

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Adult & Children's Respite
Centre ID:	OSV-0003895
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Hilda's Services Limited
Provider Nominee:	Sheila Buckley Byrne
Lead inspector:	Maureen Burns Rees
Support inspector(s):	Paul Pearson
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 February 2017 09:30	13 February 2017 16:30
14 February 2017 09:30	14 February 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 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 inform a registration renewal decision. It was the third inspection of the centre. The previous 11 outcome inspection was undertaken on the 17 and 25 June 2015 and as part of the current inspection the inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection the inspectors spent time with, and spoke to two of the residents availing of respite in the children's respite house and four of the adults availing of respite in the adult house. One of the children told the inspector about how he/she looked forward to coming on respite to the centre and that they really enjoyed the food whilst two of the adults spoken with told the inspectors about the many trips and activities that they get involved in while on respite. The inspectors observed warm interactions between the service users and staff caring for them in both houses. All of the service users appeared to be in good spirits.

The inspectors interviewed the chief executive officer, the person in charge of the children's unit, the person in charge of the adult unit, a social care team leader and a social care worker. The inspectors reviewed care practices and documentation such as support plans, medical records, accident logs, policies and procedures and staff files.

Description of the service:

The service provided was described in the providers statement of purpose, dated February 2017. The designated centre consisted of a children's respite house and an adult respite house. Each house was located several miles apart but within a short drive to a local town. The children's respite house provided a respite service in the age range of 5 to 18 years, who required support, with an intellectual disability in the mild to moderate range. Two children could avail of respite at any one time. The adult respite house catered for a maximum of four adults who required support, with a mild to moderate intellectual and physical disability. At the time of inspection there were 38 adults and eight children availing of the respite services.

A small number of adult respite users who were wheel chair users, used the children's respite house for 2-3 nights per month. The adult respite house was not wheelchair accessible. The house was not used by adults and children at the same time. The person in charge and staff from the adult respite house accompanied and cared for these service users during this period, with no involvement of the person in charge or staff from the children's respite house.

Overall judgement of our findings:

Overall, inspectors found that service users had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety. There were two named persons in charge in the centre, one assigned to each of the houses. This was not in line with good governance arrangements and meant that the delivery of a safe, quality care service might not be supported and promoted through appropriate lines of accountability and responsibility. Both persons in charge demonstrated adequate knowledge and competence to participate in the management of the centre.

Good practice was identified in areas such as:

- Children's communication needs were met (Outcome 2)
- The design and layout of the centre was in line with the statement of purpose and met service users needs (Outcome 6)
- There were appropriate measures in place to keep service users safe and to protect them from abuse (Outcome 8)
- Each service users healthcare needs were appropriately assessed and met by the care provided in each of the respite houses (Outcome 11)
- The facilities and services in the centre reflected those stated in the statement of purpose (Outcome 16).

Some areas of non compliance with the regulations and the national standards were identified These included:

- Practices and record keeping in relation to personal monies of adults availing of the respite service required some improvement (Outcome 1)
- A written agreement of the terms on which a service user would avail of the respite service was not available for review in the centre (Outcome 4)
- There were areas for improvement in relation to fire safety (Outcome 7)
- Some improvements were required in relation to record keeping for medication (Outcome 12)
- The governance and management structure and lines of authority and accountability were not clear across the centre and regulatory requirements in relation to the monitoring of the centre required improvement (Outcome 14)
- Staff supervision arrangements required some improvement (Outcome 17).

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:

Overall, inspectors found that service user's rights were upheld. However, practices and record keeping in relation to personal monies of children availing of the respite service required some improvement.

At the time of the last inspection, inspectors found that the centre did not always operate in a manner that respected the age or rights of residents. At that time one of the bedrooms in the children's respite centre was being utilised by the day service as an art room and the house environment was not reflective of a home from home environment. Further to that inspection, the provider put arrangements in place whereby the room identified at the time of the last inspection was no longer used as a bedroom and the remaining two rooms were exclusively used by the respite service. On this inspection, the inspector observed that the centre was homely and suitable soft furnishing and an array of toys were made available when children were availing of respite in the house.

The admission process was focused on rights and needs. Both of the person in charge and staff interviewed demonstrated a satisfactory knowledge of individuals rights and their responsibility to uphold them. There was a residents guide in place in both houses and it included some information on rights. A poster of the United Nations convention on the rights of the child was on display in the Children's respite centre whilst posters referring to service users rights in relation to respect, privacy and dignity were on display in the adult house. Both houses had signage on display, promoting service users to respect each others privacy whilst in their bedrooms and bathrooms. Each service users had their own bedroom whilst availing of respite.

Service users and their family representatives had been consulted with about how the centre was being planned and run. In both houses service users meetings were held on each admission where records showed service users agreed on activities and meals. It was noted that rights were discussed as part of house meetings on occasions. Service users had access to an independent advocacy service. The person in charge reported that the advocacy officer in the local town had been contacted and agreed to provide an information session for service users and their families later in the year.

There were appropriate procedures in place for the management of complaints. There was a compliant policy and procedure in place, which included details of the appeal process. There was a child friendly version of the complaint procedure on display in the centre. There was a named complaint officer. The inspector reviewed the complaint register which was in line with the centres policy and provided a space to detail the outcome of a complaint. There had been a small number of complaints in the centre and these had been appropriately managed.

There were arrangements in place to keep service user's personal belongings, including monies, safe. The centre had a policy on personal property, finances and possessions. Overall, practices were in line with the centres policy. A number of service users retained control over their own pocket money and spending, but there were some service users for whom the centre held and managed their pocket money. There was a secure press in each houses where identified service users' pocket money was stored in individual envelopes. In the children's respite house, a ledger was maintained of money received, money sent home and items money spent on. However, the same practice was not in place in the adult's respite house. A log was maintained of pocket money received and money sent home which was signed off by two members of staff on each occasion, but there was no evidence of oversight of money spent. The person in charge reported that receipts were maintained for all items purchased and these were tallied at the end of each visit against the money sent home. However, there was no documentary evidence to show that this was the case.

Service users had opportunities to participate in activities that were meaningful to them and which suited their needs, interest and capacities both inside and outside of the centre. The inspector reviewed activity logs which showed that service users in both houses participated in a wide range of activities. There were 'sign up' sheet on the notice board in the adult centre encouraging service users to sign up for a various activities proposed over the coming period. Examples included a one night hotel break, spa day, musical in a local theatre and a music concert. that would be undertaken. There was a good supply of arts and craft material, books and other toys in the children's respite house. Other activities suitable for the children and or adults had been identified within the local community. For example, a forest park, an open farm, bowling, trampoline park and cinema. Both houses had access to a vehicle for transportation of service to various activities.

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:

The service had a communication policy in place, dated May 2015. There was also an easy read version for service users. Staff interviewed had a good knowledge of the different communication and support needs of the service users availing of respite in both of the houses. Individual communication requirements of service users were detailed within their personal plans and reflected in practice. The inspectors observed that service users had access to television, radio and a music system. A number of communication aids were being used to meet the needs of the service users. These included, sign language, objects of interests and picture reference cards for diet, activities, daily routines and journey destinations. There was some guidance for staff on basic sign language in use. The inspectors suggest that training for staff in relation to sign language should be considered.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There were arrangements in place to support service users to maintain positive relationships with families and friends and to develop links with the community. The inspectors observed that there was sufficient space in both houses for the service users to meet with their family. Although it was noted that most families did not generally visit service user's while availing of respite. The centre had a visitors policy. There was a visitors sign in book in each of the houses and a record was maintained of all contact with families. It was noted that staff in both houses maintained regular contact and

communication with families.

A number of local amenities had been identified for service users. These included a local trampoline park, forest park, animal farm, bowling centre, cinema and theatre.

