**Health Information and Quality Authority Regulation Directorate**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Christopher's Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003888</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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<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>Marie Matthews</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Thelma O'Neill</td>
</tr>
<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>11</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: 21 October 2014 10:00
To: 21 October 2014 20:30

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>
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<tbody>
<tr>
<td>Outcome 02: Communication</td>
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<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
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<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10. General Welfare and Development</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<tr>
<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) and 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 both residential day services to both male and female adults and children with an intellectual disability in County Longford. The designated centre provides residential accommodation and support services for adults with a low to moderate intellectual disability. The provider nominee, Clare O Dowd, is the Coordinator of Residential Services and has responsibility for the governance and management of eight residential services within the organization including this unit.
This centre is situated in a housing estate in the town and comprises five attached houses which together accommodate 11 residents with an intellectual disability. Each location, which accommodates between one and three residents is supervised from one specific location which is the base for one staff member on sleepover duty. There were no vacancies on the day of inspection. The small gardens around the houses were attractive and well maintained with garden furniture was provided in the communal patio area in front of the centre which was used by residents from each house.

As part of the inspection, inspectors met with residents, staff members, provider and members of the management team. Inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures.

Inspectors found that the houses were well maintained and provided a comfortable homely environment for residents which reflected their individual preferences. Prior to the inspection the person in charge, forwarded the centre’s statement of purpose to the Authority. 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, accident and incident records and medication practices. Residents were aware of the inspection and welcomed inspectors into their homes.

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 attended day services on site during the day and appointments with doctors and specialists were often arranged through day services. Inspectors determined however, that communication between residential services and day services required improvement to ensure the best outcomes for the residents.

Residents told the inspector they were treated with respect and were supported to lead independent lives. They were consulted about their care needs and had a say 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. Additional support was still required for one resident to ensure her nutritional needs were met. The actions from the last inspection were substantially addressed however further improvements were identified in the area of medication management.

Appropriate communication aids were used to support residents with impaired communication. Measures were in place to protect residents including staff training and Garda vetting and residents who presented with challenging behaviour had appropriate behavioural support plans to assist staff to support these residents.

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. Areas of non-compliance discussed further in the report and included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:
Residents in the centre had low to moderate intellectual disabilities and were supported to live as independently as possible and to exercise choice in the way they lived their lives. Inspectors found evidence of resident’s privacy and dignity being respected. Each house had three bedrooms which were decorated to the resident’s tastes with space for their personal possessions. Each resident had their own bedroom. One resident had a self contained apartment with a spacious bedroom, kitchenette and sitting area and this resident told inspectors she preferred to spend her evenings here.

Inspectors reviewed resident finances and noted there were secure arrangements in place which were supported by an appropriate policy. Residents were supported by staff to manage their own finances. Some residents had their own credit union accounts and were assisted to manage this by staff. Inspectors reviewed daily recording of resident’s money and were satisfied that they were appropriately maintained with records of all transactions and two staff signatures were present for transactions.

Staff supported residents in each house to meet with the larger group or just with the other resident in the house to plan activities and supports for the house, for example; the meals planned for the week, social activities and personal shopping planned. Some residents preferred to shop and meal plan for themselves and they were supported by staff to do so.
Inspectors reviewed the centres complaints policy which was also available in an accessible format for residents. The policy required review as it did not clearly state who the nominated complaints person was or who oversaw that complaints were appropriately responded to.

**Judgment:**
Non Compliant - Moderate

**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 to communicate in accordance with their needs and preferences and resident’s individual communication requirements were highlighted in their personal plans. Residents were supported to make known their views and wishes know at residents meetings. 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. Communication passports were available for each resident in the event of a resident been admitted to hospital which summarised any special communication and medical needs. Copies of the complaints policy and the residents guide were available in an accessible format for residents.

**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:**
Residents were supported to develop and maintain positive personal relationships with their family members and the wider community in the town. Residents said that their friends and families were welcome to visit. Some families were actively involved in residents care and inspectors saw that they were consulted and kept up to date with residents’ progress. Inspectors found that staff encouraged all families to participate in the lives of the residents.

