

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Teach Greine
Centre ID:	OSV-0001828
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Hilda's Services
Provider Nominee:	Sheila Buckley Byrne
Lead inspector:	Lorraine Egan
Support inspector(s):	Maureen Burns Rees on Day 1
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	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 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:
22 November 2016 09:35	22 November 2016 18:00
23 November 2016 09:20	23 November 2016 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This monitoring inspection was carried out to monitor compliance with specific regulations and to assess if the provider had addressed the actions from the previous inspection.

How we gathered our evidence:

As part of the inspection, inspectors met with five respite users. Respite users availing of this service required support to communicate. Inspectors were supported by staff when communicating with respite users.

Inspectors observed staff interacting with, supporting and communicating with respite users in line with their needs. It was evident respite users and staff knew each other well.

Inspectors also spoke with family members, staff and management and reviewed documentation such as residents' support plans, medical records, accident logs,

policies and procedures and staff files.

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, inspectors 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:

- The complaints procedure and access to advocacy services (in outcome 1)
- Risk management and fire safety (in outcome 7)
- Healthcare needs (outcome 11)
- Medication management (outcome 12)

Improvement was required in some areas including:

- Respecting all aspects of respite users' privacy (in outcome 1)
- Respite users' contracts (in outcome 4)
- The decor and storage in one bedroom (in outcome 6)
- The measures to ensure the number of staff were adequate (in outcome 17)
- The provision of training for staff (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:

There were systems in place to ensure respite users were treated with dignity and respite users were supported to make complaints and access advocacy services. Improvement was required to ensure that respite users' right to privacy was respected at all times.

Inspectors observed respectful interaction between respite users and staff. It was evident relationships between respite users and staff had been nurtured.

An inspector was told respite users would be supported to access independent advocacy if required. Information on advocacy services was available in the centre. Respite users' family members had been given information about an independent advocacy service and how to contact them.

There was a procedure for responding to complaints. It included the detail of the person with responsibility for responding to complaints, the procedure for appealing the outcome of a complaint and the details of a separate person to ensure all complaints are responded to and records maintained.

The use of an aid to review some respite users' care, and ensure their safety, had the potential to impact on their right to privacy. It was not evident that alternative measures had been trialled to ascertain if there was an alternative which would have less of an impact on respite users' privacy.

There was a window between the staff office and the living room. From speaking with staff, and observing practice, it was evident the window was used to ensure respite

users were safe when in the living room alone and was used by the nurse to observe staff and respite users when the nurse was attending to other duties. This was confirmed by a nurse who said it was used to supervise the living room when the nurse was attending to paperwork, medicines or other duties in the office. An inspector was told this was necessary due to the support needs of the respite users and the staffing levels in the centre, particularly at specific times when there were two staff on duty.

Judgment:

Non Compliant - Moderate

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:

An inspector viewed a sample of respite users' service agreements. The agreements required improvement to ensure all services provided and fees paid were accurately reflected in the agreements.

The service agreements outlined the terms on which the respite user would avail of the service. The agreements referenced the centre's guide for residents which outlined the services and facilities in the centre. The guide stated there were two living rooms for respite users. This was not accurate as one of the living rooms was used by the day service and was locked when respite users were in the centre.

The fee paid by respite users was not clear in all agreements. Some agreements stated that respite users paid a fee on arrival to the centre. An inspector found this fee was charged per night and not per stay. The person in charge said all agreements were being reviewed to ensure they clearly outlined the service provided and the fee charged.

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):

No actions were required from the previous inspection.

Findings:

Inspectors viewed a sample of respite users' social care plans. Goals had been set with respite users and respite users were supported to achieve goals when attending their day programmes. Previous goals had been reviewed. Improvement was required to ensure that a comprehensive assessment of respite users' needs was carried out on an annual basis.

The goals viewed were once off activities. It was not evident how the identification and assessment of goals were used to improve respite users' quality of life and provide overall holistic care and support. For example, although an inspector noted that some respite users benefitted from sensory integration this was not identified as a priority in their plans.

The assessment documentation was being reviewed at the time of the inspection as the provider had recognised that the format did not provide the best possible support for staff to carry out these assessments with respite users. In addition, the document was not in a format best suited to the needs of respite users using the service. The person in charge told an inspector she had been involved in reviewing the tool and was expecting the new document to be printed by the end of December. She said that all respite users would be supported to identify their social care needs and goals utilising this document.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The centre was purpose built and was located a short drive from the nearest town. The wide corridors promoted the accessibility of respite users who required support to mobilise. Improvement was required to the decor and provision of storage in one bedroom and the provision of an outdoor recreational area for children.

Each respite user had a single bedroom when staying in the centre. All single bedrooms with the exception of one had adequate storage space and doors which opened to the external of the centre. The doors were used if an evacuation of the centre was required.