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):

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

Findings:

A written agreement of the terms on which a service user would avail of the respite service was not available for review in the centre. It was reported that service users and their family representatives were sent a written contract which dealt with the support, care and welfare of the resident and included details of the services to be provided. The inspectors reviewed a template contract which included a space to detail a fee payable. The centre held a copy of a confirmation form signed by the family representative outlining that they had received and understood a contract of care but no further details. A copy of the signed contract was not maintained on file. At the time of the last inspection, the contract of care in place was not reflective of the services provided. Since that inspection the contract template had been revised to better reflect the services provided.

Admissions to the centre were in line with the centres statement of purpose. There was a policy and procedure in place for admissions, dated May 2016. A record was maintained of all respite attendances and groupings.

Judgment:

Non Compliant - Moderate

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 service users' well being and welfare was maintained by a high standard of evidenced-based care and support. However, some improvements were required in relation to the personal plans.

Each service user's health, personal and social care needs had been assessed. Personal plans had been put in place for service users in each of the houses and involved consultation with the service user and their family. A different personal plan template was used in each of the houses. There was evidence that priority goals were set and monitored for service users on a regular basis. The plans outlined individual wishes and preferences. It was noted that service users had achieved a number of goals set in the preceding period. For example, going to a concert or an spa break. Goals set for children availing of respite, focused on life skills. However, the inspector noted that clear steps on supporting service user to meet their goal or for recording and monitoring progress to achieve goals was not always recorded. The level and quality of detail varied in some plans.

There were processes in place to review service user's personal support plans with the involvement of family representatives.

It was evident that the service users engaged in a good range of activities in the community. These included attending musical events, bowling, GAA games, walks, shopping trips. Each service user had an activity schedule in place. service user's wishes and preference for social activities were well supported. The inspectors observed posters in the adult respite house encouraging service users to sign up for a range of activities. Examples included an overnight hotel break, spa break, theatre show, musical concert or to be involved in formulating a cookbook of recipes.

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):

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

Findings:

The design and layout of the centre was in line with the statement of purpose and met service users needs.

The rooms in both of the houses were of a suitable size and layout for the needs of the service users. The centre was observed to be clean and tidy with sufficient lighting and heating. There were sufficient furnishings, fixtures and fittings in place. A back yard for children to play in was available in the children's respite house. Overall, there was adequate private and communal accommodation available in both houses.

At the time of the last inspection, inspectors identified a number of maintenance issues on the external grounds of both of the houses. These had since been addressed and on this inspection, the inspectors found that the each of the houses and surrounding grounds were in an adequate state of repair.

Service users had access to appropriate equipment which promoted their independence and comfort. The equipment was fit for purpose and was appropriately used, maintained and serviced.

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 health and safety of service users and staff were promoted. However, there were some areas for improvement in relation to fire safety.

There was a risk management policy, dated February 2015, which met the regulatory requirements. There was a safety statement in place, dated January 2017, with written risk assessments pertaining to the environment and work practices. The inspectors

reviewed a sample of individual risk assessments for service users which contained a good level of detail, were specific to the service user and had appropriate measures in place to control and manage the risks identified. At the time of the previous inspection, the inspectors identified a number of risks that had not been appropriately assessed or managed. Since that inspection, actions had been taken to remove or control the specific risks identified. There was an emergency adverse event plan, dated February 2016, to guide staff in the event of such emergencies as power outages or flooding.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. Overall, there were a low number of incidents and accidents in the centre. A computerised reporting system to record all accidents and incidents had been introduced to the service in February 2016. The inspectors reviewed the system and noted there were required fields where the persons in charge had to review and sign off on all incidents. Actions taken as a result of an incident were also recorded. The inspectors reviewed staff team meeting minutes which showed that specific incidents were discussed with learning agreed. This meant that opportunities for learning to improve services and prevent incidences were being promoted. Staff reported that on occasions there were connectivity issues and reports from the system regarding trends of incidents were difficult to formulate.

There were satisfactory procedures in place for the prevention and control of infection. The inspectors observed that all areas were clean and generally in a good state of repair. There was a cleaning schedule in place which was monitored by the persons in charge of both houses. Colour coded cleaning equipment was used and securely stored. Records were maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and suitable hand towels were in use in the centre. Posters were appropriately displayed. Staff had attended hand hygiene training.

