

**Health Information and Quality Authority
Regulation Directorate**

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



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|-------------------------------------------------------|--------------------------------------------------------|
| Centre name: | Parkside |
| Centre ID: | OSV-0001838 |
| Centre county: | Longford |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | St Christopher's Services Company Limited by Guarantee |
| Provider Nominee: | Clare O'Dowd |
| Lead inspector: | Ann-Marie O'Neill |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 5 |
| Number of vacancies on the date of inspection: | 1 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 14 March 2017 10:00 To: 14 March 2017 19:30

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

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

Summary of findings from this inspection

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Background to this inspection:

This was the third inspection of this residential service carried out by the Health and Information Quality Authority (HIQA) having been inspected twice in 2014. The purpose of this inspection was to monitor against ongoing regulatory compliance. This designated centre is one of seven residential services run by St. Christopher's Services Ltd.

Description of the Service:

The designated centre referred to in this report is a modern, large three storey house situated in a town in South County Longford. Each resident had their own individual bedroom. All bedrooms were decorated according to the wishes of the resident taking into account their taste and preferences.

The centre provides residential accommodation and support services for male and female adults with moderate to profound intellectual disability and associated physical, sensory, medical, and behavioural needs. The centre is registered since 2014 for a maximum capacity of six residents.

The provider had upgraded and improved the premises since the previous registration inspection by purchasing a new boiler for the centre and fitting it outside. Some residents had also since moved their bedrooms to rooms on the ground floor due to mobility issues impacting on their ability to go up and down stairs. While the provider had updated the statement of purpose for the centre to reflect these changes it had not been submitted to the Chief Inspector as required and an out of date statement of purpose was made available to the inspector on the day of inspection.

How we gathered our evidence:

The inspection took place over one day and as part of the inspection, the inspector met with residents, staff, the person in charge and the provider nominee. As part of the inspection process the inspector observed practices, reviewed documentation such as personal plans, policies and procedures, fire safety records, training record and risk management documentation.

The inspector observed pleasant interactions between residents and staff at all times. The inspector introduced herself and spoke to all residents but spoke in a more in depth way with two residents.

Overall judgment of our findings:

While the provider had implemented comprehensive systems and procedures to ensure compliance this inspection did not find these systems were effectively implemented across a wide range of areas.

Nine outcomes were inspected against, of the nine outcomes inspected, two were found to be majorly non compliant, Outcome 7: Health and Safety and Risk Management and Outcome 8: Safeguarding and Safety. Three were found to be moderately non compliant.

The inspector had concerns in relation to the management of residents' monies and finances. Some practices at the time of inspection posed a risk for financial abuse, for example there was one instance where multiple persons had access to a resident's financial accounts and could withdraw or deposit money without consultation with the resident and/or a representative on their behalf. This occurred without a record being maintained of the resident's financial account.

In one instance a piece of assistive technology equipment costing over €600 was deemed to be necessary for a resident to assist with their communication needs. This equipment was purchased by staff in the resident's day service but was only accessible to the resident when they attended their day service. There was no evidence of the resident and/or a representative advocating on their behalf being consulted before the purchase was made. The receipt for the equipment was not maintained by the resident in the designated centre but was located in the day service where it was being maintained for insurance purposes should the equipment become faulty or break.

Due to these and other issues relating to residents' financial management the inspector requested the provider carry out a full and thorough audit of residents'

finances to ascertain if there were any financial safeguarding issues. The provider nominee carried out this audit shortly after the inspection and while they identified there were no financial safeguarding risks they identified that residents' finances were not being managed in line with the organisation's policies and procedures and this required a comprehensive and robust response by the provider to address.

The health and safety of residents, visitors and staff was also not effectively promoted and protected in all areas within the centre. There was improvement required in relation to the containment of smoke and fire measures in the centre and management of cigarette disposal. Improvement was also required in relation to the management of some hazards in the internal and external premises. Infection control was also not effectively managed in the centre.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Comprehensive assessments of residents' needs were maintained in residents personal plans and support planning was in place to manage the needs identified. However, person centred planning, goals setting and action plans to achieve those goals was inadequate and required improvement.

The inspector reviewed a sample of personal plans and found them to be comprehensive with regards to assessment of residents' needs and support planning. Each resident had received a comprehensive assessment of need. Where needs were identified care planning was in place to support residents with that need. There was also evidence of consistent and regular review of care planning and changes were as required.