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 local community events and use 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. 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. There was an admission policy available to guide the admissions process.

Each resident had a contract of care in place outlining the service to be provided to the service user and the cost in regard to same. Contracts set out specific costs such as rent and utility bills which were shared between residents. Contracts reviewed on the previous inspection were available in an easy to read format.

**Judgment:**
Compliant
**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:**
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 residents had achieved many of their personal goals set at the start of the year and there were pictures in residents’ bedrooms of some of the activities they took part which included attending concerts and plays and going on a summer holidays. Two residents had visited the set of Coronation Street during the summer with residents from other centres in the service supported by staff and had pictures of the trip displayed in their personal plans. Each resident was assigned a key worker and monthly reviews were documented summarising the resident’s progress and a monthly activity tracker has commenced to track individual resident’s social activities.

All of the residents attended various day services located close by. 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. For example some residents were members of the local gym and swimming pool, and residents went out for meals, to the cinema and bowling alley and went on other social outings. Residents assisted with the running of the house by doing chores such as cleaning, laundry and cooking.

**Judgment:**
Compliant
<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
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<tbody>
<tr>
<td>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.</td>
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</table>

**Theme:**
Effective Services

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

**Findings:**
The centre comprises five attached houses in an L formation which accommodates 11 residents on a permanent basis. Each house is two storeys and has three bedrooms with en suite bathrooms. Downstairs there is a kitchen and communal area.

Inspectors found the location; design and layout of the centre were suitable to meet the needs of residents’ individual and collective needs in a comfortable and homely way. The premises were well maintained and had suitable heating, lighting and ventilation. There were suitable kitchen appliances provided and kitchen units in one house were adapted to meet the resident’s needs with a low level sink and work units. There were adequate furnishings, fixtures and fittings and the centre was clean and suitably decorated. There was adequate private and communal accommodation and toilets and bathrooms facilities were appropriate to meet residents’ needs.

On the previous inspection the stairs in house only had one handrail and one resident told inspectors that she had sustained a fall on the stairs and would feel safer if a second handrail. Inspectors saw that this had been provided.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
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</table>

**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 on risk
management identified on the previous inspection had been completed. The provider was required to update the centres risk management policy to comply with the regulations and to review the falls assessment of a resident who sustained a fall on the stairs. The provider had completed each of these actions. The revised risk management policy was reviewed which addressed all of the areas identified in the regulations. The Falls risk assessment had been completed. A risk assessment for the use of the stairs has been completed in consultation with one resident and a stair hand rail had been installed to improve the safety of the stairs.

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. Two staff members identified on the previous inspection as requiring up to date training on manual handling had attended People Moving and Handling training on the 17/10/2014. On the day of inspection all permanent staff were up to date in Manual Handling Training.

Suitable fire safety equipment was provided and there was adequate means of escape. Personal evacuation plans were available for each resident which took account of their mobility and cognition. 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.

Staff files reviewed by inspectors on the previous inspection had evidence that staff had completed manual handling training however a number of staff were overdue refresher training. Vehicles used by residents were appropriately maintained and were checked monthly for safety by the services’ vehicle safety officer.

Accidents and incidents were recorded electronically but all staff did not have access to this system which resulted in two recording systems being used. The person in charge said this was a training issue as some staff have not completed training on the electronic system.

**Judgment:**
Non Compliant - Minor

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**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 person in charge and staff confirmed that there had been no allegations of abuse reported since the last inspection. Residents told inspectors they felt safe and could talk to staff. On the last inspection some staff were overdue refresher training in Adult protection and managing challenging behaviour. These actions were addressed and training was completed by all staff. The provider nominee who is the designated person in the centres protection policy had completed training with staff on protection of vulnerable adults.

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.

