confirmed by GP and nothing abnormal detected on same. Referral made for Psychology review.

Proposed Timescale: Completed

Proposed Timescale:

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 information on the centres admission criteria or process was unclear and required expansion to clearly set out the process for admission to the centre.

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:
Statement of Purpose and Function has been reviewed and amended to meet Schedule 1 of the regulations.

Proposed Timescale: Completed

Proposed Timescale: