

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Coolamber House
<b>Centre ID:</b>	OSV-0001836
<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>	Paul Pearson
<b>Support inspector(s):</b>	Gary Kiernan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 30 January 2017 09:00 To: 30 January 2017 18:15

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 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration renewal decision. This was the third inspection by the HIQA. The previous inspection was on 29 July 2015 and as part of the current inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspectors met with residents and staff members. The inspectors observed practices and reviewed documentation such as care plans,

medical records, accident logs, policies and procedures and staff files. Interviews were carried out with the person in charge and staff working in the centre. Inspectors spoke with the two residents living in the centre who told inspectors that they liked living there. The inspectors observed practice during the inspection and found that residents were supported in a timely manner and with kindness and respect at all times. As part of this inspection the premises were reviewed, the resident's accommodation was personalised in accordance with their wishes and decorated in a homely manner. Some areas for improvement were identified during the inspection, these related to drainage services and the external grounds.

#### Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. Inspectors found that the service was being provided as it was described in that document. The centre is registered to provide accommodation to three residents. At the time of the inspection, two people were residing in the centre. The centre is a seven day residential home and it is located close to the town centre. The service is available to adult men and women who have an intellectual disability. The centre provides supports for behaviours that challenge and dementia. Each resident had their own en-suite and living room or seating area. The kitchen, visitor's room and utility were shared spaces in the centre.

#### Overall judgment of our findings:

Overall, inspectors were satisfied that the provider had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report. The interaction between residents and staff were positive and caring, with residents having freedom of choice regarding their daily routines.

However, areas for improvement were identified with the premises and with the governance and management of the service. In addition, inspectors found that the two actions identified in the previous inspection had not been addressed to a satisfactory level.

Of the 18 outcomes inspected against: two outcomes were found to be in moderate non-compliance; premises and healthcare. Four outcomes were found to be substantially compliant and 11 outcomes were found to be compliant with the Regulations.

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

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

**Outcome 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:**

Inspectors found that residents were consulted and participated in, how the centre was run and decisions about their care for the most part. There were policies and procedures in place to ensure the rights, privacy and dignity of the residents; inspectors observed that staffs' interactions with residents were timely and respectful. Personal care was carried out in a respectful manner and residents were supported and encouraged to maintain their privacy and dignity. Intimate care plans were in place for residents who required them.

There was adequate provision in the centre for residents to receive visitors in private. Each resident had their own living room and there was a dedicated visitor's room that residents could choose to use. Inspectors observed practices and documents during the inspection that demonstrated the residents could exercise choice and control of their daily activities and the operation of the centre. Resident's preferences were respected by staff who supported and promoted residents to exercise personal independence and choice in their daily lives.

Records of residents' personal possessions and finances were maintained by staff in the centre in line with local policies. Inspectors reviewed records and systems in place to ensure residents' possessions and monies were kept safe, it was found that residents' finances were regularly checked and an inventory of residents' personal possessions was maintained.

Inspectors observed that residents had adequate storage space for their clothing and possessions. Clothing was organised and neatly stored, inspectors spoke with staff who

were knowledgeable on each residents clothing preferences and were able to demonstrate how they supported residents to choose and purchase their preferred clothing. Compliments from residents' family members were recorded and the presentation and appearance of the residents was regularly complimented in feedback from visitors to the centre.

There was a policy on complaints and a record of complaints and compliments was maintained in the centre. Information on the complaints officer was available to residents. Inspectors reviewed the complaints records and found that all logged complaints were of a verbal, non-formal nature. There was evidence that staff acted promptly to address all complaints and the satisfaction of the person who made the complaint was also recorded. However, inspectors found that residents did not have access to advocacy services and here was no information on advocacy services available to the residents in the centre.

**Judgment:**

Substantially 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:**

Overall inspectors found that there were systems in place to facilitate communication and these meet the communication requirements of the residents.

Inspectors observed staff interacting, speaking and listening to residents during the inspection. Staff who spoke with inspectors were knowledgeable regarding residents specific communication requirements. Photographs and pictures were used as communication aids for the residents when choosing daily activities, and sometimes at meal times. Residents were assisted to understand the function of rooms in the centre with the use of pictorial representations placed on the doors of each room, for example a picture of a bed on a bedroom door.

