

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Margaret's Centre
Centre ID:	OSV-0004043
Centre county:	Dublin 4
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Margaret's Centre
Provider Nominee:	Breda O'Neill
Lead inspector:	Helen Lindsey
Support inspector(s):	Liam Strahan
Type of inspection	Announced
Number of residents on the date of inspection:	24
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 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:
03 February 2015 09:15	03 February 2015 18:30
04 February 2015 09:15	04 February 2015 15:30

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 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

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspectors visited the two bungalows and some of the apartments that made up the designated centre.

They met with the residents, some relatives and staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

This centre is designated as a centre for female adults with intellectual disabilities. Many had lived in the centre for a long time. Residents had a range of skills, and

needed different levels of support. Some were actively working towards developing their skills so they could move to different accommodation in the community.

There were two bungalows with 10 single bedrooms. Each bungalow also provided bath and shower rooms, lounge areas, and kitchens to support independent daily living skills with cookers, and washing machines. There was also four independent flats, where residents had their own front door, bedroom/ sitting room/ kitchenette and shower room.

Residents who spoke with the inspectors felt they were supported to make choices about how they lived their lives, and were able to decide what they did with their time on a day to day basis. Residents developed their support plans with their key workers. They were person centred, and identified any social or health needs the residents had. Some residents were being supported to work through a plan called 'the discovery process' to support them to identify future aspirations about how they wanted to spend their lives.

Families did comment that they would like to be more involved in this process, to help them feel assured residents were supported appropriately.

Overall inspectors found that the residents received a good service and were supported by an effective staff team who had relevant training to carry out their role. The premises supported residents to develop daily living skills if they wanted to, and they were able to choose how to spend their time. For example some attended day services others chose to stay in the centre and join groups organised by the staff.

Areas of non compliance related to the policy for making complaints and the system for providing feedback and checking satisfaction with the outcome and keeping support plans up to date. At the time of the inspection, the admission policy did not reflect how the centre was operating, and there was no contract in place to set out the service to be offered and the fees to be charged.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents confirmed they were consulted with and participated in decisions about their care and the organisation of the centre. They also had access to advocacy and information about their rights. However the complaint policy needed to be reviewed to ensure there was a clear appeals procedure and also the route to access advocacy for the residents. It also needed to be documented whether people who complained were satisfied with the outcome of any action taken.

Inspectors spoke with residents who confirmed they were able to make their own decisions about what they chose to do with their time, day and night. They spoke about the different ways they were involved in how the centre ran, and this included attending the residents meetings, speaking to the management and also in their meetings with key workers to plan their time.

Residents were very clear that they had their own independence, but could rely on the support of staff when they needed it. For some residents they needed prompting or reminding of tasks, for others they needed more support with personal care.

There was a complaints policy available, which was also displayed on the wall so people could read it. It set out clear instructions of who to raise any concerns or complaints with. The policy needed to be reviewed to ensure it was clear that there was access to an appeal process that complaints could be referred to if they remained unresolved.

Residents who spoke to inspectors said they knew who to speak to if they were unhappy about something, and were able to say how they would contact them. Relatives who completed the questionnaires said they knew who to complain to if they had any

concerns. Some commented that it could take longer than expected to receive feedback on any concerns raised.

Where formal complaints had been received, inspectors saw evidence that the policy had been followed. This included a record of how the matter had been investigated and the outcome. It was not clear in the way information was being recorded as to whether the person who raised the concern or complaint was satisfied with the outcome.

Records showed residents had access to advocacy services when they wanted independent support, and information was available in the centre about how to make contact with them.

Staff members were seen to treat residents with dignity and respect. Residents who spoke with inspectors said they liked the staff very much, people especially mentioned their key workers which was seen to be an important role.

It was noted in some of the feedback that the service had gathered that residents had fed back about difficulties with some staff, and this was being followed up. For example if it was agency staff residents had been unhappy with, they were not brought in to the service again.

Each resident had personalised their own rooms or apartments with their own possessions. There was a policy in place that covered resident's personal possessions, and records were in place of their belongings.

The person in charge confirmed arrangements were made for residents to vote when there were elections, and they accessed the local polling station.

Residents were able to practice their religion. There were services provided in the centre, or some accessed local churches in the community.

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:

Residents were assisted and supported to communicate, appropriate to their identified needs, and had any aids needed to support them.

Residents and staff were seen to be speaking and communicating well together

throughout the inspection. Communication needs were clearly identified in residents care plans, and staff were seen to be familiar with them. They provided more detail where the residents had specific needs identified.

