

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Battery Court
Centre ID:	OSV-0003888
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Christopher's Services Limited
Provider Nominee:	Clare O'Dowd
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 November 2016 13:30 To: 14 November 2016 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection

This report details the findings of an announced inspection carried out over one day. The provider wished to increase the number of residential units in the designated centre by adding an one additional residential unit. This increase of residential units would not increase the numbers of residents living in the centre. The inspection was carried out following an application to vary a condition of registration by St. Christopher’s Services Limited, the provider.

A registration inspection by the Health Information and Quality Authority (HIQA) was previously carried out in the centre October 2014. The previous inspection had found some non-compliance in the centre.

How we gathered evidence

The inspector met with one resident who was present in the centre on the day of inspection. The inspector also met staff, the person in charge, the provider nominee and one person the provider intended to instate as a team leader (person participating in management) in the centre. Policies and documents were reviewed as part of the process; including a sample of residents’ personal plans, transition plans, health support plans, incident documentation and an observational inspection of the additional residential unit applied for in the application to vary registration.

The inspector also reviewed whether actions required on the previous inspection had been addressed. Overall, the inspector found that they had been implemented.

Description of the service

The statement of purpose for the centre sets out that the provider aims “to support people with an intellectual disability to live a full and meaningful life of their choosing within their community”.

The centre comprises currently five houses, referred to in this report as residential units. Each house can accommodate two to three residents. The application to vary, made by the provider, would increase the number of residential units in the centre to six. Two residents already living in the centre would move to the additional residential unit and have their own individual living spaces within the residential unit.

The centre, comprising the five residential units, is located in a housing estate on the outskirts of Longford town. The five residential units and the additional unit are configured next door to each other within the housing estate. One residential unit includes a staff office and a staff sleepover bedroom.

The inspector found adequate provisions in place to ensure the provider could increase the size of the centre from five to six residential units and still ensure a good standard of service for residents.

Overall judgment of our findings

The inspector was satisfied residents were receiving a good service where residents' choices and needs were central to the supports in place for them. The inspector did not review all aspects of outcomes reviewed on this inspection. However, of those elements that were reviewed, compliance and substantial compliance was found in these outcomes.

These findings are discussed in this report with an action plan and provider's response at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector reviewed the provider and person in charge's response to the actions given in the previous report relating to complaints. The action had been completed adequately. The nominated person to deal with complaints was now indicated in the complaints procedures. However, the complaints procedure required some further improvement to meet with the requirements of the regulations.

The complaints procedure also indicated that residents could use the services of an advocate if they were unhappy with the outcome of a complaint they had made. This was not adequate. The provider was required to inform residents that they could use the services of an advocate at any stage of making a complaint, for example in supporting them to make a complaint in the first instance.

Residents would have an opportunity to decorate and personalise their apartments when they moved into the additional residential unit in line with their personal preferences and tastes. Staff working in the centre would support them to do so where necessary.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful

activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector reviewed behaviour support planning for residents to assess if an action given on the previous inspection had been addressed.

Inspectors had found on the previous inspection that residents' personal plans did not evidence allied health professional input with regards to behaviour support planning. The provider had attempted to resource St. Christopher's Services with a psychologist for the assessment, development and review of behaviour support planning for residents requiring this support.

At the time of this inspection, a psychologist from another service provider provided their service approximately two days per month to St. Christopher's Services. The person in charge said that while they found the resource was useful they required more input and support to ensure the behaviour management plans they had in place were appropriate. Behaviour management plans were drawn up by staff and it was not always possible for the allocated psychologist to review the plans in a timely way given their constrained resource allocation to St. Christopher's Service.

While the provider had attempted to address the action found on the previous inspection, behaviour support planning did not evidence adequate allied health professional review and input to ensure support planning for residents was evidence based and appropriate to meet assessed needs.

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):

No actions were required from the previous inspection.

Findings:

As part of the application to vary conditions of registration for this centre the inspector inspected the additional residential unit the provider wished to add to the designated centre.

The inspector found the premises to be suitable to meet the needs of the residents intending to move there. It met all the standards and regulations to ensure residents' care and welfare could be appropriately met while living there. The inspector noted that the move to the residential unit would provide residents with a more appropriate living environment which would promote their privacy and independence.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector reviewed actions from the previous inspection relating to incident recording in the centre.

Previously inspectors had found incident recording was not robust, and not all staff could record incidents on the electronic system in the centre which meant there were two recording systems in place; one paper system and one electronic system.

The provide had resolved this issue by introducing a new electronic incident recording system which all staff could access to record incidents if they occurred. On recording of an incident an alert is sent to both the person in charge and residential co-ordinator which ensures they are kept aware of incidents occurring in the centre.

The inspector found the previous action had been adequately addressed.

The inspector reviewed fire safety and risk management measures that would be in place for the new residential unit of the centre as part of the application to vary conditions of the centre.

