



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	St Christopher's Centre
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	26 June 2020
Centre ID:	OSV-0002447
Fieldwork ID:	MON-0028723

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This designated centre provides 24-hour nursing care and accommodates 13 male and female residents; eight residents for long-term residential care with a physical, sensory and or intellectual disability, three residents with palliative care needs and two short-term respite care to residents with a physical, sensory and or intellectual disability (respite care is currently not being provided due to the current public health pandemic). The designated centre is a purpose built bungalow, which is wheelchair accessible and is just outside a large town in County Cavan. The premises consists of 13 bedrooms all of which are en-suite; a relaxation room; an activity room; an oratory; a family room including a spare bedroom, shower and living room for family; a large kitchen; dining room; and laundry room. There is also a clinical room, three offices, staff changing rooms with shower facilities, three toilets, three store rooms, a staff room and a filing room. The centre has a large garden surrounding the building on three sides. The centre has its own transport. The centre employs a full-time person in charge, a part-time clinic nurse manager (I), staff nurses, care assistants, a chef, a clerical officer and a bus driver. The centre is nurse led meaning there is a nurse on duty 24 hours a day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 26 June 2020	10:35hrs to 16:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

The inspector did not have an opportunity to meet with any residents as part of this inspection process due to the current public health crisis. However, in preparation for the inspection the person in charge had completed resident satisfaction surveys with five residents to see what their views were on the services being provided in the centre. These surveys provided the inspector with feedback on what residents liked about the service and areas that they would like to see improved.

While the general view was that residents were satisfied with the services provided and happy with the staff support some had highlighted areas that they wanted to see improved. These included improving access to both on-site activities and external activities and being included in deciding these activities. One resident was not clear who to make a complaint to, one was not happy with the security of their belongings, one said they would like more variety with the menu, one resident wanted to return home and a number of residents were not happy with the current visiting arrangements.

The inspector found that the person in charge had arrangements in place for residents to raise such concerns in the centre and that this information had not been raised from a sample of the records viewed prior to this inspection.

Notwithstanding, the inspector was assured from speaking to the person in charge and the provider that they intended to address these issues with residents on an individual basis and put plans in place to address their concerns after the inspection.

Capacity and capability

This inspection was carried out as a follow up to the inspection on 14 January 2020, which found poor levels of compliance. Following the inspection a warning letter was issued to the provider requiring steps to be taken to address issues of concern within specified time frames. The issues referred to in the warning letter were also detailed in the inspection report of 14 January 2020.

This inspection found that the provider had taken a number of steps which resulted in improvements for residents in the centre. However, risk management still required significant improvements and as highlighted by residents in their feedback some improvements were also required in the general welfare of residents and resident's rights in the centre.

As stated the provider had taken a number of steps to address the actions required from the last inspection. At the time of the inspection, respite care was no longer

being provided and a senior manager informed the inspector that the provider had submitted an application to vary the registration of the centre to stop providing respite services in the centre. This meant that only two types of services were now being provided. This enabled the provider to separate some of the living arrangements in the centre for residential services and palliative care services to ensure the dignity and privacy of all residents in the centre.

The staff were now divided into two teams. One team was responsible for the residential services and one team was allocated to palliative care services. This meant that residents were being provided with consistency of care in the centre. The provider had also increased the staff numbers in the centre to ensure that there was adequate staff on duty. For example; there were now four staff on duty at night in the centre to ensure that resident's needs could be met in a timely manner. This also provided assurances around the safe evacuation of residents from the centre which had been an area for improvement identified at the last inspection.

The provider had also written to the Health Information and Quality Authority (HIQA) prior to this inspection, outlining their plans to prioritise sourcing suitable smaller community homes for the residents who were being supported on a long term residential basis and for those previously availing of respite services.

The governance and management systems in the centre were effective in monitoring the quality of care in the centre. However, some improvements were required to ensure that the systems in place to oversee and monitor the safety of residents in the centre were effective at all times. This is discussed in more detail under risk management.

Notwithstanding, the provider and the person in charge took responsive timely actions on the day of the inspection to address this issue and ensure that all residents were safe.

