<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hazel Grove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003889</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Longford</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St Christopher's Services Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Clare O'Dowd</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. 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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</thead>
<tbody>
<tr>
<td>14 November 2016</td>
<td>14 November 2016 13:00</td>
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</tbody>
</table>

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

|--------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------|-----------------------------------------------|---------------------------------|

**Summary of findings from this inspection**

**Background to inspection**

This report details the findings of an inspection carried out over one day. The provider wished to change residential units within the designated centre by moving residents living in one residential unit to another residential unit. They had not applied to increase the numbers of residents living in the centre. The inspection was taken on foot of an application to vary a condition of registration by St. Christopher’s Services Limited, the provider.

A registration inspection by the Health Information and Quality Authority (HIQA) was previously carried out in the centre November 2014. The previous inspection had found overall a good standard of compliance in all 18 Outcomes inspected at the time.

**How we gathered evidence**

The inspector met with two residents who were present in the centre on the day of inspection. The inspector also met staff, the person in charge, the provider nominee and one person the provider intended to instate as a team leader in the centre (a person participating in management). Some documents were reviewed as part of the inspection process including a sample of residents’ contracts of care, fire safety records, medication management systems and an observational inspection of the residential unit applied for in the application to vary registration.
The inspector reviewed if actions given on the previous inspection had been addressed. Overall, the inspector found they had.

Description of the service

The statement of purpose for the centre sets out that the provider aims “to provide quality care, promote independence and skill teaching within a homely environment, through the effective use of resources available to us and in partnership with each service user and their circle of support”.

The centre was located in a housing estate on the outskirts of Longford town. The two residential units and the proposed residential unit are configured next door to each other within the housing estate. The residences in this centre were modern purpose built bungalows. One residence accommodated a maximum of three residents on a full-time basis, the second residential unit catered for one resident on a Monday-Friday basis and five other residents on a rotational respite basis. Residents using this residential unit would move to the residence put forward in the provider’s application to vary registration.

The inspector found some improvements were required by the provider to ensure adequate provisions were in place to before residents could move into the proposed residential unit as part of the application to vary registration. This was in order to ensure a good standard of service for residents in relation to fire safety and risk management systems.

Overall judgment of our findings

The inspector did not review all aspects of Outcomes reviewed on this inspection. However, of those elements that were the provider and person in charge had addressed actions from the previous inspection adequately.

One moderate non-compliance was given, this related to inadequate fire and smoke containment measures in place. The provider was required to address these in full before residents moved into the proposed residential unit set out in the application to vary registration.

These findings are discussed in this report with an action plan and provider’s response 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:
Some systems to ensure residents' privacy required improvement.

The inspector noted residents' could not lock their bedroom doors. This was evident in all residential units visited on this inspection. There were also inadequate privacy systems for residents' toileting and bathing facilities. While a mechanism had been fitted to one toilet door it was not useable by residents as it was located high on the door.

While residents' bedrooms were fitted with privacy blinds they did not adequately provider residents with enough privacy for bedrooms that were located to the front of the residential units. The inspector noted it was possible to look directly into residents' bedrooms from the footpath outside the houses. Given that the centre was located within a housing estate a review of privacy blinds for these bedrooms was required.

Judgment:
Substantially Compliant

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

**Findings:**
Actions from the previous inspection relating to contracts of care not signed and fees not set out clearly was reviewed on this inspection.

The provider had adequately addressed the action from the previous inspection. The inspector reviewed a sample of contracts of care for residents and found each resident to have a signed contract of care. Contracts had been signed by a resident's representative in some cases. Each resident had also been issued a tenancy agreement which set out the terms and conditions of residency. Rent was payable by residents on a weekly basis. Contracts and tenancy agreements also set out a breakdown of fees payable by residents for their contribution to utilities and food.

The action had been addressed.

**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

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

**Findings:**
As part of this application to vary inspection, the inspector viewed the premises the provider intended to move residents to as part of the application.

The house or residential unit, as referred to in the report, was located beside the second residential unit that comprised the centre. The premises is a single storey bungalow set in a housing estate just outside Longford town.

The inspector found the premises to be a safe and suitable place for residents to move to and was designed similar to the property they already resided in Monday to Friday.

The provider was required to refurbish the new residential unit prior to residents moving
The inspector noted some paintwork was dirty and scuffed in the hall, a shower door in an en-suite facility was broken, some window blinds also needed repair or replacement and residents’ bedrooms would require personalisation before they moved in.

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

Findings:
An action given on the previous inspection of this centre related to hot water being extremely hot which posed a risk to residents of scalds. The provider had fitted a thermostatic control to ensure the water temperature in taps did not become too hot, mitigating the risk of scalds to residents.