Fire fighting equipment and emergency lighting were serviced and checked at regular intervals by an external company and as part of internal checks in the centre. However, the fire alarm system was not being serviced on a quarterly basis in either of the houses. Also inspectors observed that keys to fire exit doors were not securely stored. The inspector found that there was adequate means of escape and that fire exits were unobstructed. A procedure for the safe evacuation of service users in the event of fire was prominently displayed in both houses. Personal emergency evacuation plans were in place for pertinent service users which adequately accounted for the mobility and cognitive understanding of the service user. Staff who spoke with the inspector were familiar with the fire evacuation procedures. At the time of the last inspection, night time fire drills had not been simulated in the centre. On this inspection, inspectors found that fire drills were undertaken on a regular basis and included a simulated night time fire drill once every quarter. They were scheduled to occur at times which ensured that all those accessing respite in the centre had an opportunity to be involved on at least a six monthly basis. Any issues identified such as the need for additional support were defined in the personal evacuation plans.

Staff spoken with, were knowledgeable about manual handling requirements. Training records showed that staff had attended manual handling training.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to keep service users safe and to protect them from abuse.

The centre had a safeguarding vulnerable adults policy, dated March 2015 which was in line with national policy. There was also a child protection policy, dated August 2015, which was in line with Children First, National guidance for the protection and welfare of children, 2011. There was a user friendly version 'our plan for safeguarding adults and children' in place. There was an algorithm in place which outlined the steps to be followed in responding to concerns or allegations of abuse. Posters were on display which referred that the service had an open culture for reporting abuse and a zero tolerance approach to all forms of abuse. There had been no allegations or suspicions of abuse in the previous 12 month period. Inspectors observed staff interacting with service users in a respectful and warm manner. Staff who met with the inspectors were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. A picture and the contact details for the designated person for any allegation or suspicion of abuse was on display in both of the houses. Training records showed that staff had received appropriate safeguarding training.

There was an intimate care policy in place. Only a small number of service users required assistance with intimate care. It was noted that there were intimate care plans in place for these service users. However, the level of detail in place was limited in some cases to guide staff as to the intimate care needs and preferences of these service users. The inspector acknowledges that there was only a small staff team working within each of the houses.

Service users were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. There was a policy

for the provision of behavioural support. A small amount of behaviour that challenges was displayed by a small number of service users accessing the service. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. Staff had all received training in the technique adapted by the centre to manage behaviours that challenge. There were minimal restrictive practices used in the centre and these were monitored. There was evidence of discussions with family representatives regarding the use of a specific restraints for one of the service users. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained. In the preceding six month period, incidents, where required, had been notified to HIQA as per the requirements of the regulations. The person in charge and staff interviewed were knowledgeable about notification requirements.

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:

There was an education policy in place dated May 2015 and an access to education, training and development policy, dated June 2015, as required by the regulations. Each of the eight children availing of the respite service were in a school placement. The inspectors reviewed individual education plans on a number of children's files. A large number of the adult service users were attending a day service managed by the provider. The inspector observed posters on display acknowledging achievements of service users in achieving identified personal or educational goals.

Service users were engaged in a range of social activities internal and external to the centre. These included art and craft activities, going to the cinema, trampoline centre, bowling, local parks, open farm, leisure centre and church which were all within a relatively short drive each of the houses. A good supply of toys, books and craft materials were available in the children's respite house. A number of outdoor games were also available for use in the back yard.

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:

Each service users needs were appropriately assessed and met by the care provided in each of the respite houses.

Overall, service users had minimal healthcare needs. Each of the service users had their own general practitioner and accessed allied health services which reflected their individual care needs. Up to date health care plans were in place for a small number of service users who required same.

Each of the respite houses had a fully equipped kitchen and dining area. The service had a food and nutrition policy, dated May 2015. A range of nutritious, appetizing and varied foods were available in both of the houses. Meal times were at times which suited service users. A good supply of healthy snacks were available for service users to choose from. It was noted that a number of service users had devised a cook book with tasty and interesting recipes which had been published.