Personal plans for residents contained evidence of review and recommendations by allied health professionals, for example, speech and language therapy assessments, behaviour support recommendations and clinical reviews by residents' medical practitioners.

A key worker was assigned to each resident whose role was to support residents in identifying person centred goals and to maintain their personal plans and review and update them as required. However, there was a lack of evidence that each resident had an up-to-date personal centred plan in place to achieve goals identified through a person centred planning meeting.

Where goals had been identified they were not supported by an action plans which set out how the goal would be achieved or by what date, for example.

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

Findings:
The inspector reviewed if actions from the previous inspection with regards to the premises had been addressed and found they had.

However, there were still some issues which required addressing following the inspection.

The centre was supplied with a jacuzzi bath however, the jet function of the bath had been out of order since April 2016.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The health and safety of residents, visitors and staff was not effectively promoted and protected in all areas within the centre. There was improvement required in relation to the containment of smoke and fire measures in the centre and management of cigarette disposal. Improvement was also required in relation to the management of some

hazards in the internal and external premises. Infection control was not effectively managed in the centre.

There was a risk management policy in place which reflected the legislative requirements of Regulation 26. A hazard and risk identification register was maintained in the centre which was continuously updated and maintained as a 'live document'.

Each resident had individual risks assessments completed which were maintained in their personal plans. These identified specific personal risks and outlined control measures to manage the risk and mitigate the likelihood the risk may occur. However, the inspector noted that some hazards in the external premises required risk control measures as they could pose a risk to residents, visitors and staff.

Gas cylinders, the boiler for the premises and a baited rodent trap were located in one section to the rear of the premises. While signage was in place to warn of risk in that area, residents living in the centre were unable to interpret these signs and required more robust measures to ensure their safety while using the garden.

The inspector also observed a collection of cigarette butts on the ground in the rear of the premises. No designated smoking area was available in the centre and therefore, a safe receptacle for the disposal of cigarettes was not available to staff or visitors. Given the presence of flammable items located in the rear of the premises significant risk control measures in relation to cigarette disposal was required.

More robust risk management measures were required in the centre to ensure all visitors to the centre were protected. Throughout the premises all windows were fitted with blinds fitted with cords. The inspector observed that these cords could pose a risk to visitors, in particular children that may visit the centre and required risk control measures to ensure safety of all visitors to the centre.

There was an up-to-date localised health and safety statement in place. Emergency planning was also in place which outlined the measures and procedures for staff to take in the event of an emergency such as a gas leak, loss of water or power and loss of heating.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frames. On the day of inspection the fire alarm was serviced following the inspector identifying that the servicing of the alarm was out of date by some months. All staff had completed fire safety training within the past year and staff spoken with had an understanding of the procedure to be followed in the event of a fire.

However, improvements were required in relation to the containment of smoke and fire measures in the centre. The inspector identified there were no fire compliant doors in place for high risk areas such as the utility room or kitchen to prevent the spread of smoke or fire. At night time wedges were used to hold doors open to reduce noise from some residents closing doors during the night. While the inspector understood the rationale for the use of the wedges they rendered the doors in the centre ineffective in preventing the spread of smoke and fire in the centre.

Some fire exit doors required keys in order to open them, however not all doors had a fire compliant container to hold a spare key which could be used in the event of an emergency evacuation. The inspector requested the person in charge to carry out an audit of all emergency exit doors in the centre and those that did not have a spare key holder in place. Following this the person in charge contacted a fire safety company and requested key holders to be fitted. The company gave a commitment to fit these but could not do so on the day of inspection. Therefore an action regarding this is given in this report.

All staff had received up-to-date manual handling training and refresher training was made available to staff. No resident required the use of manual handling equipment at the time of inspection.

Infection control measures in the centre required improvement. At the time of inspection an incontinence wear bin was located in a resident's bedroom. The inspector was informed that this was emptied each day. However, the inspector was not satisfied that this was in line with appropriate infection control management and required review. This practice was also in contravention of the organisation's policies and procedures for the management of incontinence wear and infection control management.

Judgment:

Non Compliant - Major

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 were appropriate policies in place to protect residents from experiencing abuse, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. However, there were improvements required in relation to the management of behaviours that challenge and residents finances to prevent risk of financial abuse.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken outlined the procedures they would follow should there be an allegation of abuse. Designated persons were assigned within the organisation to manage allegations of abuse and carry out preliminary screening and investigations of allegations of abuse.