The provider had a quality improvement plan in the centre which included areas of improvement required from previous inspection reports from the Health Information and Quality Authority along with internal audits conducted in the centre. A review of a sample of actions from this plan found that they had been completed. The provider had also highlighted some that were still in progress and had not been completed due to the restrictions imposed during the public health crisis. The inspector found that this was understandable as it would have breached the public health guidance in place up to the time of this inspection.

The previous inspection found that there were significant gaps in staff training. The person in charge had ensured that most of those issues had been addressed at the time of this inspection. However, gaps still remained with regard to some training, due to the current restrictions in place regarding COVID-19. The inspector found that all staff had been provided with training in infection control and the use of personal protective equipment.

Staff spoken to felt supported in their roles by the person in charge and senior managers especially during the current public health crisis. New staff had been employed or redeployed from other services to support residents during this time.

One new member of staff outlined how they had received training prior to starting and about the induction training they had received in the centre, in order to ensure that they became familiar with the residents' needs.

Two personnel files were viewed and were found to contain the requirements of the regulations. For example; staff had been Garda vetted. Some minor improvements were required to ensure that a full employment history was on file for staff, however this was confirmed as completed the day after the inspection.

A review of the complaints logged in the centre since the last inspection showed that the person in charge/staff were implementing actions to address complaints. The records where appropriate, indicated that the complainant was satisfied with the outcome of the complaint. The person in charge was also auditing all complaints in the centre to ensure compliance in this area.

Regulation 14: Persons in charge

The person in charge is full time in the centre. They are suitably qualified and have considerable years of experience working in the disability sector.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff in the centre to meet the needs of the residents. The provider had increased the staff numbers by 6.8 whole time equivalents in the centre since the last inspection.

The staff teams in the centre were now divided into two teams which meant that residents were being provided with consistency of care.

Judgment: Compliant

Regulation 16: Training and staff development

Since the last inspection, the staff had received training in a number of areas including; fire safety, positive behaviour support and infection control. While there were some gaps in staff training noted, this was as a result of the restrictions in place around COVID-19. The provider had outlined this in their own quality improvement plan for the centre and had actions in place to address it pending the

current public health crisis.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and from a sample viewed contained all of the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in the centre were effective in monitoring the quality of care in the centre. However, some improvements were required to ensure that the systems in place to oversee and monitor the safety of residents in the centre were effective at all times.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A record of complaints contained in the complaints log for the centre, found that complaints were being responded to in a timely manner. Actions had been taken to address the concerns raised, some of which were still in process at the time of the inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the actions from the last inspection had been implemented in so far as was possible, given the current restrictions due to COVID-19. However, the area of risk management required review and some improvements in the level of activities in the centre and residents' rights were also needed.

At the last inspection, it was found that some residents had limited access to

meaningful activities both in the centre and their community. Goals had also not been set for residents to achieve some of their wishes and desires in the future. The inspector found that considerable improvements had been implemented after the inspection. Residents had set goals for the year. One resident whose goal had been to visit their home town, had visited there in March 2020. However, the planned goals for residents had been impacted by the restrictions in place as a result of the COVID-19 pandemic. In response the person in charge had met with the residents to discuss this and arrange other activities in the centre. For example, a gardening club had started and residents had met to make plans for this.

However, some residents had highlighted in their feedback survey that they would like more opportunities to engage in activities such as grocery shopping, going to a day service and having more opportunities to have fun in the centre. Notwithstanding, the impact of the restrictions on activities as a result of COVID-19, the inspector felt that this needed to be addressed as the residents had voiced these concerns in their feedback.

At the last inspection it had been found that the design and layout of the centre was impacting on the quality of life of some of the residents. The palliative care services are now located in one wing of the centre and there are double doors which remain closed to separate both the residential and palliative care areas. A separate entrance area was now in place for visitors to the centre. This meant that in so far as was practical the provider had addressed these issues.

However, as mentioned earlier, the long term plan is to change this centre to a palliative care centre and move the residential and respite services to smaller community settings.

The activity room/dining room in the centre was now uncluttered, spacious and more homely. This was an improvement since last inspection. Other areas of improvement identified at the last inspection regarding the en-suite bathrooms had not been addressed due to the COVID-19 restrictions. However; this was highlighted on the quality improvement plan for the centre.