There was a specific section in the support plans that set out the residents preferred way to communicate, giving clear instructions to staff about how to best support residents to access information. It focused on areas such as 'how do i learn', 'how do i communicate, and 'what is the best way to receive information'. Residents said to inspectors that they felt like they were their own bosses, and asked about things rather than being told which had been some residents past experience.

Some residents were being supported to identify their wishes and goals, and supported in how to start to communicate that with their family and friends. Residents spoken with felt this was a positive experience for them to go through. A formalised system of person centred planning was being used to support this.

Staff were able to use Irish sign language (ISL) to communicate with residents who were deaf. They also had links with the Deaf Village Ireland to support residents to mix with the deaf community.

Residents had access to telephones, TV, radio, DVDs. Some also had access to internet and mobile phones as was their choice.

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:

Residents were supported to develop and maintain personal relationships and links with the wider community.

Residents spoken with during the inspection confirmed that their friends and family were welcome in the centre. During the inspection residents were seen spending time with their friends in different parts of the centre, and at times that suited them. They confirmed their families were able to visit when it suited them, and they could speak to them in private, either in their bedroom, or in other areas such as the sitting room.

Support plans had a section on maintaining family and friend relationships, and this included the methods each resident used to maintain their links. It identified key dates and events that were important to residents for example birthdays.

There was access to phones, and computers linked to the internet if residents wanted to email or use social media.

No residents had moved in to the centre recently but relatives confirmed, in the questionnaire completed for HIQA, they had been involved in the pre-admission assessment process and visited the centre. Records confirmed they were kept up to date with information for their relatives. For example any changes in health needs. Relatives reported that this could be done more effectively, for example more notice for appointments.

It was noted in the feedback from families that there was a general feeling of plans for the future being made with the residents, and them being informed after the plans were made. Also that residents needs were not being fully recognised. The person in charge explained during the inspection that they had been having meetings with families but were hoping to do more work with them to ensure they remained involved in the process as residents were supported to make choices about their future. Also to support them to understand the model of care the centre was operating. She also confirmed that residents were able to stay at the centre if that was their choice.

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):

No actions were required from the previous inspection.

Findings:

Inspectors were not satisfied that the requirements of the regulations around admissions and contract for the provision of services had been met as residents did not have contracts in place and the policy on admissions did not match the practice of the centre.

Inspectors reviewed a draft copy of the Contract for Services which dealt with the care and welfare of residents. However the contracts were still in draft format and at the time of inspection the residents did not have contracts.

The centre had policies and procedures in place for admitting residents, including transfers, discharges and temporary absence of residents. While the admissions aspect of the policy was robust, it did not match practice as admissions at the time of inspection were limited to respite admissions. However in terms of transfers, discharges and temporary absences of residents the policy was robust; informed by the ethos in the

Statement of Purpose; and inspectors found that these aspects informed practice.

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):

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

Findings:

Care and support provided to residents reflected their assessed needs and respected their wishes. However, some plans needed to be updated to reflect current arrangements in place.

The needs of the residents varied, with some being independent and others needing daily support. The care plans and other documents reflected this clearly, and were completed fully where needs were identified. Residents explained how they were involved in writing the plans, and understood what they said.

Examples reviewed were seen to set residents abilities out, and described areas of support in a positive way to promote residents abilities being respected. This followed the ethos of the centre.

The support plans covered a wide range of areas including 'story so far', communication, my health and wellbeing, daily support programme, my safety and security and managing my money. Each resident had a copy available to them.

Where residents required involvement of other professionals, records showed that this had been supported. For example mental health services, psychology, health care specialists and occupational therapy.

The plans were reviewed regularly, and a full review was carried out annually, including a planning meeting in which the resident chose who to invite to join the meeting. Residents were involved in these reviews, and their progress was recorded against any goals or aspirations they had set out.

There was a policy in place that covered the process to be followed when residents were moving both internal and external to the designated centre. The staff also explained to the inspectors the process that was being followed, drawing on a recognised and researched model of care. Residents spoken to said they were involved in decisions about their care, but some wanted to be living elsewhere and felt frustrated. There were arrangements in place with those residents to identify the way forward for them.

Relatives expressed some concern at the process of identifying their relative's abilities and wishes around their future, and wanted to be more involved. They also wanted to be assured it was in the best interest of their relative. This was fed back to the provider and person in charge.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found the design and layout of the centre to be suitable for its stated purpose, and met the individual and collective needs of residents in a comfortable manner.

The accommodation section of the building was purpose-built to support the ethos of independent (but supported) living. The accommodation centred around two bungalows and four apartments, arranged to interconnect around three sides of a well maintained garden. Where the two bungalows interconnected there was a communal TV lounge, with fireplace.