Residents' individual communication requirements were recorded in their personal plans. The communication guides were easily accessible and provided guidance to regular and relief staff on how to communicate effectively with each person living in the centre. There were policies and procedures in place relating to communication. Residents had access to their own television and music.

Pictures of staff working in the centre were displayed for the residents, showing the staff working each day throughout the week.

**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:**

Inspectors found that residents were supported to develop and maintain their links with the wider community and their families.

The staff in the centre supported residents to maintain positive relationships with their families where possible. There was evidence that family members regularly visited the residents and there were no restrictions on family visits. There was a visitors' policy in place to support this. Staff are in regular contact with the residents families and informed families on the wellbeing of the residents. Families attended personal care planning meeting for the residents in accordance with the residents' wishes. The arrangement for this is set out in the statement of purpose for the centre.

Staff informed inspectors that residents were well known in the local community. Residents were supported to participate in community activities where they choose to, for example shopping trips. Inspectors saw evidence that staff had brought residents to different community activities and events to explore their likes and dislikes. Residents were then supported to enjoy and experience community activities they expressed a preference for on an ongoing basis.

**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:**

There are policies and procedures in place relating to the admission, transfer and discharge of residents in the service. Admissions were in line with the Statement of Purpose.

An inspector reviewed the contract of care for the residents. This was referred to as a tenancy agreement by the provider. The residents' weekly contribution was clearly outlined in the agreement. The services to be provided as part of this charge were set out in the agreement. Services or activities that may incur additional charges were also listed in the agreement.

The written agreement did not accurately reflect the service the residents received in respect of day service arrangements. Both tenancy agreements were not signed appropriately by the residents' representatives.

**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:**

Overall, inspectors found that residents social care needs were met. Staff facilitated residents to participate in activities that were meaningful and relevant to their personal interests.

The provider had systems in place to assess residents' social care needs. Residents had



individual packages of support which were developed to support residents to engage in social activities in accordance with their assessed needs and preferences. Some community based activities took place while activities which were dementia-specific were also offered where indicated.

The residents had a personal care plan in place. There was evidence that the plans were regularly reviewed. Each residents' goals were reviewed routinely and there was evidence that the individual goals and outcomes were achieved. Personal plans were made available in a format that was accessible to the residents.

There was some evidence that the residents and their families were involved in the assessments to identify individual needs and choices. However, it was not consistently demonstrated that families or a nominated representative had been informed and present for the six monthly reviews of the personal plans. There was evidence residents had access to multi disciplinary health professionals, such as psychiatry, where required. Nursing input was also available to the residents in the centre. Specific care plans were developed for the residents assessed health needs and these plans reflected the advice of multi disciplinary professionals. However, while residents had input from these professionals it was not demonstrated that residents' health care needs were reviewed by a health professional on an annual basis in line with the requirement of the regulations.

There were no planned admissions or discharges taking place at the time of inspection.

**Judgment:**

Substantially 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):**

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

**Findings:**

While the premises generally met the residents' needs some areas for improvement were identified. The provider had not implemented the actions from the previous inspection and these issues remained outstanding at the time of inspection.

Each resident had their own bedroom, private sitting area and en-suite. These rooms

were suitable in size and layout for the residents needs. Adequate storage was provided for the resident's belongings and the furnishing was homely and personalised.

There were additional toilets in the centre for use by staff and visitors. The kitchen and visitors room were shared by the residents. The kitchen was well equipped and storage for residents' personal food items was provided. There was a staff sleepover room and a separate office which has adequate storage for files and documents. The staff areas did not impact on the use of the house by the residents. There was a patio area and large garden to the rear of the centre.

The accessibility of the centre was kept under review. An assessment had been carried out by an occupational therapist in relation to bedroom accommodation provided on the first floor. This assessment required the provider to assess the suitability of first floor accommodation for people with dementia. In response to this the provider had made a range of adaptations including adding additional handrails to the stairs, protection for windows and visual aids on the stairs. The provider had introduced a number of dementia friendly measures which included picture aids and signage. Staff reported that this had a positive effect for the residents.