Efforts were made to identify and alleviate the underlying causes challenging behaviour and the any triggers which caused the behaviour to reduce the incidents of challenging behaviour. Reactive strategies were also in place to ensure a consistent approach was maintained by all staff in response to any behavioural outbursts. There was no chemical restraint used. In some of the behavioural support plans reviewed there was no signature to indicate an input from either a psychologist or behavioural specialist.

Judgment:
Non Compliant - Minor

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 captured all the accidents/incident /near misses occurring in the designated centre was being maintained and where required, notified to the Chief Inspector.


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**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. External activities were available through day service and residents also participated in varied range of interests including going on trips and excursions, swimming, bowling, shopping and eating out. The centres Statement of Purpose only made a brief mention of day services and did not outline what type of training/employment opportunities residents availed of in day services and the full range activities residents took part in was not clearly described. This is discussed further under Outcome 13.

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**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors identified evidence that residents were supported on an individual basis to achieve and enjoy the best possible health. Each resident’s health needs were appropriately assessed and care plans were in place to ensure they received the appropriate care. Care plans reviewed on this inspection confirmed these findings. Residents had good access to their local GP and there was evidence that an out of hour’s service was also available. Appropriate referrals were made to specialist
consultants where residents required specialist advised. Support health services such as speech and language therapy, physiotherapy, occupational therapy, the dentist, and chiropody were available to where residents required an input. One resident who was awaiting a referral to the asthma clinic at the time of the last inspection had been seen. Care plans and daily communication notes reviewed by inspectors confirmed that the advice of specialists was incorporated into residents’ daily care.

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

Two actions were identified on the previous inspection and had been been partially addressed. Some residents were identified by inspectors on the last inspection as requiring additional support to ensure their dietary needs were met. One resident who was diagnosed as a diabetic was making poor dietary choices. A referral had been made to a dietician and this was awaited. regarding her diet. Inspectors saw that this residents’ diet and nutrition care/support plans had been amended and a day to day home support manual had been developed to help identify what support were required with dietary needs. An individual shopping list was available which reflected the resident’s preferences and encouraged healthy and nutritious meal options. However, inspectors observed that the ingredients to prepare the meal suggested on the residents meal plan were not available. Additional support was still required for this resident to ensure her nutritional needs were met.

**Judgment:**
Non Compliant - Moderate

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<table>
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<th>Outcome 12. Medication Management</th>
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<td>Each resident is protected by the designated centres policies and procedures for medication management.</td>
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| Theme: |
| Health and Development |

| Outstanding requirement(s) from previous inspection(s): |
| Some action(s) required from the previous inspection were not satisfactorily implemented. |

| Findings: |
| The person in charge told inspectors that the company supplying medication had changed and inspectors saw that new bio dose packs were in use. Individual medicine support plans in place to guide staff. Inspectors reviewed the prescription record and medication administration records of two residents. Inspectors found that some actions had still not been addressed. Refresher training for care staff on safe medication management had not yet taken place but was scheduled for 24/10/14 and medication |
management training was scheduled for nurses on 5/12/14. In the interim period staff had been re-inducted on the services medication policy on the 01/09/2014.

Medications were still stored in a locked cupboard in the staff office and the medication keys were held by the staff member on duty. A request had been made to maintenance to provide individual medication cupboards in each house but this had not yet been completed.

Inspectors reviewed a sample of medication charts and found medication errors still occurring which highlighted the urgency of training for all staff. For example, one residents’ medication administration chart indicated that he had been given singular medication in the morning and at night even though this medication was prescribed at night time only. In another instance inspectors saw that the name of the medication blister packs was different from the name on the medication administration sheet (which used a generic name.) In some instances inspectors observed that discontinued medication was not signed by the GP.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
A revised 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 did not clearly describe some of the areas required in schedule 1 of the regulations. For example, it only made a brief mention the residents went to day services and did not outline what type of training/employment opportunities residents could avail of in day services and the full range activities residents took part in was not clearly described. Information on the centres admission criteria or process was also unclear and required more detail 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:
There was a clearly defined management structure in place that identified the lines of authority and accountability. The centre is governed by a voluntary board of directors. Management of the service is directed by the chief executive officer (CEO) Pat O’Toole through the residential coordinator, Clare O’Dowd who is the provider nominee. She is responsible for the day to day management of the eight residential centres in the service. Details of the governance arrangements were included in the Statement of purpose.