Risk management improvements had been made since the last inspection. Measures taken had reduced the incident of falls for one resident in the centre. The person in charge had reviewed all risk assessments in the centre. However, after reviewing the incident log in the centre, the inspector was not assured that appropriate measures were in place following a recent incident in the centre for one resident. The person in charge and staff spoken to were also not fully assured when asked if these measures would mitigate risks to the resident. The provider took responsive actions to address this prior to the end of the inspection. This included putting additional staffing on duty as an interim measure until sound alarms could be fitted.

Some of the individual risk assessments for residents had also not been assessed to indicate the level of risk attributed to them, this had been a finding from the last inspection.

The inspector followed up on some of the actions from the last inspection,

pertaining to fire safety and found that all staff had now completed fire training. The fire evacuation plan had been reviewed to guide practice.

The assembly point was now located in an area adjacent to the centre. Fire drills had been conducted based on a horizontal evacuation of the centre. Two fire drill records, indicated that they had been conducted in a reasonable time frame.

At the last inspection it was found that the complex care and diversity of services being provided in the centre was impacting on the rights of residents. As discussed earlier in the report this is being addressed by the provider.

A record of residents meetings viewed found that residents had been informed of the COVID – 19 pandemic and how this may affect the services provided. This demonstrated that residents' rights were considered in the centre. However, some residents had raised concerns about their rights in their feedback as stated earlier in this report.

The provider had robust arrangements in place to manage an outbreak of COVID-19. For example; staff had all been trained in infection control, hand sanitising units were available and posters were located on entry to the centre outlining information about COVID-19. All visitors to the centre had to complete a form prior to entering the centre to assure that they were symptom free. Similar measures were in place for staff and residents to monitor for any symptoms. The person in charge and provider had developed a COVID -19 specific guidance folder to guide staff. Both staff and the person in charge outlined that twice a day a " safety pause" was completed. This was a time where all staff met to review any new measures introduced and to remind themselves about good hand hygiene/infection control practices. Personal protective equipment was available and staff were observed wearing masks.

All staff had completed training in safeguarding vulnerable adults. Staff were aware of what constituted abuse and who to report a concern to in such an event.

One safeguarding concern which had been notified to HIQA, had been reported to the relevant agencies and actions were in progress at the time of the inspection to address this alleged incident.

Regulation 13: General welfare and development

Some residents had highlighted in their feedback survey that they would like more opportunities to engage in activities such as grocery shopping, going to a day service and having more opportunities to have fun in the centre. Notwithstanding, the impact of the restrictions on activities as a result of COVID-19, the inspector felt that this needed to be addressed as the residents had voiced these concerns in their feedback.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout of the centre is impacting on the quality of life of some of the residents. The provider had done as much as was reasonably practical to address this, but the long term plan as discussed earlier in this report is to change this centre to a palliative care centre and move the residential and respite services to smaller community homes.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management improvements had been made since the last inspection. Measures taken had reduced the incident of falls for one resident in the centre. The person in charge had reviewed all risk assessments in the centre. However, after reviewing the incident log in the centre, the inspector was not assured that appropriate measures had been in place following a recent incident in the centre for one resident. The person in charge and staff spoken to were also not fully assured when asked if these measures would mitigate risks to the resident. The provider took responsive actions to address this prior to the end of the inspection. This included putting additional staffing on duty as an interim measure until sound alarms could be fitted.

Some of the individual risk assessments for residents had also not been assessed to indicate the level of risk attributed to them, this had been a finding from the last inspection.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had robust arrangements in place to manage an outbreak of COVID-19. For example, staff had all been trained in infection control, hand sanitising units were available and posters were located on entry to the centre outlining information about COVID-19. All visitors to the centre had to complete a form prior to entering the centre to assure that they were symptom free. Similar measures were in place for staff and residents to monitor for any symptoms. The person in charge and provider had developed a COVID -19 specific guidance folder to guide staff. Both staff and the person in charge outlined that twice a day a " safety pause" was

completed. This was a time where all staff met to review any new measures introduced and to remind themselves about good hand hygiene/infection control practices. Personal protective equipment was available and staff were observed wearing masks.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector followed up on some of the actions from the last inspection, pertaining to fire safety and found that all staff had now completed fire training. The fire evacuation plan had been reviewed to guide practice.