The centre was fitted with appropriate fire and smoke containment measures. All doors appeared to be fire compliant doors with fitted smoke seals to provide smoke and fire containment. A functioning fire alarm was fitted in the premises and smoke detectors were fitted in the residential unit.

Emergency evacuation routes were unobstructed in the residential unit. The ground floor apartment of the premises would provide the resident with an escape route to the rear of the premises and also through the front door. The first floor apartment was also provided with an unobstructed fire escape route down the stairs and through the front door of the house the apartments were located in. Fire extinguishers were available in the premises and had an up-to-date service record.

Visual observation of the premises by the inspector did not indicate there were any hazards which would pose a risk to residents when they moved in. A risk register would be carried out of the premises by the person in charge and updated accordingly in line with risk management policies and procedures.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

The previous inspection of this centre had found some residents' nutritional support needs were not being met adequately in relation to diabetes management.

On this inspection, the inspector reviewed if the action had been addressed. The inspector found on this inspection that all residents had attended cookery lessons coordinated by a dietitian in relation to healthy eating and cooking nutritious meals. Residents presenting with diabetes had attended these lessons and were now making better choices with regards to their meals. Overall, their diabetes management was working well and their blood sugar levels were better controlled as a result.

Judgment:
Compliant

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):

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

Findings:

The inspector reviewed the actions taken by the provider and person in charge to address non compliance with regards to safe storage of medication found on the previous inspection.

Medication was now stored in a purpose allocated, secure cupboard in each residential unit. The provider was required to ensure similar storage facilities were installed in the additional residential unit put forward as part of the registration to vary application for this centre.

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 inspector found robust governance systems were in place in this centre. An action from the previous inspection had been addressed adequately.

A new person in charge had been instated in the centre. As part of the inspection, the inspector carried out an interview with the newly instated person in charge. The person in charge had been in post for nine months and had previously been a person in charge

of another designated centre within the service.

The inspector discussed with the person in charge the actions from the previous report and how they had been addressed. The person in charge gave the inspector a comprehensive overview of how previous actions had been addressed. She demonstrated an excellent knowledge of residents' social care and healthcare needs. She had also implemented a number of initiatives to support residents' healthcare for example, supporting residents to attend educational training with regards to diabetes and nutrition management which is referred to in Outcome 11.

She had also supported residents to move within the residential centre to support their choices and preferences of whom they wished to live with. This had been done in consultation with residents.

The person in charge had the necessary skills, education and experience to carry out the role of person in charge of the centre.

The provider had also decided to create a team leader role within the centre. They had notified the Chief Inspector of their proposal for a team leader, who would be a person participating in management. The inspector met with this person as part of the inspection. They had a number of years experience of working in the area of social care and had also carried out operational management positions both within St. Christopher's Service and in other services they had worked in before. They would undergo training and supervision to ensure they could carry out the role effectively when they took up their position.

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):

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

Findings:

Not all aspects of this outcome were reviewed on this inspection.

The inspector reviewed if staffing changes would be required to support residents with

the increased number of residential units in the centre following the application to vary conditions and the addition of a new residential unit.

While there would be an increase in residential units for the centre there was not a requirement to increase the staffing numbers in the centre. Residents that would move to the new residential unit were relatively independent with most aspects of their care and welfare. The numbers of residents living in the centre would not increase. The proximity of the additional residential unit also meant an increase in staffing was not required as the residential unit was located next door to the other five residential units.

The person in charge informed the inspector that staffing levels of the centre were reviewed on the basis of residents' needs and staffing resources were allocated where and when required to meet residents' needs.

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

Centre name:	A designated centre for people with disabilities operated by St Christopher's Services Limited
Centre ID:	OSV-0003888
Date of Inspection:	14 November 2016
Date of response:	21 December 2016

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:

The complaints procedure indicated that residents could use the services of an advocate if they were unhappy with the outcome of a complaint they had made. This was not adequate. The provider was required to inform residents that they could use the services of an advocate at any stage of making a complaint, for example in supporting them to make a complaint in the first instance.

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

1. Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

The Policy officer, Person in Charge and Provider Nominee have examined the easy read complaints format and will amend to insert in easy read format:

The steps to be taken by a resident to engage the services of an advocate at any stage of making a complaint, with user friendly pictures.

Proposed Timescale: 31/01/2017

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:

Behaviour support planning did not evidence adequate allied health professional review and input to ensure support planning for residents was evidence based and appropriate to meet their assessed needs.

2. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The Provider Nominee will continue to address this issue at Senior Management and Board of Director level and submit a Business Case requesting adequate Psychology hours from the primary funder.

Proposed Timescale: 31/01/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The provider was required to ensure safe medication storage facilities were instated in the additional residential unit put forward as part of the registration to vary application for this centre.

3. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable

practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

As part of the transition process and prior to occupancy, residents in the additional residential unit will be provided with a safe secure storage facility to house their medications.

Proposed Timescale: 31/03/2017