Residents who could display behaviours that challenge had a behaviour support plan in place. The inspector found that systems for providing support to staff and residents in this area required improvement. While behaviour support plans were in place they were not comprehensive and required updating to ensure they reflected the most up-to-date recommendations and interventions for the resident and to reflect changes in the resident's presentation.

At the time of inspection a psychologist from another service provider provided approximately two days per month to St. Christopher's Services. The psychologist had identified they could not provide a comprehensive service to residents based on the limited time they were allocated to the service.

Staff had recently received training from practitioners from another external provider to offer guidance and information on how to manage the specific care supports for some residents living in the centre. St. Christopher's Services and staff feedback was that they had found it invaluable to them in helping them to support their residents but could not be provided on a continuous basis or as frequently as they required.

Supports and services to residents and staff with regards to the management of behaviours that challenge was reliant on a psychologist from another service provider who is allocated approximately two days a month to provide a service to St. Christopher's Services. This was not adequate to meet the needs of residents living in St. Christopher's Services. Given the specific requirements of some residents and their likelihood to engage in behaviour that is challenging due to their diagnosed syndromes, in some instances, staff required more consistent input and support from an appropriately qualified allied professional. This would ensure behaviour support plans were based on a comprehensive assessment, reviewed regularly and could meet the needs of residents and provide staff with a comprehensive positive behaviour support framework within which to support residents.

A restraint free environment was promoted in the centre. Where restrictive practices were in place they related to specific risks identified which required control measures to safeguard residents, for example the use of a harness to protect a resident while using transport. Where these measures were in place they had been recommended by an allied health professional as part of an overall multi-disciplinary team approach with the involvement and consent of the resident's representative.

During the course of the inspection, the inspector assessed the management of residents' finances to assess if they were managed in a manner that protected against the risk of financial abuse. While the provider had robust policies and recommended procedures these were not effectively implemented in the centre.

Statements of residents' financial accounts were not issued to residents or used as part

of the auditing process of residents finances. One resident account had more than one assigned person who could access the account which posed as a risk for financial mismanagement and was not in line with the organisation's policies and procedures. For example, in some instances residents' accounts were accessed by their families, staff from the centre and also staff from the residents' day services with no oversight from any one appointed person to ensure the monies lodged or withdrawn were sanctioned by the resident or their representative.

In one instance a resident had been identified as someone who would benefit from assistive technology to support their communication. This assistive equipment was purchased using a resident's funds by their day service. However there was no receipt maintained in the centre on behalf of the resident to evidence the purchase. Equally the resident only had access to the equipment in their day service despite having paid over €600 for the equipment which was to support their communication needs at all times.

In another instance where a resident paid into a private health insurance policy from their account the person in charge was not aware of how much money they paid for the insurance or what benefit cover they were entitled to. Residents were not supported to avail of financial refunds for treatments they received while using the health insurance.

In light of the inadequate oversight of residents' finances and the poor implementation of the organisation's financial management policy and procedures the inspector requested the provider to carry out a full and thorough audit of residents' finances which would include reviewing copies of residents' financial statements. This audit was carried out the week after the inspection by the provider nominee. Their audit indicated there was no evidence of financial abuse from the matters reviewed in the audit but that there were significant flaws in how residents' finances were managed and overseen in the centre which could pose a risk of financial abuse or misappropriation of residents' monies.

Judgment:

Non Compliant - Major

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:

Overall, residents were supported on an individual basis to achieve and enjoy their best possible health. Residents' individual healthcare needs were assessed and appropriate

support plans were in place addressing residents individual healthcare needs. However, some support planning for residents required improvement. Ongoing assessment of nutritional risk was not comprehensive for residents identified as requiring nutrition supplementation.

Residents had access to a range of allied health care services which reflect their different care needs such as speech and language therapy, occupational therapy, physiotherapy and chiropody. Systems were in place for staff to make referrals to these allied healthcare professionals.

The inspector reviewed a sample of care plans of residents that had particular healthcare needs. Staff knowledge in the management of dealing with the complex needs was found to be adequate in the most part. However, improvement was required in relation to the emergency management of diabetes. While support planning was in place it required more specific information with regards to what constituted an emergency or when staff should bring a resident for medical or emergency consultation.

