

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Aidan's Day Care Centre Limited
<b>Centre ID:</b>	OSV-0001854
<b>Centre county:</b>	Wexford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Aidan's Day Care Centre Limited
<b>Provider Nominee:</b>	Maura Kelly
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: To:  
24 March 2016 10:00 24 March 2016 19:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This unannounced inspection was carried out to monitor compliance with the regulations and standards and to inform a registration decision.

As part of the inspection, the inspector spent time with four residents. The inspector observed that the residents appeared to be comfortable and at home in the centre, and that interactions between staff and residents were in accordance with their needs. The inspector also met with staff members, observed practices and reviewed documentation such as care plans, risk assessments, policies and procedures and staff files.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a respite service for adults and children with disabilities, adults and children were not accommodated at the same time. The centre was a large and spacious building with wide corridors and an assistive bathroom to accommodate residents with mobility needs.

Overall, the inspector found that residents had a good experience on their respite breaks in the centre and that their social and healthcare needs were met.

The inspector was satisfied that the provider and person in charge had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents overall.

Good practice was identified in areas such as:

- residents were facilitated to engage in meaningful activities (Outcome 5)
- systems were in place to ensure the safety of residents (Outcome 7)
- staff were available to provide appropriate care and support for residents (Outcome 17)

The inspector found that some improvements were required as follows:

- all relevant information was not included in personal plans (Outcome 5)
- restrictive practices were not implemented in line with best practice (Outcome 8)

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end of the report.

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

### **Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**  
Effective Services

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

This was the centre's first inspection by the Authority.

#### **Findings:**

There was evidence of appropriate steps having been taken to provide a meaningful day for residents, and all residents had a personal plan in place. However some improvement was required in the inclusion of all relevant information in the personal plans.

Each personal plan began with a brief assessment, including various aspects of health and safety issues, and the supports required by the person to manage these. There were more detailed assessments where required, for example, an assessment of pressure area needs. A weekly schedule of activities was included for each resident so that preferred activities could be continued during their respite stay if preferred.

Goals had been set for residents which were appropriate to the transient nature of support being offered, and included issues such as continuing to maintain independence.

Implementation and review of personal plans was managed by maintaining daily records and making reference to the appropriate section in the personal plan via a structured index.

There was evidence of family involvement in the personal planning process, and records were kept of this involvement. All family interactions were recorded in the personal plans.

However not all pertinent information in relation to each resident was recorded in the personal plans. For example, while staff could describe a particular strategy in relation to supporting a resident with personal care, there was no record of this in the personal plan.

The inspector was satisfied that residents were facilitated to engage in a variety of activities, both in the community and in the respite home. These activities included visits to local cafes and restaurants, cinema trips and shopping trips. There were tvs, dvd players and stereos in residents' rooms, and some residents had tablets on which they used a pictorial communication system. Residents did not generally continue with their day placements during respite breaks, as these breaks are offered as a holiday for residents.

**Judgment:**  
Substantially Compliant

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**  
The inspector found that there were systems and processes in place for the management of risk and the prevention and detection of fire, although some improvement was required in relation to the timing of fire drills.

All staff had received regular fire safety training and fire drills had been conducted every three months. Records of fire drills included a description of the drill and outlined any areas requiring improvement. However, the records of two recent fire drills showed a much longer time for evacuation than other drills. There was no clear explanation as to why they had taken so much longer and no recommendations were made with regard to improving the process for safe evacuation. The inspector found that this area required improvement.

There was a personal evacuation plan in place for each resident, and all fire safety equipment, including emergency lighting had been tested quarterly. Daily checks were maintained of fire exits. Staff were aware of the fire evacuation plans and were able to describe the procedures involved.

Each resident's personal plan included an emergency plan which provided guidance in the event of their going missing, however one of these plans for a resident who was currently present in the house had not been completed.

