

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Teach Greine
<b>Centre ID:</b>	OSV-0001828
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Hilda's Services Limited
<b>Provider Nominee:</b>	Sheila Buckley Byrne
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
15 February 2017 10:00	15 February 2017 17:10
16 February 2017 10:00	16 February 2017 13:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 13: Statement of Purpose
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out in response to the provider's application to renew the registration of the centre. The inspector monitored the centre's compliance with the regulations and assessed if the provider had addressed the actions from the previous inspection. The first day of the inspection took place in the centre and the second day took place in the provider's head office.

The previous inspection was carried out in November 2016. The inspector reviewed the provider's progress in addressing the actions required from the previous inspection. Adequate progress had been made and the inspector noted some timelines for completion had not passed at the time of this inspection. The inspector was told the actions required would be addressed by the timelines outlined in the response to that action plan.

How we gathered our evidence:

As part of the inspection, the inspector met with five respite users. The inspector was supported by staff when communicating with respite users. Respite users smiled when the inspector asked them if they liked staying in the centre and liked staff.

The inspector observed respectful interaction between respite users and staff. Support was delivered in a kind manner and was consistent with respite users' support needs as outlined in their support plans. Respite users appeared relaxed in the company of staff.

The inspector also spoke with staff and the person in charge of the centre and reviewed documentation such as residents' support plans, medical records and accident logs.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that many aspects of the service were provided as described in that document.

The centre was located within a short drive of a town centre and amenities. The house contained adequate private and communal space to meet the needs of respite users. Respite users had individual bedrooms and shared a kitchen, a living/dining room and a sensory area.

The service was available to adults and children with a severe to profound disability, significant medical needs and who were assessed as requiring full support with medical and physical needs. Nursing care was provided to meet respite users' healthcare needs and some respite users were provided with individualized staff support. The centre was staffed by a nurse at all times.

The centre was also used to provide a day service and this was operated separate to the designated centre with separate staffing provided. The living room, kitchen and one bathroom were shared by both services and there were procedures in place to ensure the use of the centre as a day service did not impact on respite users. For example, respite users and day service users did not use the centre at the same time, there were separate storage facilities for food and utensils used by each service and there were cleaning schedules in place to ensure the centre was cleaned and maintained. In addition, the respite service had a staff office which contained locked presses to store medicines and documentation. The staff working in the day service did not have keys to open these storage presses.

Overall judgment of our findings:

Overall, inspectors found that respite users were supported by staff who knew their care and support needs, there was appropriate oversight by nurses and the physical premises was adequately accessible to meet respite users' needs.

Good practice was identified in areas such as:

- Communication (outcome 2)
- Family and personal relationships (outcome 3)

- Health and safety and risk management (outcome 7)
- General welfare and development (Outcome 10)

Improvement was required in some areas including:

- Respite users' contracts (in outcome 4)
- The statement of purpose (outcome 13)
- The measures in place to ensure staff files contained all items required by the regulations (in outcome 17)

The actions which were in the process of being addressed from the previous inspection are:

- Respecting all aspects of respite users' privacy (in outcome 1)
- Assessing respite users' social care needs (in outcome 5)
- The provision of a garden for children (in outcome 6)
- The measures to ensure the number of staff were adequate (in outcome 17)

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.

**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):**

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

**Findings:**

The inspector reviewed the progress which had been made in addressing the non-compliances from the previous inspection and found that satisfactory progress had been made.

The provider nominee told the inspector the aid to review some respite users' care and the window between the staff office and the living room would be reviewed by the timeline outlined in the action plan response and the actions required would be implemented.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on communication with residents.

Staff were aware of the different communication needs of respite users and inspectors observed staff communicating with respite users in line with their assessed needs and wishes.

Respite users who required assistance had a communication profile outlining their preferred way of communicating. The profiles were comprehensive and clearly outlined the preferred style of communication and how the respite user communicated when he/she wanted something to eat or drink, time alone, a specific activity and to go to bed. The inspector noted that a new tool had been formulated and would be used with residents going forward.

Information in the centre was available in a format which was assessed as suitable for respite users' needs.

Each person had access to radio, television, internet and information on local events. The person in charge outlined the intention to purchase a touchscreen computer for respite users using money which had been donated. She said this would be used to facilitate residents to access the internet and communicate.

**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:**

There was evidence that respite users were supported to develop and maintain relationships with family and friends when staying in the centre.

Families were invited to attend and participate in meetings. There was evidence that families were kept informed and updated of relevant issues.

There were no families in the centre on the day of inspection. However, the inspector spoke with families as part of the previous inspection in November 2016. Families spoken with outlined their satisfaction with the centre, the staff and the management.

The only negative comment made by family members was the availability of the service. Family members said they would love to see the service expanded.