An action relating to the external grounds action following an inspection in 2014 was partially completed. The driveway leading to the house was in need of repair. There were numerous potholes throughout and the surface was uneven. Since this inspection the provider had laid a layer of tar macadam walkway from the front door to the public footpath in front of the house. However, the main driveway surface remained uneven and was used by residents when entering and exiting vehicles. Inspectors noted that issues were identified with inadequate drainage services from a resident's en-suite bathroom. This impacted on the resident's use of the bathroom.

**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 policies and procedures in place for health and safety, risk management and emergency planning. Some improvements were required to ensure all risks identified were appropriately assessed and controlled.

There was an up-to-date safety statement in place, this specific to the centre. There was

a risk register was in place which was supplemented by individual risk assessments for the residents living in the centre. There was a policy and procedure in place for the unexplained absence of a resident.

While there are policies and procedures in place there are some gaps in the maintenance and updating of documentation. For example a risk assessment detailed control measures that were no longer in use in the centre. Inspectors reviewed documents from allied health professionals relating to recommendation regarding a resident's safety. These recommendations had been reviewed and implemented in part. However, while the provider had reviewed the first floor living arrangements as recommended the occupational therapist, a resident's individual risk assessment had not been updated to reflect the changes implemented. Staff reported that the stairs still presented a risk in certain situations, for example in the event of behaviours that challenge, and the risk assessments did not reflect this.

There were policies and procedures in place for the prevention and control of infection. Inspectors spoke with staff who were knowledgeable regarding infection control procedures in the centre. There were records detailing regular deep cleaning in the centre. Residents and visitors had adequate access to hand washing facilities and bathrooms are required.

Suitable fire equipment was provided in the centre. An inspector reviewed servicing records that were maintained onsite. The records demonstrated that the fire fighting equipment was routinely serviced. The servicing and maintenance record for the fire detection, alarm and emergency lighting systems fitted in the centre were satisfactory.

The evacuation procedure was prominently displayed in the centre. The fire exits were unobstructed and emergency lighting and signage was fitted to indicate the exit doors. Records of fire practice drills were maintained onsite. The drills were carried out regularly with observation and learning recorded after each drill. The cognitive and understanding of the residents had mostly been accounted for in their personal emergency evacuation plans. Inspectors identified a risk in relation to the evacuation procedures for one resident during the inspection. By the end of the inspection the person in charge and provider had taken positive steps to address this risk. The provider had sought professional advice in relation to the matter and had provided assurance regarding an updated personal emergency evacuation plan. Staff were trained in fire safety and evacuation procedures for the centre. Inspectors spoke with staff who were knowledgeable on the evacuation procedures and residents individual needs.

**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):**

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

**Findings:**

There is a policy and procedures are in place for the prevention, detection and responding to abuse. Inspectors spoke with a number of staff during the inspection, all were knowledgeable of safeguarding procedures, the recognition of abuse and the reporting structure to manage an allegation or suspicion of abuse. Staff had received training in safeguarding.

Throughout the inspection, inspectors observed staff interaction with resident and found that it was respectful and the residents were treated with warmth. Inspectors also spoke with the residents who expressed that they felt safe in the centre, a comment recorded from visiting family member who had commented on the affection or warmth the resident had towards the staff. There was a policy on the provision of intimate care and intimate care plans were in place where required.

There was a policy in place that guides the provision of positive behaviour support. Staff had received training in the management of behaviour that is challenging. An inspector reviewed the behaviour support plans and found that they were of good quality with multi-disciplinary input. These were supported by the policy in place for the use of restrictive practices. A log of restrictive practices was maintained in the centre. The use of chemical restraint was kept under review. There was some use of as required (PRN) chemical restraint which was prescribed and kept under review by the clinical psychiatrist. The policies and procedures in place were used to ensure that the restrictive practices were the least restrictive, for the shortest time possible and their use was controlled.

**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:**

There is a system in place for recording all incidents that occur in the designated centre. The person in charge was aware of her responsibility to notify the Chief Inspector within three working days of the adverse incidents as specified in the regulations. At the time of inspection all relevant incidents had been notified to 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:**

The residents were provided with appropriate care and support in accordance with evidence-based practice. This was provided with regard for the residents abilities, assessed need and respected the resident's wishes. The residents received a day service from the centre. Both residents have one to one staff allocation to facilitate their day programme. This allowed the resident to access recreational activities of their choice and regular access to community activities as per their wishes.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents had timely access to healthcare services and treatment as required. In general there was a good access to multi disciplinary input which included nursing, occupational therapy and psychology. Where allied health professionals recommend treatment inspectors saw evidence that staff assisted residents to avail of these treatments as appropriate to their needs.