There were structures and processes in place in relation to the management of risk. There were various risk assessments in place including some individual risk assessments and environmental risk assessments and a risk register was maintained. An appropriate, centre specific risk policy was available which included all the information required in the regulations.

The centre was visibly clean and a hygiene checklist was maintained. All cleaning equipment was appropriately maintained and stored.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. However, some improvements were required in the assessments for restrictive interventions.

The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. There was a current policy in place which contained sufficient detail as to guide staff and all staff members had received training in the protection of vulnerable adults.

While none of the residents had been identified as requiring behaviour support, where strategies were required to manage individual situations these were documented in the personal plans.

Where restrictive practices were in place to support residents, they had not all been identified as being restrictive, or there was insufficient evidence that all alternatives to the restriction had been considered.

For example, a structure was in place which entirely encompassed a resident's bed and was fastened from the outside so as to prevent the egress of the resident from the bed. While a risk assessment had been conducted regarding the safety of this intervention, it had not been reviewed since April 2014, and it did not contain any information relating to the consideration of any alternatives to the restriction.

In addition, there was a half door in place between the kitchen and dining areas which was locked on occasions such as when staff were cooking. This had not been identified as a restriction, and was not reported or recorded as such.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence of a nutritional diet being provided for residents, and of healthcare needs being addressed. However improvements were required in relation to the provision of modified diets.

Snacks and drinks were readily available and choice was facilitated in accordance with each resident's needs, including choice making at the weekly residents' meetings. Thorough records of nutritional intake were maintained. Due to the 'holiday' ethos of the respite unit, meals and snacks out were regular occurrences.

However, on the day of the inspection one resident was observed to be being given thickened fluids which appeared to be extremely thick. Staff did not have any information as to exactly the amounts of thickener that were required, and only knew that the liquids had to be thickened. There was no further information in the personal plan. The inspector was concerned that any recommendation from the speech and language therapist in regards to exact thickness of liquids required were not being adhered to

Any healthcare interventions required by residents were continued whilst they were availing of respite breads, and there was information in the personal plans in relation to these. For example, the management of diabetes for one resident was described in their personal plan.

**Judgment:**  
Substantially Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence of some structures and processes in place in relation to the safe management of medications. However improvements were required in the guidance for staff in making decisions about the administration of 'as required' (PRN) medications .

Documentation relating to the management of regular medications for residents was in place. Prescriptions for these medications contained all the information required by the regulations. Protocols were in place for some PRN medications, which outlined the conditions under which they should be administered, and were in sufficient detail as to guide practice. However this information was not in place for some prescriptions. The inspector was concerned that this would lead to subjective and inconsistent decision making in relation to the administration of these PRN medications to residents.

Medications for residents were managed primarily by family members. Stock of medication was sent in to the centre from the family home, and staff checked these medications on receipt and recorded the amounts. A further stock check for each individual took place when the person was going home.

All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff. Medication errors were reported and recorded, and any actions required were identified.

**Judgment:**  
Substantially Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

There was a clear management structure in place, and all staff were aware of this structure. However, improvements were required in unannounced visits on behalf of the provider.

Regular staff meetings had been held up until August 2015, and minutes were kept of these meetings. Any required actions arising from these meetings were monitored, and recorded when implemented. However there had been no staff meetings since August 2015.

A further system of meetings was in place, including board meetings, finance committee meetings and unit head meetings. A system of communication between these meetings was in place, for example, a monthly report to the board included information such as audits, IR issues and training needs.

There were some audits in place, for example, a regular medication management audit. There had been an unannounced visit on behalf of the provider in August 2015, and various issues were examined including report writing and communication. Any identified actions reviewed by the inspector had been completed. However, there had been no further unannounced visit, and they were not conducted on a six monthly basis as required by the regulations. In addition there was no annual review of the quality and safety of care and support as required by the regulations.

The person in charge of the centre was on leave at the time of this unannounced inspection, and appropriate deputising arrangements were in place.