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):

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure the safe management and administration of medications. However, improvements were required in relation to record keeping.

There was a medication management policy in place, dated January 2016. Staff interviewed had a good knowledge of appropriate medication management practices. All medications were appropriately stored in a secure cupboard in each of the houses. There were appropriate procedures in place for the handling and disposal of unused and out of date medications. There were no chemical restraints used in the centre. The inspectors reviewed a sample of prescription and administration sheets and found that medications were administered as prescribed. However, it was noted on records in both houses, that a general practitioner's signature and date was not always recorded for discontinued medications in line with best practice requirements and the providers policy.

A number of service users were responsible for taking their own medications in accordance with their wishes and preferences. There was evidence that an appropriate risk assessment and assessment of capacity had been undertaken.

There were systems in place to review and monitor safe medication management practices. Regular audits of medication practices were undertaken and there was evidence that actions were taken to address issues identified with new procedures implemented to prevent reoccurrences. For example, introduction of a white board in the staff office to alert staff of non routine medication times and practice of setting reminder alarm on staff phone.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the*

manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a statement of purpose in place, dated February 2017 which accurately described the service being provided and contained the majority of information as required by schedule 1 of the regulations. However, the age range of adult service users was not specified as required by schedule 1 of the regulations.

The statement of purpose set out the aims, objectives and ethos of the centre. It also stated the facilities and services which were to be provided for adults and children availing of respite in the centre. There was evidence that the statement of purpose was subject to review at regular intervals. The statement of purpose had been made available in an accessible format to service users and their representatives.

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):

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

Findings:

There were some management systems in place to ensure that the service provided was safe and effective. However, the governance and management structure and lines of authority and accountability were not clear across the centre and regulatory requirements in relation to the monitoring of the centre required improvement.

There were two named persons in charge in the centre, one assigned to each of the houses. This was not in line with good governance arrangements and meant that the delivery of a safe, quality care service might not be supported and promoted. The person in charge of the children's respite house reported directly to the chief executive officer, whereas, the person in charge of the adult respite house, reported to the coordinator of services who in turn reported to the chief executive officer. However, staff working in the adult respite house told the inspector that they were accountable to and reported to the coordinator of services versus the person in charge.

This was contrary to the structure specified in the providers statement of purpose. In addition, the person in charge in the adult respite house was rostered on the floor as part of the staff team and had no protected time for the role of person in charge. As a result, she was unable to engage in the governance, operational management and administration of the adult respite house on a regular and consistent basis. The person in charge of the children's respite house was not rostered on the floor, so had protected time to engage in her role. She was also supported by a team leader. Both houses were managed and run independently. The persons in charge of either house were not involved in any part of the running of the respective others respite house. As outlined in the introduction to this report, a small number of adult respite users who were wheel chair users, used the children's respite house for 2-3 nights per month. The house was not used by adults and children at the same time. The person in charge and staff from the adult respite house accompanied and cared for these service users during this period with no involvement of the person in charge or staff from the children's respite house.

Both persons in charge were found to be suitably skilled and to have worked within the service for a prolonged period. They were knowledgeable about the requirements of the regulations and standards. They also had a clear insight into the assessed needs and support requirements for the service users availing of respite in the centre. Both persons in charge attended regular management meetings with other managers. The person in charge of the adult respite house was newly appointed on the 24 October 2016. However she had not had formal supervision with her line manager since taking up the post.

An annual review of the quality and safety of care and support in the centre had been completed for 2015 in the adult respite house and a separate annual review had been completed in the children's respite house. However, an annual review report for 2016 had not yet been completed and the provider had not undertaken an unannounced visit and produced a report on the safety and quality of care and support provided within the last six months as per the regulatory requirements. The provider had undertaken an unannounced visit to the centre in June 2016 and produced a report. However, the corrective action plan arising from that report did not assign responsibility or timelines for the identified actions. A number of other audits were undertaken in the centre. For example, medicine usage and administration and health and safety. There was evidence that actions were taken to address issues identified.