One bedroom was located beside the front door and had padded walls. An inspector was told the room was originally designed as a multisensory room when the centre was built, however the purpose and function had changed.

In comparison to the other bedrooms the room was not decorated as a bedroom. For example, there were no curtains on the window and the only items in the room were a single bed and a wash hand basin which resulted in the room appearing sparse. In addition, there was no storage for respite users' personal belongings. Staff told the inspector that respite users who stayed in this room stored their belongings in the utility room.

It was not clear if the padded walls in the room were required by respite users. An inspector received conflicting information in relation to this. Some staff said this was required for a respite user while others stated it was required in the past for a person who no longer availed of the service.

Furthermore, it was not satisfactorily evident why an en-suite bedroom with storage was used as a staff sleepover room and had not been offered to respite users. The explanation provided was that the former multisensory room was used to accommodate respite users who required increased supervision at night due to their support needs. The proximity of the room to the staff office was the rationale for the use of the room. However, an inspector noted that other bedrooms were as close to the staff office.

Following the inspection the inspector received information from the provider nominee outlining the rationale for the use of the room. The information received included assessments showing a resident's requirement for a room with padded walls in 2008.

There were adequate numbers of showers and baths in the centre. One bedroom used by respite users had en suite toilet and showering facilities and hoisting equipment to facilitate wheelchair users.

There was a large living room with dining table, a kitchen and a small room with sensory equipment. Respite users could access these rooms freely. Some rooms were locked as they were used for a day service which was operated from the centre when respite users were not availing of the centre. These included a living room and a room used as

a rest room for a person using the day service.

There was a kitchen with adequate storage facilities for food, crockery and cooking utensils. The respite service and day service had separate storage facilities which included separate refrigerators. Food was prepared and cooked in the kitchen and respite users were supported to bake when staying in the centre.

The external area comprised of a car park and some raised beds for plants. At the previous inspection it had been identified that the centre did not have a suitable outdoor recreational area for children. This had not been addressed. Although one item had been purchased and there were plans for a sensory garden for children and other respite users this had not been progressed. An inspector was told children availed of a playground in the grounds of the organisation's head office when staying in the centre.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were systems to ensure the health and safety of respite users, staff and visitors were promoted and protected. Improvement was required to the system to ensure all infection control measures were implemented.

There was a risk management policy which outlined the measures to be taken to ensure the health and safety of residents was protected and promoted. There were individual risk assessments for each respite user which showed the risks identified and measures taken to address or minimise the risks. Site specific risk assessments had been carried out and had been updated in August 2016.

Some respite users used incontinence wear. The majority of incontinence wear was stored in packaging in respite users' bedrooms. However, some incontinence wear was not in packaging and was stored on open shelving in bathrooms. The requirement to store incontinence wear in packaging was outlined in the centre's updated policy and had been communicated to staff as part of a staff meeting.

There were checks to ensure the contents of the centre's First Aid box were maintained. The most recent check had been carried out in October 2016.

The fire alarm system, emergency lighting and fire fighting equipment had been serviced. Fire drills had taken place and each respite user had an individual assessment for evacuating in the event of a fire or other emergency. An emergency evacuation plan was in place and on display in the centre.

Fire drills had taken place and each bedroom with the exception of one had external doors. Staff had practiced evacuating residents at night and two staff members worked in the centre at night, one of whom was awake.

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):

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

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Measures to ensure that respite users received support with any behaviour which may impinge on their quality of life and on other residents were being implemented. A restraint free environment was promoted in the centre.

There were measures in place to keep respite users safe and protect them from abuse. Staff spoken with and the person in charge were knowledgeable of the procedures for safeguarding respite users and reporting any suspected or confirmed allegations of abuse.

Some respite users required support with behaviours that challenge. Support plans had been put in place and staff had received training in responding to behaviour that is challenging.

The provider promoted a restraint free environment. There was evidence that alternative measures had been implemented, for example low low beds and crash mats had been put in place to reduce the use of bed rails. The documents relating to the use of some restrictive practices which had been notified to HIQA were not available in the

centre as the respite users were not in the centre on the days of the inspection. The inspector was told the use of all restrictive practices would be reviewed to ensure that all practices are the least restrictive measure required to support respite users.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Respite users were supported to achieve and enjoy the best possible health. An inspector viewed a sample of respite users' personal plans which showed that respite users' health needs were being identified and responded to.

Respite users lived with family members and attended the centre for respite breaks and therefore their healthcare needs were supported by their families. The centre had relevant information such as the results of appointments and any supports the respite users required.

Respite users were supported to access their general practitioner (GP) and allied health professionals as required.

Food was available in adequate quantities and respite users were supported to make healthy food choices. Some respite users were assessed as requiring support with modified diets. There were documents and guidelines to educate staff of these needs, input from a speech and language therapist and a nurse was on duty in the centre at mealtimes.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:

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

No actions were required from the previous inspection.