The assembly point was now located in an area adjacent to the centre. Fire drills had been conducted based on a horizontal evacuation of the centre. Two fire drill records, indicated that they had been conducted in a reasonable time frame.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Staff were aware of what constituted abuse and who to report a concern to in such an event.

One safeguarding concern which had been notified to HIQA, had been reported to the relevant agencies and actions were in progress at the time of the inspection to address this alleged incident.

Judgment: Compliant

Regulation 9: Residents' rights

At the last inspection it was found that the complex care and diversity of services being provided in the centre was impacting on the rights of residents. As discussed this is being addressed by the provider. A record of residents' meetings viewed found that residents had been informed of the COVID – 19 pandemic and how this may affect the services provided. However, some residents had raised concerns about their rights in their feedback as stated earlier in this report.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Christopher's Centre OSV-0002447

Inspection ID: MON-0028723

Date of inspection: 26/06/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure this centre comes into compliance with this regulation the following actions will be undertaken:</p> <ul style="list-style-type: none"> • St Christopher's Centre will continue to be on the weekly monitoring that is monitored through the Disability Services General Managers Office. • Risk Management is discussed at Safety Pause. Specific residential risks identified are discussed at this forum • Risk Management to a standing agenda at all staff meetings. • All high rated risk incidents have been reviewed to date and in the future will be reviewed immediately by the Cavan Monaghan Multi-Disciplinary Team. • All staff will undertake and complete the 'Do the Right Thing: HSE Risk and Incident Management Training' on HSELand by 31/08/2020. <p>Please also see response provided under Regulation 26.Risk Management.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>To ensure this centre comes into compliance with this regulation the following actions</p>	

will be undertaken:

- All residents' feedback surveys have been reviewed on the 23/07/2020 in line with their Person Centered Goals.
- In line with the easing of the National restrictions, all residents will be afforded the opportunity to engage in activities of their choice.
- All activation will be documented on a daily basis in activity planner

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 To ensure this centre comes into compliance with this regulation the following actions will be undertaken:

- The Head of Social Care has to date provided 2 updates to the Authority on decongregation and will continue to provide this on a monthly basis.
- The Registered Provider for this service is currently working with HSE Estates Department to identify potential properties to meet the needs of both the residents and respite users of this centre.
- The specification provided to the Estates Department has set out the number of facilities that are required to decongregate this centre.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 To ensure this centre comes into compliance with this regulation the following actions will be undertaken:

- It was noted during the inspection that a resident required additional needs with regards risk management.
- The Registered Provider provided one additional staff to support the above resident and to mitigate the risk as an interim measure.
- 15 Minute observations commenced on the 26/06/2020 as an interim measure to ensure safety of the resident.
- An Activity schedule commenced on the 26/06/2020 to ensure the resident is facilitated with a daily engagement with staff to socialize and complete activities of her choice.
- Clinical Psychology Sessions have been arranged for the resident noted above to discuss concerns arising from restrictions due to the current National Pandemic
- A risk assessment and protocol has been developed in line with the National Guidance's to facilitate home visits for residents going forward.

- A personalized calendar has been developed with resident noted above on the 29/06/2020 with dates that the resident will be visiting home going forward.
 - Security Gates installed to the side of the building.
 - All risk assessments for the resident has been reviewed and updated.
- All residents risk assessments within the centre has been assessed and indicate the level of risk attributed to them.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To ensure this centre comes into compliance with this regulation the following actions will be undertaken:

- All residents feedback survey's have been reviewed along with their Person Centered Goals Completed on 23/07/2020
- In line with the easing of the National restrictions, all residents will be afforded the opportunity to engage in activities of their choice.
- Advocacy Services is available to all residents and contact made with advocacy service via referral on the 13/07/2020 in relation to one resident.
- Visiting Policy updated to reflect guidance in relation to visitors outlined on the 15/06/2020 and this again will be reviewed in line with National Guidance's on the 29/07/2020
- All residents will have risk assessments and protocols in place for going on Home visits

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/08/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Substantially Compliant	Yellow	24/07/2020

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	24/07/2020
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	29/07/2020