Each of the bungalows had ten single bedrooms. These were furnished with a bed, table, chair and fitted wardrobe. Each bedroom had a sink, a mailbox and a resident's name on the door. Residents had added items to personalise rooms according to individual tastes. Residents could lock their rooms.

Both bungalows had a kitchen. These kitchens were designed to accommodate 10 residents and so contained sufficient hobs, ovens, washing machines and other household equipment, all in an accessible layout.

The bungalows had sufficient communal toilet, shower and bathroom facilities and the names of these rooms were on the doors in picture and brail formats.

Each of the four apartments contained a kitchen, bathroom and an open plan living/sleeping area. These were also seen to have mailboxes and names on the doors. Residents could lock their apartment doors. Residents were able to individualise their apartments with furnishings and personal items.

The bungalows and apartments were connected with the communal area by means of an enclosed walkway. This walkway was decorated with pictures painted by residents. The communal area incorporated a cafe, a sun room, a day room, a smoking room, a sitting room, an exercise room and an oratory.

The cafe was seen to contain suitable furnishings that could accommodate all residents. Equipment in the cafe facilitated serving of both hot and deli style meals and residents appeared to enjoy their dining experience there. The cafe was supported by a kitchen, which inspectors noted to be clean and containing sufficient food to meet the needs of residents.

A suitably designed and equipped laundry room was seen by inspectors, but residents were able to do their own laundry in the kitchens in the bungalows if they wanted to.

Inspectors found that the sun room and sitting room contained suitable furnishings to allow these rooms to be comfortable and homely. Residents appeared to enjoy these areas and the social interaction they facilitated. Additionally the day room had suitable furnishings, a computer, TV and radio and residents were seen to be utilising these facilities.

Throughout the centre, inspectors observed that it was clean, warm and suitably decorated. Inspectors reviewed maintenance records and found the building to be well maintained. Inspectors also found that there were adequate storage facilities.

Inspectors observed that throughout the centre all areas facilitated freedom of movement. There were handrails and sliding doors that allowed greater accessibility. Where floor levels changed between buildings the ground was sloped to avoid having steps.

There was a range of assistive equipment available for residents, if required. Inspectors reviewed the maintenance records of these and found that they are kept in good working order and checked on a regular basis. Staff were observed to be knowledgeable about this equipment and in one instance were seen to explain a new walking aid to a resident. Inspectors also saw that bedrooms, bathrooms, apartments and the smoking room all possessed a call bell.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were systems in place to safeguard residents and protect them from the risk of abuse and evidence of a culture of safeguarding of residents. Staff were knowledgeable in relation to the prevention and detection of abuse.

Inspectors spoke with the residents who said that they felt safe at the service, and knew who to speak to if they were not happy or were worried about anything. They told inspectors that the staff would listen to them, and take action if they needed to.

In the questionnaires, the residents said 'staff make me feel secure' and 'staff would look after me if anything happened'. Some did comment that other things made them feel unsafe about other people moving around the centre.

There was a policy in place to safeguard residents which described the procedure to be followed in the centre for the prevention, detection and response to abuse for adults, and a thorough recruitment process. It also set out the procedures to follow around intimate care.

Staff members had all received training in adult protection. Those spoken with on the day of the inspection were clear on what constitutes abuse and what action to take if they suspected or witnessed abuse taking place.

As well as staff receiving training about protection and keeping safe, the residents also received training, and this was part of their developing skills for taking more control over their lives.

There was information displayed in the centre about keeping safe, and a leaflet that was written in an accessible format about the different types of abuse, and what action to take if they became aware of any.

The person in charge was responsible for making decisions about what action needed to be taken in relation to any allegations of abuse. They were very familiar with the process and gave clear examples where they had arranged investigations in to reports of abuse. The information provided to the authority showed that the organisation were following their policy and were operating in line with the guidance.

For those residents who were preparing to move out in to the community, staff reported that training would be completed with the residents about how to keep them self safe in their own home, and in the community, for example using public transport, and answering the door at their home. A resident who lived in the community came to visit and explained to inspectors the planning and preparation they went through before moving, and it included safety around finances, property and themselves.

The inspectors observed that staff treated the residents with respect and warmth. Through the inspection residents were seen interacting with staff for a range of reasons including for information, personal support and for social conversation.

There was a policy in place on 'behaviour management and wellbeing' which covered topics such as identifying triggers for people and then devising plans to minimise them.

All staff had completed non violent crisis intervention training, and there were arrangements in place to support residents where needs were identified. Inspectors saw that there was a multi disciplinary approach to the support of residents during the inspection.

There was a policy in place on the use of restrictive procedures, although at the time of the inspection none were being used in the centre.

A review of the recording around residents finances was carried out, and the system was seen to be clear and required the signature of the residents and staff to confirm any money being moved out of residents funds.