On call arrangements were in place and staff were aware of these and the contact details.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. A person participating in management had been identified and would be made available to cover such absences. The inspectors found that the provider nominee was knowledgeable about requirements to notify HIQA of any absence of the person in charge in accordance with regulatory requirements.

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 facilities and services in the centre reflected those stated in the statement of purpose.

There were sufficient financial resources in place to support service users availing of respite to achieve their individual plans and to meet their needs. The inspector noted that there was a good range of games, arts and crafts materials and books in the centre for service users to use. There was evidence that each of the respite houses had their own budget allocation which was controlled by the respective person in charge of that

house.

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:

There were appropriate staff numbers and skill mix in place to meet the assessed needs of service users. However, staff supervision arrangements required some improvement.

There were effective recruitment procedures in place. The inspectors reviewed a sample of four staff files and found that the information as required by schedule 2 of the regulations were in place. The skill mix, numbers and qualifications of staff were suitable to meet the assessed needs and support requirements of adults and children availing of respite in the centre. There was a small team of staff working in each of the houses. Each of the staff spoken with, demonstrated a good knowledge of the service users needs and support requirements. There were actual and planned staff rosters in place which had been appropriately recorded.

Training records showed that all mandatory training requirements were up-to-date for the staff team. There was a staff training and development policy in place.

Staff supervision arrangements were not in line with best practice in this area. It was reported that there was an annual staff appraisal for staff and that otherwise staff supervision was undertaken during the staff team meeting on a monthly basis. There were no other formal supervision arrangements in place. This meant that staff performance might not be formally monitored in order to address any deficits and to improve practice and accountability. Inspectors reviewed a sample of staff team meetings and found that these focussed on care needs and planning for service users.

No volunteers were working in the centre at the time of inspection.

Judgment:

Substantially 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):

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

Findings:

Overall, there were arrangements in place to ensure that records as required by the regulations were in place. However, one of the policies as required by schedule 5 of the regulations had not been reviewed for an extended period and that dates and signatures were not always recorded on some records.

The provider had a record retention and destruction of records policy in place, dated May 2015. The inspectors found that records were kept secure but easily retrievable. A copy of the statement of purpose was available in the centre. Records were maintained in respect of each service user as required by schedule 3 and 4 of the regulations. However, the inspectors found that dates and signatures were not always appropriately recorded on a sample of records reviewed.

Policies and procedures as required by Schedule 5 of the regulations were in place. Staff interviewed had a good knowledge of the policies in place and how they were applied in practice. However, the inspectors noted that the staff training and development policy had not been reviewed since July 2013 which meant that the information within the policy might not reflect current best practice in this area.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Maureen Burns Rees
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Hilda's Services Limited
Centre ID:	OSV-0003895
Date of Inspection:	13 and 14 February 2017
Date of response:	22 June 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no evidence of oversight of pocket money spent for those service users who did not retain control over their own finances.

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Policy and Procedures for Managing Service Users personal finances is currently being amended and will include a more robust system of oversight of Respite Users pocket money will be in place. The Policy will be reviewed at Board Meeting on 21st March 2017 and will be implemented by 31/3/2017 throughout the services including Respite Services.

Proposed Timescale: Action introduced on 31/3//2017

Proposed Timescale: 31/03/2017

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:

A written agreement of the terms on which a service user would avail of the respite service was not available for review in the centre.

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:

A copy of the signed Contract of Care which includes details of the services provided will be maintained on file. All copies will be in place by 31/3/2017.

Proposed Timescale: 31/03/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Clear steps on supporting service user to meet their goal or for recording and monitoring progress to achieve goals was not always recorded.

The level and quality of detail varied in some plans.

3. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

A new Booklet for recording P.C.P.plans for children is currently being developed and will outline the steps to meet their goals and monitor progress of same. This will be completed by 28th April 2017

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:

The keys to fire exit doors were not securely stored.

4. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The keys have been securely stored beside each exit.

Proposed Timescale: Completed 8/3/2017

Proposed Timescale: 08/03/2017

Theme: Effective Services

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

The fire alarm system was not being serviced on a quarterly basis in either of the houses.

5. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Agreed with Contractor on 8th March 2017 for immediate implementation.