Staff spoken with all informed the inspector that they would not hesitate to support a resident to receive emergency treatment however, they could not identify to the inspector what criteria determined a resident with diabetes needed medical treatment, for example what blood sugar reading. The inspector was concerned somewhat that non-clinical staff working in the centre made decisions with regards to residents receiving medical treatment or not in the absence of prescribed clinical advice or care planning to guide them.

Suitable kitchen space and facilities were provided for residents who wished to prepare and make their own meals and support was available from staff to help them with this. Care plans reflected residents likes and dislikes and the advice of dieticians and speech and language therapists was implemented in accordance with each resident's personal plan.

Some residents had been identified as requiring nutritional supplementation to ensure they received an adequate amount of calories in their daily diet. However, ongoing assessment of residents' nutritional risk was inadequate. Residents in receipt of nutritional supplementation were not regularly assessed for nutritional risk, for example calculation of their Body Mass Index or evaluation of risk using a recognised nutritional assessment tool by staff to evaluate if nutritional management support planning was effective.

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:

Overall there were appropriate and safe medication management systems in place.

There were policies and procedures for the safe administration of medication in the centre. Medications were administered by all staff. Non nursing staff were trained in safe administration of medication and were afforded refresher training in this area to ensure their skills were up-to-date and in line with safe medication management policies and practices of the organisation.

Medications were stored in a locked cupboard and there was a fridge available for medication if required. No medication requiring refrigeration was in use at the time of inspection.

Staff spoke with demonstrated they understood the procedure in place for the disposal out-of-date and soiled medications. Residents received their medications receiving one to one support from the staff member administering the medication and in line with their personal preferences and support planning.

A sample of medication prescription sheets and medication administration sheets were viewed by the inspector and were found to contain the appropriate details. This included where medications should be crushed or in liquid form. Residents had individual medication plans in place that detailed the supports required.

There were no controlled drugs prescribed 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):

No actions were required from the previous inspection.

Findings:

The statement of purpose for the centre provided to the inspector during the course of inspection was out-of-date despite being revised by the provider.

The statement of purpose also did not adequately outline that the centre closed during the year at certain periods and how residents were informed or consulted about this.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider had systems in place which, if implemented, would provide comprehensive and consistent review of the quality of supports residents received in the centre. However, evidence found on this inspection demonstrated that these systems were not implemented in an effective way.

The person in charge demonstrated a good knowledge of the residents living in the centre and their personalities and interests. She also understood her regulatory role with regards to notifying the Chief Inspector of incidents that occurred in the centre. She was helpful and responsive during the inspection process.

The person in charge was a qualified nursery nurse and also held a qualification in childcare. While she had many years of experience of working in the area of disability she had not completed any further education which would complement her role as a manager of a designated centre for persons with disabilities.

The person in charge reported directly to the Residential Coordinator (who is the provider nominee), who in turn reports to the Chief Executive Officer of St. Christopher's Service. On-call arrangements were in place out of hours and at weekends for management cover for the centre. A roster was available to staff to inform them of who was appointed as on-call manager for each week.

The provider had met their responsibilities in relation to regulation 23. They had

continued and maintained comprehensive implementation of six monthly unannounced visits and audits of the quality of care and support offered to residents in the centre. An annual schedule of auditing was in place which reviewed the centre's compliance with all aspects of the regulations and standards.

While these audits had been completed each month as per the schedule they were not effective in bringing about compliance or standards in the centre. For example, an audit of the statement of purpose for the centre had been completed which indicated that all matters were in compliance with the document, however as the inspector found on inspection, the statement of purpose available was out of date and did not accurately reflect the service or changes the provider had made since the statement of purpose was created in 2014.

An internal audit by representatives of the provider carried out in October 2016 had identified a number of issues in the centre which required addressing. While this was evidence of provider led audits identifying issues and attempting to address them, there were still a number of non compliances which were responsibilities of the person in charge found on this inspection that required improvement.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Staff working in the centre were supported to meet their continuous professional development needs in order to meet the needs of residents. Adequate numbers of staff worked in the centre.

There was a planned and actual rota in place. There were two staff worked in the centre in the morning and two to three staff worked in the evenings depending on the numbers in the centre at any given time. There is one waking night staff on duty, which increased to two waking night staff for nine nights per fourteen nights based on one resident's identified needs and risk assessment.