The inspector was told respite users were supported to access the community when attending their day services. Access to the local community and amenities when staying in the centre was dependent on staffing, particularly when the adults were using the centre. This had been identified at the previous inspection and was outlined in outcome 17. The provider had responded to state a full review of staffing would take place. The timeline for this action had not passed at the time of this inspection.

**Judgment:**

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):**

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

**Findings:**

The inspector reviewed the progress which had been made in addressing the non-compliances from the previous inspection and found that some progress had been made. However, the action had not been fully addressed by the timeline outlined in the provider's response to the previous action plan.

The contract had been amended and a new contract had been issued to each respite user's representative. Six contracts had not been returned by respite users' representatives. It was therefore not evident that the terms on which the respite user shall reside in the centre had been agreed.

The person in charge said they would ensure that all respite users had an up-to-date contract which reflected the service provided, the fee charged and the agreement between the respite users and/or their representative.

**Judgment:**

Substantially 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:**

The inspector reviewed the progress which had been made in addressing the non-compliances from the previous inspection and found that satisfactory progress had been made.

The new template for assessing respite users' social care needs had been finalized. The inspector viewed a copy of the tool and noted it included a template for assessing social care goals, identifying the progress made and reviewing the effectiveness. The person in charge said the tool would be used to assess all respite users' social care needs.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector reviewed the progress which had been made in addressing the non-compliances from the previous inspection and found that satisfactory progress had been made.

The décor of one bedroom had been reviewed. Curtains and pictures had been added to the room which made the room look more like a bedroom. The padded walls remained and the inspector was informed that these would continue to be reviewed to ensure they met the needs of the respite users who used the bedroom when staying in the centre. In addition, a wardrobe had been added to the room for respite users to store their belongings.

A plan had been formulated for ensuring the garden met the needs of the respite users. The inspector was informed the plan had been submitted to the provider nominee for approval. The timeline for completion of the garden was March 31 2017.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector reviewed the progress which had been made in addressing the non-compliances from the previous inspection and found that the action had been addressed.

Incontinence wear was stored in the original packaging. Staff had been reminded about the importance of storing incontinence wear in packets and families had received correspondence from the person in charge requesting that all incontinence wear is brought to the centre in the original packaging. The person in charge said she would continue to review this and ensure it is adhered to.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

A record of incidents was maintained in the centre. The person in charge was knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Respite users were supported to access day supports. The centre supported respite users to access the day programme they attended when living at home by providing transport.

There was evidence of good communication between the residential centre and the day centres. Furthermore, it was evident that day programmes were identified based on respite users' assessed needs.

The inspector was told respite users were supported to access activities when attending their day services. Access to activities external to the centre in the evenings or at weekends was dependent on staffing, particularly when the adults were using the centre. This had been identified at the previous inspection and was outlined in outcome 17. The provider had responded to state a full review of staffing would take place. The timeline for this action had not passed at the time of this inspection.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in*

*the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There was a written statement of purpose which set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of residents.

Prior to the inspection the statement of purpose had been amended. The inspector reviewed the amended document and noted that detail regarding the provision of a day service from the centre was not included, the number of days the centre closed was not consistent with the findings on the day of inspection and it was not reflective of the arrangement for separate nights to accommodate adult and children respite users.

**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:**

The person in charge had not been absent from the centre for a period which would require notification to HIQA.

A person participating in the management of the centre was the person identified as the person who would act as person in charge of the centre should the person in charge be absent for a period of 28 days or more. This person was interviewed as part of the

inspection and was found to be knowledgeable of the respite users, the centre and their role. This person had previously held the role of person in charge of the centre.

**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:**

The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

An action relating to the provision of staffing was identified at the previous inspection. The provider had stated a review of staffing would take place and this was not complete at the time of this inspection.

**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):**

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

**Findings:**

The inspector reviewed the progress which had been made in addressing the three

actions from the previous inspection and found that one action had been addressed and the timeline for one action had not passed at the time of this inspection. One action had not been addressed satisfactorily.

A plan was in place to ensure all staff received all required training and refresher training as specified in the organization's policies.

A review of staffing in the centre was due to take place as outlined in the provider's response to the previous action plan.

The inspector reviewed a sample of staff files. One file did not contain the staff member's full employment history.

**Judgment:**

Substantially 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:***

Lorraine Egan  
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>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Hilda's Services Limited
<b>Centre ID:</b>	OSV-0001828
<b>Date of Inspection:</b>	15 and 16 February 2017
<b>Date of response:</b>	22 June 2017

### Requirements

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

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

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

**Theme:** Effective Services

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

The terms on which the respite user shall reside in the centre had not been agreed in writing with all respite users.

**1. Action Required:**

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

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

resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Completed on 28/2/2017

**Proposed Timescale:** 28/02/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain all 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.

**2. 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:**

Completed – See Attached 8/3/2017

**Proposed Timescale:** 08/03/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The information and documents as specified in Schedule 2 were not obtained for all staff.

**3. 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:**

Completed 22/2/2017