Residents had health care plans in place which ensured their specific care needs were met. Inspectors saw evidence that there was a system in place for end-of-life care planning and consultation. Initial assessment and consultation had occurred where appropriate.

Some improvements were required with regard to nutritional management. While staff had been in contact with a dietician and had received advice, a resident who had experienced weight loss and was at risk of poor nutrition had not been seen by the dietician. Inspectors saw that staff had taken a range of initiatives to promote improved nutritional intake including offering regular smaller meals, modified consistency of food and offering of finger foods. Records were kept of food and fluid intake. However, while there was nursing oversight of this issue, the care plans did not provide staff with clear guidance on when to initiate corrective active action in the event of low intake.

Inspectors observed that the food choices available to the residents were varied and there was sufficient food available. Residents had access to food specific to their assessed dietary requirements and were offered a choice at mealtimes. There was evidence that meal times were positive experience for the residents, staff offered support to residents in a sensitive and appropriate way which was specific to needs.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

There were policies and procedures in place relating to the prescribing, storing and administration of medications. An inspector reviewed the medication management policies and practices in place and found that they were detailed and informed practice.

Staff who spoke with inspectors were knowledgeable on resident s medication routines

and were able to explain to inspector about the criteria for administration of PRN medication (Medication as required). Inspectors were satisfied that the use of chemical restraint was closely monitored and used in line with prescribed guidance. The medication was stored in a locked press in the staff area of the centre and staff had received training in medication management.

Inspectors reviewed the records relating to medication errors and found that there is a satisfactory system in place to manage and respond to medication errors occurring in the centre.

**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):**

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

**Findings:**

The statement of purpose contained the information set out in the current certificate of registration and the floor plans of the designated centre. It also detailed the services to be provided in the centre and the specific care needs the service was designed to meet. The statement of purpose submitted with the application to renew the registration of the centre did not include all of the information as required as per Schedule 1 of the regulations.

The statement of purpose was reviewed on the day of inspection to include all of the information as required in Schedule 1 of the Regulations. The provider submitted this updated copy of the Statement of Purpose to HIQA after the inspection.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

*suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Inspectors reviewed the governance and management systems in place for the centre. There were systems in place for monitoring the quality and safety of the service delivered. The management structure for the centre was clearly defined

An inspector saw the annual review for 2015 and found the audit was of satisfactory quality and included the voice of the residents. The audit covered areas such as complaints, restrictive practice, residents and family questionnaires and the result of internal audits. The provider had carried out unannounced visits to the centre in 2016. Inspectors were informed that an annual review of the quality and safety of care and support in the centre had been carried out but this review was not yet available to inspectors or residents. The annual review for 2016 was still being compiled. Inspectors could see that information had been gathered to facilitate its' completion.

Inspectors spoke with the person in charge who was full time in their role. The person in charge had the appropriate skills, qualifications and knowledge of the service and engaged in continuous professional development. The person in charge was actively involved in the day-to-day running of the centre and was roster on the floor, working alongside staff to support the residents.

**Judgment:**

Compliant

**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 provider was aware of their responsibilities under the regulations with regards to



notifying the Authority's Chief Inspector of the proposed absence of the person in charge from the designated centre for 28 days or more.

**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 inspectors found that the centre was resourced effectively to ensure the residents received adequate support in achieving their individual personal plans. The staffing levels allowed for one to one support for each resident during the day and there was sleepover and night shift cover at night in the centre. The facilities and services provided in the designated centre reflected those outlined in the statement of purpose.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was sufficient staff on duty with the right skills, qualifications and experience to meet the assessed needs of the residents. There was an actual and planned staff rota in place which reflected the staffing levels in the centre. The residents had access to

nursing input and reviews as required.

An inspector reviewed records relating to staff training and found that the system gave clear oversight of the training undertaken and when refresher training was required. The training provided enabled staff to provide care that reflects evidence based practice. Inspectors saw evidence that staff were scheduled for ongoing training as required. Staff had up-to-date training to support behaviours that challenge. Inspectors observed that residents received assistance in a respectful, timely and safe manner.