Proposed Timescale: Completed 8/3/2017

Proposed Timescale: 08/03/2017

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:

It was noted on records in both houses, that a general practitioner's signature and date was not always recorded for discontinued medications in line with best practice requirements and the providers policy.

6. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Medication booklets have been returned to the G.P. to ensure that the G.P. signature and date is recorded on all discontinued medications

Proposed Timescale: Completed on 10/03/2017

Proposed Timescale: 10/03/2017

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 age range of adult service users was not specified in the statement of purpose, as required by schedule 1 of the regulations.

7. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Completed 9/3/2017 and will be sent to RST on 14th March 2017

Proposed Timescale: 14/03/2017

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 of the adult respite house was newly appointed on the 24 October 2017. However she had not had formal supervision with her line manager since taking up the post.

8. 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:

The Provider will ensure implementation of the current Supervision Policy and Procedures

Proposed Timescale: Completed 22/02/2017

Proposed Timescale: 22/02/2017

Theme: Leadership, Governance and Management

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

The person in charge of the children's respite houses reported directly to the chief executive officer, whereas, the person in charge of the adult respite house, reported to the coordinator of services who in turn reported to the chief executive officer. However, staff working in the adult respite house told the inspector that they were accountable to and reported to the coordinator of services versus the person in charge.

9. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The Person in charge has confirmed the management structure as per the flowchart included in the service's statement of purpose and function at a team meeting on 28/2/2017. All staff working in Adult respite report to Person in Charge.

Proposed Timescale: Completed on 28/02/2017

Proposed Timescale: 28/02/2017

Theme: Leadership, Governance and Management

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

The person in charge in the adult respite house was rostered on the floor, as part of the staff team and had no protected time for the role of person in charge. Hence, she was unable to engage in the governance, operational management and administration of the adult respite house on a regular and consistent basis. Both houses were managed and run independently.

10. 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 Provider will review, and confirm with Person in Charge protected time for the role in the April Roster. The Provider will update Inspector following review with detail of hours allocated.

Proposed Timescale: 31/03/2017

Theme: Leadership, Governance and Management

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

There were two named persons in charge in the centre, one assigned to each of the houses. This was not in line with good governance arrangements and meant that the delivery of a safe, quality care service might not be supported and promoted through clear lines of accountability and responsibility.

11. Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

Service has been reconfigured to form 2 separate standalone designated centres with a person in charge assigned to both. Applications and details sent 2/3/2017 to RST.

Proposed Timescale: Completed 2/3/2017

Proposed Timescale: 02/03/2017

Theme: Leadership, Governance and Management

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

The provider had not undertaken an unannounced visit and produced a report on the safety and quality of care and support provided within the last six months as per the regulatory requirements.

The provider had undertaken an unannounced visit to the centre in June 2016 and produced a report. However, the corrective action plan arising from that report did not assign responsibility or timelines for the identified actions.

12. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Reports completed for Teach Saoire 24/02/2017

Reports completed for Childrens respite 10-03-2017

The HIQA template will be used for six monthly unannounced visits from April 2017 to ensure requirements of Regulation 23 are met.

Proposed Timescale: 03/04/2017

Theme: Leadership, Governance and Management

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

An annual review of the quality and safety of care and support in the centre had not yet been completed for 2016.

13. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Completed on 8/3/2017

Proposed Timescale: 08/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Staff supervision arrangements were not in line with best practice in this area.

14. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The Provider will ensure the Policy on Supervision is implemented.

Proposed Timescale: 31/03/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The inspectors noted that the staff training and development policy had not been reviewed since July 2013 which meant that the information within the policy might not reflect current best practice in this area.

15. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All HR Policies are currently being reviewed and this work will be complete by 23rd May 2017

Proposed Timescale: 23/05/2017

Theme: Use of Information

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

Inspectors found that dates and signatures were not always appropriately recorded on a sample of records reviewed.

16. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Records for service users reviewed, all documentation will be signed off and dated

where these details were previously not appropriately recorded by 31/3/2107

Proposed Timescale: 31/03/2017