Findings:

There were written policies relating to the ordering, prescribing, storing and administration of medicines to respite users.

Respite users using this service required full support to manage their medicines. Respite users family members supported them to manage their medicines and ensured that the prescribed medicines were provided to the staff nurse when respite users were staying in the centre.

An inspector reviewed the processes in place and found they were safe and in accordance with current guidelines and legislation. For example, medicines were stored in a double locked press, staff nurses were responsible for the management of and administration of medicines and there were procedures to ensure all medicines no longer required were returned to families for disposal by a pharmacist.

Staff had received training in administering medicines prescribed in the event of a medical emergency. There were procedures to ensure these medicines could be administered whenever required, for example the medicines were carried by the staff nurse with a resident when travelling to and from the centre. Appropriate measures had been taken to protect the dignity of respite users insofar as was practicable when these medicines were administered.

There was a system for reviewing and monitoring safe medicine management practices. The person in charge, who was a registered nurse, carried out regular audits to ensure that medicines prescribed for residents were administered as prescribed.

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:

An inspector viewed a copy of the statement of purpose which had been submitted to HIQA in November 2016 with the provider's application to renew the registration of the centre. The statement of purpose had been made available to respite users and their families were in the process of receiving copies as it formed part of new respite users' service agreements.

The statement of purpose contained inaccurate information, for example the floor plans did not clearly identify all bedrooms, it inaccurately stated that there were two living rooms available for respite users, the detail of the whole time equivalent of staffing was inconsistent in the document and the room dimensions were not adequately clear.

The floor plan in the centre's statement of purpose did not distinguish the rooms which were available for use for the respite service. Inspectors were told some rooms were used by a day service and were locked when respite users were using the centre. This included one of the living rooms.

The inspector was told the statement of purpose would be reviewed by the person in charge to ensure that all information required by the regulations was in the document and that all information was accurate. She said the document would be submitted to HIQA once amended.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were clear lines of authority and accountability. The person in charge reported to the Senior Nurse for the service. The Senior Nurse, who had previously held the role of person in charge of the centre, attended the centre on the second day of the inspection and it was evident she was aware of respite users, their needs and the operation of the centre. The person in charge and the Senior Nurse met regularly and both told an

inspector there was open communication at all levels of the organisation. The Senior Nurse reported directly to the provider nominee.

In July 2016 HIQA had been informed a new person in charge of the centre had been appointed. The newly appointed person in charge had worked in the centre since 2009 as Clinical Nurse Manager and was the frontline manager of the centre since that time.

An inspector met with the person in charge and carried out an interview with her. She was knowledgeable of the respite users, the operational management of the centre and her regulatory responsibilities. She had been appointed to a full time role in 2015 and in 2016 her working hours had been adjusted to ensure she had regular opportunity to meet with and supervise staff. The inspector viewed the staff rota and noted the person in charge was allocated working hours for management duties and also worked frontline providing care and support to respite users and overseeing practice in the centre.

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:

There was an appropriate skill mix of staff to meet the health and personal needs of respite users. However, a review was required to ensure that the number of staff were appropriate to meet all needs of respite users, to the provision of training for staff and to the system to ensure that staff files contained all items required by the regulations.

Inspectors spent time in the company of respite users and staff and saw positive and respectful interactions. Staff spoken with were knowledgeable of respite users' needs and their role in supporting respite users. Staff were observed interacting with respite users in a manner consistent with respite users' support plans.

There was a planned and actual staff rota in the centre. A core staff team worked in the centre and many staff had worked in the centre and with the respite users for a long period of time. It was evident that relationships had been nurtured. Respite users

appeared relaxed and happy in the centre and in their interactions with staff.

Nurses and support workers worked in the centre. Many of the support workers had qualifications in social care. There was a nurse on duty at all times when respite users were in the centre. This was required due to the assessed needs of respite users. A nurse worked in the centre at night and a support worker slept in the centre at night.

A staffing needs analysis had not taken place. The person in charge said the staffing arrangements had been in place when she commenced working in the centre. Inspectors observed practice, spoke with staff, reviewed respite users' assessed needs and support requirements and reviewed the staff rota. It was evident there were adequate staff numbers to provide the support required to meet respite users' physical and personal care needs on the days of inspection. However, it was not evident that staffing numbers were adequate to supervise respite users at all times. A window between the staff office and living room was used to observe respite users when the nurse was attending to other duties.

Furthermore, it was not evident that there were adequate staff numbers to ensure all respite users' social care needs could be met. The person in charge acknowledged that the primary role of staff was to meet the health and personal care needs of respite users.

There was a system for the provision of training in the centre. Training was organised via the provider's central office and a training calendar was in place. However, it was not evident that a training needs analysis specific to the centre and respite users' needs had taken place and it was not evident there was an effective system to ensure staff received all required training. An inspector viewed the records and was told that a training needs analysis had taken place at organizational level.