Staff were supervised appropriate to their role. The person in charge worked alongside staff in the centre and was able to observe care practices. The PIC carried out annual appraisals with the staff working in the centre.

Staff had up-to-date training in mandatory areas such as fire safety, medication management, and protection of vulnerable adult and manual handling. Additional training was offered to staff in the areas of dementia, first aid and intimate care.

Staff files were not reviewed on this inspection.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed the records maintained in the centre. The records were stored securely and residents had access to their own records when required. A guide to the centre was available to residents in an accessible format.

Policies were in place that reflected practice in the centre, staff understood the policies and were observed to be implementing them in practice. There was evidence that policies were reviewed at regular intervals with all policies having the review period

recorded on the document. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Inspectors reviewed record relation to the care and welfare of the residents in the centre. There was evidence that these records were updated as required to meet the changing needs of the residents.

**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:***

Paul Pearson  
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-0001836
<b>Date of Inspection:</b>	30 January 2017
<b>Date of response:</b>	02 March 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:**

Residents did not have access to advocacy services.

#### 1. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

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

The contact details for National Advocacy Service have circulated and displayed in the house and are available in easy read format. A local advocate has been contacted and arrangements for a visit are underway.

**Proposed Timescale:** 30/03/2017

**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 contracts did not accurately address the day service arrangements for the residents. Contracts were not signed.

**2. Action Required:**

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

The Tenancy Agreements have been updated to show the provision of day services from the residence. The Agreements have been sent to the families for review and signing.

**Proposed Timescale:** 10/03/2017

**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:**

It was not demonstrated that the residents' representatives were involved in personal planning reviews.

**3. Action Required:**

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The next Person centred planning meetings are scheduled for the 5/3/2017 and the families will be in attendance to ensure involvement in review, planning and advocating

for their family member. The involvement of residents' family and/or advocate will be part of reviews going forward.

**Proposed Timescale:** 05/03/2017

**Theme:** Effective Services

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

While there was an annual review of social care needs, there was no annual review of residents' healthcare needs by a healthcare professional.

**4. 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:**

The Provider has reviewed how Annual Health Assessments are recorded and is in the process of implementing new documentation re same to record GP assessments. This will be completed by 6/3/2017

**Proposed Timescale:** 06/03/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Although partially addressed, an action from the previous inspection, relating to the external grounds remained incomplete.

**5. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The Provider has a meeting with the HSE (property owners) and the works will be discussed on 28th March 2017 and will endeavour to get works done. The Provider, however, cannot commit to completing repairs mentioned above as it is beyond resources available. The Provider will agree a response following the meeting with HSE which will demonstrate how compliance will be achieved.

**Proposed Timescale:** 30/03/2017

**Theme:** Effective Services

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

Issues were identified with the soil pipe draining from an en-suite bathroom. This impacted on the resident's use of their bathroom.

**6. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The Provider has a meeting with the HSE (property owners) and the works will be discussed on 28th March 2017 and will endeavour to get works done. The Provider will, however, commit to completing repairs mentioned above by 28th April 2017 if the property owners cannot commit to a timely response to the matter.

**Proposed Timescale:** 28/04/2017

**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:**

Some areas of risk regarding behaviours that challenge and the use of the stairs had not been addressed.

**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:**

An Updated Risk Assessment will be conducted with a qualified Health Professional and control measures will be put in place.

**Proposed Timescale:** 30/03/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

The guidance to staff on nutritional care was not sufficient to guide consistent care where nutritional intake was compromised.

**8. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A Dietician has visited and assessed the resident on 16/2/2017. A report was received on 27/2/2017. A care plan which provides guidance on nutrition to all staff is currently being implemented. This will be supported and reviewed by nursing supports to the service and reviewed on 27/3/2017.

**Proposed Timescale:** 27/03/2017

**Theme:** Health and Development

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

Residents did not have direct access to a dietician where required.

**9. Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

A Dietician has visited and assessed the resident on 16/2/2017. A report was received on 27/2/2017. A care plan which provides guidance on nutrition to all staff is currently being implemented. This will be supported and reviewed by nursing supports to the service and reviewed on 27/3/2017.

**Proposed Timescale:** 27/03/2017