The person in charge has worked in the service for eleven years and the Disability Sector for 18 years. She is based in the centre and works full time. She holds qualifications in nursing, social studies and in management. She was aware of her responsibilities under the Regulations and Standards. In the absence of the person in charge, a shift leader takes responsibility and on call arrangements were in place 24/7. Inspectors found that staff were aware of these and could access to the contact details. Since the last inspection the provider nominee had put in place a mentoring programme to provide additional support to the person in charge.

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 demonstrated a good knowledgeable of the responsibilities of this role and of the requirements of the Regulations and Standards.

There was evidence of regular meetings between the Residential Coordinator and the person in charge and between the person in charge and staff however issues with the overall communication between day and residential services have been identified across the service. This was discussed with the provider who was aware of the need for improvement to ensure an integrated service is provided to residents. She outlined plans to ensure better communication which included regular meetings between both services to agree personal plans and goals. There was ongoing review of the quality and safety of care in the centre and this was monitored through a series of audits. The provider outlined that communication between services would be included in the scope of all future audits.
**Judgment:**
Non Compliant - Moderate

**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:**
There had been no instances where the person in charge had been absent for 28 days or more. There were suitable deputising arrangements in place whereby the person in charge from one of the other centres would act for the person in charge if required. Where absence is of a long term nature an acting manager is recruited internally to cover the position and ensure the continuity of services.

**Judgment:**
Compliant

**Outcome 16: Use of Resources**
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**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. Additional support hours had been provided to assist residents.

**Judgment:**
Compliant
Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Inspectors found that a review of the staffing levels was required to ensure the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. In response to the action plan from the previous inspection, the provider stated that “a robust review of the service was completed by the provider nominee in August 2014 and additional support was provided based on identified needs of residents.” Inspectors reviewed the staffing rota and spoke with staff which confirmed that additional staffing had been allocated to the service. Staffing levels had been slightly reduced on Sundays which could impact on resident’s social activities. The person in charge said that she was working with other services to ensure residents were not affected and would keep this reduction under review.

Inspectors reviewed recruitment practices for the service on the previous monitoring inspection in June 2014 and found there were systems in place to ensure all the required documentation for staff employed in the centre was in place. Staff files are located in the services main office in Battery road. These were reviewed on the last inspection and found to contain all the required 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.

An annual appraisal was completed by all staff where performance was reviewed and training needs identified. Staff training files reviewed on this inspection confirmed that staff had completed training on infection control, food safety, protection and safety of vulnerable adults, manual handling epilepsy management, first aid and fire safety. Regular staff meetings were evident where staff from the service met with the person in charge. The person in charge worked in the house so was well known to staff and residents. Staff were complimentary of the person in charge and it was evident that residents were familiar with the person in charge and saw her regularly.

Judgment:
Non Compliant - Minor
**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 securely maintained and easily accessible. Residents’ files were found to be complete and were kept accurately and up to date. Written operational policies were in place to inform practice and provide guidance to staff. As discussed under outcome one the centres complaints policy requires review to comply with the regulations.

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:

Marie Matthews
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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003888</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>21 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 January 2015</td>
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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 further as it did not clearly state who the nominated complaints person was or who oversaw that complaints were appropriately responded to.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not 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.
A revised Comments, Complaints and Complaints Log is now located in the Schedule Four Folder to ensure that that complaints are appropriately responded to.

**Proposed Timescale:** 10/03/2015

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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:**
Accidents and incidents were recorded electronically but not all staff had access to this system which resulted in two recording systems been used.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
Meeting scheduled with Author of Incident Management System on 13th January 2015 to address findings of report.