**Judgment:**  
Non Compliant - Moderate

**Outcome 17: Workforce**

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

**Theme:**  
Responsive Workforce

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

This was the centre's first inspection by the Authority.

**Findings:**

The current staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs. Staffing levels were determined on a weekly basis in accordance with the assessed needs of the residents availing of respite breaks during that week.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their preferences and their communication needs. Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring.

Staff training was up to date, and in addition to mandatory training further courses in personal planning and quality management had been offered.

There was currently no system of performance management for staff, and no record of any formal supervision, other than for those staff in their probationary term. This did not meet the requirements in the regulations regarding safe recruitment practices.

A sample of staff files were reviewed by the inspector and found to contain the information required by the regulations for the most part, however, one of the files did not contain a full employment history as required by the regulations.

**Judgment:**

Non Compliant - Moderate

**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:***

Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

Centre name:	A designated centre for people with disabilities operated by St Aidan's Day Care Centre Limited
Centre ID:	OSV-0001854
Date of Inspection:	24 March 2016
Date of response:	01 June 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

Personal plans did not reflect all of the assessed needs of residents.

#### 1. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects

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

the resident's assessed needs.

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

Following on from the inspection the personal plans of the guests will reflect all of the assessed needs of the individuals. Currently guests avail of respite services for two to three weeks over a one year period.

**Proposed Timescale:** 30/12/2016

**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:**

The risk of a resident going missing had not been adequately mitigated.

**2. 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:**

On admission of a resident to Respite Services staff will ensure that the Missing Persons Profile is fully completed in their personal plan.

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

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

Not all evacuations had been completed in a timely manner.

**3. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The organisation has discussed at length with the Fire Trainer the timely manner and the process being carried out during fire evacuations in our Respite Services. He will carry out fire evacuations with the staff in our respite service and provide feedback and support and implement any required changes to improve the process for safe evacuations.

**Proposed Timescale:** 30/05/2016

## **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Restrictive interventions were not implemented in accordance with best practice.

**4. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Restrictive interventions will be implemented in accordance with best practice by the following actions:-

\*Further risk assessments will be carried out in relation to the half door in the kitchen area and the cosy fit bed and their purpose for use on an individualised basis.

Alternatives to the restrictions mentioned will be explored.

**Proposed Timescale:** 30/06/2016

## **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:**

The dietary needs of residents requiring modified diets were not clearly identified.

**5. Action Required:**

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

The dietary needs of residents requiring modified diets will be clearly identified. Due to the lack of resources in the CHO5 Area the organisation has made contact with a private speech and language therapist who is now supporting the organisation in this area. Prior to admission into Respite Services the organisation are requesting a current speech and language therapist assessment for the identified individuals.

**Proposed Timescale:** 30/06/2016

## **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:**

There was insufficient guidance for staff in relation to the administration of PRN medications.

**6. Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The organisation is liaising with GP's for specific guidance and instructions in making consistent decisions in relation to the administration of PRN's whilst in Respite care.

**Proposed Timescale:** 30/07/2016

## **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:**

Unannounced visits to the centre were not conducted by the provider every six months.

**7. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

For 2016 two unannounced visits will be conducted and a report will be compiled on each of the unannounced visits

**Proposed Timescale:** 30/12/2016

**Theme:** Leadership, Governance and Management

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

There was no annual review of the quality and safety of care and support.

**8. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual report will be available in January 2017 in relation to the two required unannounced visits carried out during 2016.

**Proposed Timescale:** 30/01/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Not all information required in schedule 2 of the regulations was available in staff files.

**9. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The organisation has already action on this requirement whereby HR has requested that all staff submit and complete an Employment History Form identifying any gaps in their employment.

**Proposed Timescale:** 30/06/2016

**Theme:** Responsive Workforce

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

There was no evidence of staff supervision.

**10. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

This requirement has been addressed by the organisation and formalised staff supervision and development meetings will commence from June 2016.

**Proposed Timescale:** 30/06/2016