All staff had received training in manual handling and people moving and in fire prevention and control. Some staff required updated training in the protection of vulnerable adults and in the protection of vulnerable children. In addition, updated training in occupational first aid had not been provided for some staff. Furthermore, incident forms stated that staff required a specific training in responding to behaviour that is challenging and this training had not been provided.

An inspector viewed three staff files. One of the files contained all the required information. Two of the files contained all required information with the exception of a full employment history. One of the staff members who was present on the day of the inspection amended their employment history. The inspector was told that all gaps in employment were followed up during the interview process and said that staff files would be reviewed to ensure they contain all information required by the regulations.

Staff were supervised appropriate to their role. The person in charge worked alongside all staff on a regular and consistent basis. In addition, formal supervision and staff meetings took place on a regular basis.

There were no volunteers working in the centre at the time of inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The provider had addressed the actions from the previous inspection.

There was a directory of respite users in the centre which met the requirements of the regulations.

All policies and procedures required in Schedule 5 of the regulations were in place in the centre.

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:

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 report¹

Centre name:	A designated centre for people with disabilities operated by St Hilda's Services
Centre ID:	OSV-0001828
Date of Inspection:	22 and 23 November 2016
Date of response:	13 February 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 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:

It was not evident that all respite users' privacy and dignity was respected in relation to the use of a window overlooking the living room and in relation to the use of an aid for reviewing some respite users' care.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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 consultations and personal information.

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

The Board Quality & Safety Committee will conduct a review of the window and aid used, make recommendations to Board and oversee implementation of same.

Proposed Timescale: 27/02/2017

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 fee charged and some services provided were not accurately stated in respite users' service agreements.

2. Action Required:

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

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

The person in charge will amend the service agreement to accurately reflect the fee charged and services provided as stated in the respite user's guide.
All families will be informed.

Proposed Timescale: 10/02/2017

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:

A comprehensive assessment, by an appropriate health care professional, of the social care needs of each resident was not carried out on an annual basis.

3. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A new person centred planning booklet currently being piloted is being amended to meet the needs of persons with severe /profound disabilities. This will include an annual assessment of social care needs.

Proposed Timescale: 31/03/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

An appropriate outdoor recreational area with age-appropriate play and recreational facilities had not been provided.

4. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

The Outdoor Recreational Area is currently being developed with phase 1 near completion. The Provider will review the project and schedule completion by 31/3/17.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

A bedroom was not suitably decorated.

5. 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:

The Provider has inspected the use of room, issues related to same mentioned in the body of the report. The use of the room and soft walls relate to recommendations, risk assessment and choice re: needs of respite users. The Provider is satisfied that the service should accommodate preferred wishes of an individual, their family and health professionals and has done so. The needs of this Respite users are reviewed by Person in charge and circle of support annually and as needs change. Improvements to the room re curtains and storage are currently have been addressed on 3/2/2017

Proposed Timescale: 03/02/2017

Theme: Effective Services

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

Storage facilities were not provided in a bedroom.

6. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Person in Charge had a meeting with the Facilities Manager requesting adequate storage facilities/curtains and this was completed on 3/2/2017.

Proposed Timescale: 03/02/2017

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:

A control measure to minimise a risk to respite users had not been implemented.

7. 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:

The Person in Charge has removed the four incontinence wears from the bathroom area as per policy in the management of continence wear. A reminder will be sent to all family members by the Person in Charge to supply continence wear in its original packaging as advised in December 2016.

The Person in Charge will discuss the adherence to policy at our January team meeting on 31/1/2017.

Proposed Timescale: 31/01/2017

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 had not been reviewed and revised at regular intervals to ensure the information was up to date and accurate.

8. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The statement of purpose is currently being reviewed for accuracy. The revised Statement will be completed and returned by 10/2/17

Proposed Timescale: 10/02/2017

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.

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 HR Manager is currently reviewing the files and will address requirements of Schedule 2.

Proposed Timescale: 28/02/2017

Theme: Responsive Workforce

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

It was not evident the number of staff were appropriate to meet all needs of residents.

10. 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 Staff Needs Analysis will be commissioned by an independent person by the Provider. Findings and Recommendations will be brought to the Board by 31/3/17.

Actions arising will be implemented to address the issues raised in the body of the

report.

Proposed Timescale: 22/04/2017

Theme: Responsive Workforce

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

Staff did not have access to all required training, including refresher training, as part of a continuous professional development programme.

11. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The Training Committee met on the 20/1/17. An assessment of training needs is currently being conducted and training is scheduled for all staff in the annual planner. MAPA 14/2/17, Refresher Adult Protection 6/2/17. First Aid Refresher 26/4/17.

Proposed Timescale: 26/04/2017