**Proposed Timescale:** 10/03/2015

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In some of the behavioural support plans reviewed there was no signature to indicate an input from either a psychologist or behavioural specialist.
**Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**
A meeting is scheduled with the Psychologist on 14th January 2015 to review and sign Behaviour Support Plans

**Proposed Timescale:** 10/03/2015

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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:**
Additional support and supervision was still required for one resident to ensure her nutritional needs were met.

**Action Required:**
Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

**Please state the actions you have taken or are planning to take:**
Community Nutrition Service made contact following referral by the centre on the 7th November 2014 and provided the resident with a place on a four week HSE group education weight management plan, which commenced on 13th November 2014. The resident was supported to attend all four sessions.

The resident was referred and seen by a private Nutritionist on 8th December 2014. The Nutritionist spoke with the resident on a 1:1 and provided a follow up consultation with staff. Suggestions for a new shopping list and menu were made and same was adopted by the resident with support from staff.

The resident was referred to, and seen by the speech and language therapist on 17th December 2014 to ensure no physiological barriers were present to impede dietary intake.

**Proposed Timescale:** 10/03/2015
Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Individual medication cupboards were not provided in each house.

Medication administration charts indicated one resident was given medication in the morning and at night even though this medication was prescribed at night time only.

The name of the medication on the medication blister packs was different from the name on the medication administration sheet (which used a generic name.)

In some instances inspectors observed that discontinued medication was not signed by the GP.

Action Required:
Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
Individual Medication Cupboards are now available in each residence.

Feedback from the HIQA inspection process was discussed at a Team Meeting on the 04th November 2014.
Amendments were made to the local procedure, ‘Management of Medication’ and implemented with immediate effect, reference to this procedure is available in the M section of the local Induction Folder.

The amendments made,
- Give clear guidance to the roles and responsibilities of all staff in the event of a Kardex review, whereby the staff member must indicate in the comments section of the medication administration sheet, any change to the letter responding to the medication to be administered.
- Provides guidance to Staff to ensure Medication is clearly labelled with the same Medication name as that which appears on the resident’s Kardex.
- To ensure all Medication that is discontinued is signed off on the resident’s Kardex by the General Practitioner.

Proposed Timescale: 10/03/2015
**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 SOP did not clearly describe some of the areas required in schedule 1 of the regulations. For example, it only made a brief mention the residents went to day services and did not outline what type of training/employment opportunities residents could avail of in day services and the full range activities residents took part in was not clearly described and information on the centres admission criteria or process was also 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 in the process of amendment to meet Schedule 1 of the regulations.

**Proposed Timescale:** 10/03/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Management systems in place need to ensure the overall communication between day and residential services are improved to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

**Please state the actions you have taken or are planning to take:**
A meeting took place on 03rd December 2014 with the Managers from Day service, Services Officer, Person Participating in Management, Provider Nominee and Residential & Respite Persons in Charge to identify proposals for improved communication systems between both services in 2015. It was agreed to develop a Pilot Project Plan for the amalgamation of the Daily Active File in Day and Residential Services to form a single file, to improve communication and ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.
A follow up PIC/Unit Head Planning Forum Meeting took place on the 12th January 2015, where the Pilot Project Plan was discussed and agreed by all present to implement on a three phase basis, the next meeting is scheduled for the 26th March 2015 which will evaluate the Pilot Project Plan.

The PIC/Unit Head Planning Forum has been adopted for the foreseeable future to form part of an improved communication system and will be based on a detailed agenda and recorded minutes to ensure that an integrated service is provided to residents.

**Proposed Timescale:** 10/03/2015

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<table>
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<tr>
<th><strong>Outcome 17: Workforce</strong></th>
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<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staffing levels had been slightly reduced on Sundays which could impact on resident’s social activities,

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
A review of the staffing levels and off duty will be completed to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents. This review will be undertaken by the provider nominee, PIC, residents and staff in January 2015 to ensure that the current staffing compliment has no impact on resident’s social activities.

**Proposed Timescale:** 10/03/2015