The provider needed to ensure a similar risk mitigation measure was implemented in the residential unit put forward as part of this application to register.

The inspector noted that while there were good fire and smoke containment measures in the residential unit currently comprising the centre they were inadequate in the residential unit proposed as part of the application to register and also in the respite centre already part of the designated centre.

The inspector noted there were no fire compliant doors in the centre for high risk areas, such as the utility and kitchen space. Equally doors were not fitted with smoke seals, intumescent strips or automatic door release mechanisms which activate on the sound of the fire alarm in either the current respite residential unit or the proposed new residential unit the provider had applied for in the application to vary registration.

The inspector spoke to the provider in relation to this issue. The provider informed the inspector that it was their intention to address these fire compliance issues following the inspection.

Each residential unit visited by the inspector was fitted with a functional fire and security alarm. Fire extinguishers were located in the centre and had been serviced annually. The fire alarm had also been serviced as required in the unoccupied residential unit.

The inspector also noted that the front door of each residential unit which made up the
designated centre at the time of inspection were locked using keys. The inspector spoke with the person in charge with regards to how this may impact on residents, visitors and staff evacuating from the buildings in the event of an emergency, for example a fire.

The person in charge informed the inspector that the doors were kept locked to prevent a risk of residents absconding from the centre. While there was merit in this control measure the person in charge was required to carry out a risk assessment for this to ensure all risks associated with the locking of the doors were mitigated and appropriate fire safety measures were in place. This risk assessment would also be required for the residential unit proposed as part of the application to register.

**Judgment:**
Non Compliant - Moderate

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

| Theme: |
| Health and Development |

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

| Findings: |
| Findings on the previous inspection in this Outcome related to lack of individualised storage systems for residents' medications and non medicinal items stored in the medication storage cupboard. |

The inspector reviewed the person in charge's actions to address this non compliance on this inspection and found they had been addressed appropriately.

Each resident had a designated shelf for storage of their medication in a secure, locked cupboard. Each shelf was labelled with a colour photograph of the resident and their name.

The inspector viewed the medicine cupboard with a member of staff and noted that only medicinal products were stored.

The action had been adequately completed.

| 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:

Ann-Marie O'Neill
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

<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-0003889</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>14 November 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08 December 2016</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:
Some systems to ensure residents' privacy required improvement.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
consultations and personal information.

**Please state the actions you have taken or are planning to take:**
No occupation of the proposed unit will take place until such time as all action have been completed.

Provider has consulted with the Maintenance Manager to secure assessible bedroom and bathroom euro locks, which are ordered and will be fitted by 31/12/2016

We are awaiting a quotation on the supply and fit of horizontal blinds for all bedrooms in the designated centre by the 13/01/2017

**Proposed Timescale:** 13/01/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider was required to refurbish the new residential unit prior to residents moving in

2. **Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
No occupation of the proposed unit will take place until such time as all actions have been completed.

An action plan has been developed:

To refurbish the new residential unit prior to residents moving in, which includes painting, repair of shower door in en-suite and replacement of existing window blinds to horizontal blinds

Each resident will be consulted regarding personal items they wish to have prior to using the centre in a respite capacity.

Consultation will take place with the resident who uses the centre on a Monday to Friday basis to personalise the bedroom prior to occupancy.

**Proposed Timescale:** 31/12/2016

**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 provider was required to ensure risks relating to hot water temperature was mitigated in the residential unit proposed by the provider as part of this application to register.

Risks relating to the use of keys to lock front doors in residential units comprising the centre, both in its configuration at the time of inspection and the subsequent configuration of the centre following the application to vary registration, required risk assessment to ensure adequate control measures were in place to manage fire safety and risk of residents absconding.

3. **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:**
A thermostatic control to ensure the water temperature in taps is not too hot will be fitted.

The PIC will carry out a risk assessment to ensure all risks associated with the locking of the doors were mitigated and appropriate fire safety measures were in place.

We have consulted with the Fire Door Company to secure a quotation for fire compliant doors and expect instalment by the 31/01/2016.

**Proposed Timescale:** 31/01/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were inadequate fire and smoke containment measures in the residential unit proposed by the provider as part of this application to register and also in the respite residential unit which was part of the registered designated centre.

4. **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:**
No occupation of the proposed unit will take place until such time as all action have been completed.

A review of fire and smoke containment measures in the residential unit proposed as
part of the application to register and the respite centre already part of the designated centre will be conducted by the Fire Company.

**Proposed Timescale:** 31/12/2016