The person in charge informed the inspector that extra staffing resources could be allocated to the centre when residents on part-time placements stayed in the centre however, these extra resources were not fully funded and therefore may not be sustainable in the long-term.

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

Staff were observed to engage with residents in a pleasant and respectful way. Regular staff meetings were conducted and minutes of these meetings were maintained. Items discussed at these meetings included overviews of previous HIQA inspection reports for other designated centres in St. Christopher's Services, issues and updates specific to residents living in the centre, upcoming events and changes in policies and procedures, for example.

Staff training records were maintained however, they were not updated to reflect the actual training staff had completed. For example, staff training records indicated there were gaps in staff training in the area of safeguarding vulnerable adults. Other records evidenced certificates staff had received indicating they had completed training but this information had not been updated into staff's training records. The inspector was unable to find evidence in any training record files that staff had received training in dysphagia management (support for residents requiring modified diets due to risk of choking).

Following the inspection the provider emailed the inspector evidence that all staff working in the centre had received training in dysphagia management. Therefore, compliance was found in this outcome.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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|----------------------------|---------------------------------------------------------------------------------------------------------------------|
| Centre name: | A designated centre for people with disabilities operated by St Christopher's Services Company Limited by Guarantee |
| Centre ID: | OSV-0001838 |
| Date of Inspection: | 14 March 2017 |
| Date of response: | 08 May 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 05: Social Care Needs

Theme: Effective Services

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

Person centred planning, goals setting and action plans to achieve those goals was inadequate and required improvement.

1. Action Required:

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

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 Person in Charge will meet with each individual staff member to review each resident's support and care plans by 30/04/2017

St Christopher's Services revised PCP template will be completed in consultation with each resident and their representative as appropriate by their keyworker.

A date for the PCP presentation will be advised to Person in Charge by the resident and their keyworker.

This revised PCP template will ensure adequate goals setting and action plans to achieve those goals

The Person in Charge will monitor progress of each resident's personal centred plan goals, assess and evaluate possible reasons if a resident is not achieving their person centred goals through the monthly keyworker reports.

All staff attended the internal Person Centred Planning training 09/11/2016

Proposed Timescale: 30/06/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The centre was supplied with a Jacuzzi bath however; the jet function of the bath had been out of order since April 2016.

2. 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:

Jacuzzi bath was in use by residents but jets were not operational, a new bath was installed without jets on 18/04/2017

Proposed Timescale:

18/04/2017 Completed

Proposed Timescale: 18/04/2017

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:

The inspector noted that some hazards in the external premises required risk control measures as they could pose a risk to residents, visitors and staff.

Given the presence of flammable items located in the rear of the premises significant risk control measures in relation to cigarette disposal was required.

Risk control measures for blind cords in the centre were not in place.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A smoking risk assessment has been completed, a designated smoking area identified, a date confirmed for fitting of cigarette receptacle and the local risk register updated to reflect same.

A risk assessment has been completed on all blinds cords in the centre and the provider of the blinds has been instructed to install safety wrap devices based on findings of same, the risk is included in the local risk register.

Local Risk Register has been updated to reflect that all children must be supervised by an adult at all times when visiting the centre.

Maintenance will assess the section to the rear of the premises where the Gas cylinders, the boiler for the premises and a baited rodent trap are located and erect a suitable enclosure.

Proposed Timescale:

02/05/2017 – fitting of cigarette receptacle

05/05/2017 – fitting of blind cord safety wrap devices

31/05/2017

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

Infection control measures in the centre required improvement.

4. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

There is no incontinent wear bin in the resident's bedroom
A local procedure for the safe disposal of incontinence wear has been devised, implemented and the local risk register updated to reflect same.

Proposed Timescale:
Completed

Proposed Timescale: 08/05/2017

Theme: Effective Services

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

Improvements were required in relation to the containment of smoke and fire measures in the centre.

5. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire Company will assess number of fire compliant doors for high risk areas on 03/05/2017 and action order for same and install on receipt.
Wedges are not in use in the designated centre

Proposed Timescale: 20/05/2017

Theme: Effective Services

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

Some fire exit doors required keys in order to open them, however not all doors had a fire compliant container to hold a spare key which could be used in the event of an emergency evacuation

6. Action Required:

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

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

Fire Compliant Container for spare Fire Exit Door Key fitted by Fire Company on 20/04/2017

Proposed Timescale:
20/04/2017 Completed

Proposed Timescale: 20/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

While behaviour support plans were in place they were not comprehensive and required updating to ensure it reflected the most up-to-date recommendations and interventions for the resident and to reflect changes in the resident's presentation.

7. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Resident's revised Behaviour Support Plan completed by Staff Nurse and sent to Clinical Psychologist for review, formal approved by Clinical Psychologist on 27/04/2017 and in Consultation with resident's representative

Proposed Timescale:
Completed

Proposed Timescale: 08/05/2017

Theme: Safe Services

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

Given the specific requirements of some residents and their likelihood to engage in behaviour that is challenging staff required more consistent input and support from an appropriately qualified allied professional for the management of behaviours that challenge.

8. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Provider Nominee has submitted a Business Case for a Behaviour Support Specialist on a monthly basis to the Health Service Executive since January 2017 and forwarded a copy of same to the Inspector on 25/01/2017. The Provider Nominee will continue to submit the Business Case on a monthly basis to the Health Service Executive and place

it as an agenda item at next Quarterly HSE Review Meeting.

Proposed Timescale:

Monthly in Consultation with Health Service Executive

Proposed Timescale:

Theme: Safe Services

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

While the provider had robust policies and recommended procedures for the protection of residents against financial abuse these were not effectively implemented in the centre.

9. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The Provider Nominee conducted thorough audits of all residents' finances, each audit was referenced by,

St Christopher's Services Safeguarding and Protection of Vulnerable Persons at Risk of Abuse 5.10 and Appendix A and the National HSE Policy and Procedures 2014, 6.0 and 7.0.

Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities) Regulations 2013, specifically regulation 5, 9, 12, 13, 23 and 26.

St Christopher's Services Policy and Procedure for the Administration of Service Users Personal Finance and Property and Procedure on Financial Management within Residential Services.

National Standards for Residential Services for Children and Adults with Disabilities, HIQA 2013, specifically Standard 1 Autonomy and Participation and Standard 3 Individual's Finances.

Themes - Individualised Supports and Care, Outcome 1, Effective Services Outcome 7, Safe Services Outcome 8, Leadership, Governance and Management Outcome 14 and Use of Information Outcome 18.

In addition, The Provider Nominee undertook an audit relating directly to Financial Practice and Documentation Review within the designated centre.

The findings of the audits did not demonstrate evidence of financial abuse, but did identify actions for completion to comply with St Christopher's Services Policy and Procedures. The Provider Nominee provided the Inspector with the findings of all audits undertaken, and following a monitoring and compliant visit to the centre evidence of completed action plans.

Proposed Timescale:

Completed

Proposed Timescale: 08/05/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Ongoing assessment of residents' nutritional risk was inadequate.

Improvement was required in relation to the emergency management of diabetes. While support planning was in place it required more specific information with regards to what constituted an emergency or when staff should bring a resident for medical or emergency consultation.

10. 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 referral has been made for a review of nutritional risk for one resident with the Dietician and awaiting date for same

The Provider will secure training on Diabetes for staff by 05/05/2017

The resident's Support and Care Plans have been reviewed and updated to include emergency management of diabetes and more specific information with regards to what constitutes an emergency and when staff should bring the resident for medical or emergency consultation.

Proposed Timescale: 05/05/2017

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 for the centre provided to the inspector on the day of inspection was out-of-date.

The closure of the centre at certain times during the year was not indicated on the statement of purpose.

11. 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:

A copy of the updated Statement of Purpose will be forwarded to the Authority on the 28/04/2017

Proposed Timescale:
28/04/2017 Completed

Proposed Timescale: 08/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge had not completed any further education which would complement her role as a manager of a designated centre for persons with disabilities.

12. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The Person in Charge holds a foundation certificate in Management since 2011 and attends all training as per St Christopher's Services Training and Development Calendar. The Provider and Person in Charge will further discuss academic social care qualification including an appropriate management course.

Proposed Timescale: 31/05/2017

Theme: Leadership, Governance and Management

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

While audits had been completed each month they were not effective in bringing about adequate compliance or standards in the centre.

While this was evidence of provider led audits identifying issues and attempting to address them on behalf of the provider, there were a number of non compliances which were responsibilities of the person in charge found on this inspection that required improvement.

13. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in

the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A meeting has been scheduled between the Provider and Person in Charge to discuss and agree a support action plan to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Proposed Timescale: 09/05/2017