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:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be notified and the timescales in which they must be completed. They had also provided three monthly notifications as required

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:

Residents had opportunities for a range of experiences and social participation.

Inspectors spoke to the residents about their daily lives and the activities and areas that were of interest to them. They spoke about joining activities in the centre such as the residents meeting, and going shopping in the community.

Some residents were exploring the local area, and accessing local cinema and other entertainment. Residents were seen using taxi's to take them to a range of places.

The sitting areas, kitchen and 'cafe' gave residents the opportunity to socialise with each other if they chose to.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The inspectors found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals as needed.

Some residents managed their own healthcare needs. Those who spoke with the inspectors said they could ask for advice from the staff if they needed it, but were able to access health services without support.

Where the provider was supporting people with their healthcare needs there was evidence seen in the records that they had good access to general practitioners (GP's).

All health needs that had been identified were followed up, and there was a record that logged all the medical interventions, treatment and appointments residents had. This gave a clear history of their healthcare.

There was evidence that residents accessed other health professionals such as occupational therapy, speech and language therapy, ophthalmology and hearing services. Letters and medical reports were available as part of the residents records. Residents confirmed to inspectors they had access to health services when they needed them, and they felt their healthcare needs were being met.

For healthcare needs such as pressure area care, and falls, residents had plans in place that set out how their care needs were to be met. Records showed healthcare professionals such as tissue viability nurse had been involved for advice as needed.

Residents had access to two kitchens in the houses and each apartment had a kitchen. Residents were having breakfast, and weekend meals prepared in these kitchens. In the week residents were able to go to the 'cafe' where there was a selection of salads or hot meals at lunch and tea. Residents were seen to enjoy this as a social experience.

Positive feedback was given by the residents on the quality of the food. They also confirmed that they had access to adequate quantities and a good variety of food to meet their dietary needs. Snacks and drinks were available to the residents at all times. They also fed back that the recent change to cooking in the houses at the weekend was good, and they were able to be more involved.

Surveys arranged by the person in charge had been completed about the meals in the centre and there was a mixed response from residents on issues like food being cold, tables being dirty, and sauce covering everything. There was an action plan in place to address the issues raised, and residents told inspectors things had got better. On the day of the inspection residents were more satisfied with the arrangements around meals, which showed evidence of the person in charge responding to the feedback of the residents.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspectors found there were policies and procedures around the safe administration of medication.

There was a policy in place for the administration of medication which did cover key areas such as safe administration, storage, audit and disposal of medication. This included arrangement for controlled medication.

The processes in place for the handling of medication were well known by staff, who were able to describe the process competently including administration and disposal. Records showed that all staff who were administering information had received training in safe medication administration. Staff explained the sign off process to authorise them to undertake the medication administration, and it included specific instruction and training for any specific treatments including subcutaneous injections.

The staff in the centre were social care support assistants, with the exception of the person in charge who was a registered as a nurse, but not employed in that role.

Some residents took control of their own medication including arranging prescriptions and administering their own medication. A risk assessment had been completed and signed in each case. They had a signing sheet that was reviewed by staff, and any changes needed were made to the arrangement as necessary. Residents had a locking cabinet to store their medication safely.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete. For 'as required' medication (PRN), it was recorded on their prescription card, with clear instructions for use. There were also protocols in place that gave clear instructions where staff had to make a judgement about administering the medication.

The inspectors observed that the medication storage was in a locked cupboard that was used solely for the purpose of medication storage.

There was a system in place for reviewing medication errors, and the care service manager specifically looked at them to assess if any of the processes needed to change, or whether staff needed retraining.

Inspectors saw records of both internal and external audits for the medication system, with actions clearly identified where needed.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

A statement of Purpose was seen by inspectors which met the needs of the regulations.

It accurately described the service that was provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflected the needs of residents.

The Statement of Purpose set out the objectives, aim and ethos of the centre. It also stated the facilities and services provided for residents. It contained all the information required by the regulations and was kept under review. The Provider Nominee was aware of the duty to review this at intervals of less than one year.

The Statement of Purpose was available to residents. A more accessible version of the same information was also available to residents in the Resident's Guide.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems were seen to be in place to support and promote the delivery of safe, quality care services.

Inspectors found a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service.

Inspectors found that there were management systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Inspectors reviewed records and saw that these systems involved a range of audits (e.g. medication, falls, and complaints), twice yearly unannounced internal inspections by the provider with reports to the Visitors' Committee, and key

performance indicators (for example influenza vaccination, restraint, psychotropic medication and incident escalation monitoring). Meeting minutes showed these were reviewed by management for learning outcomes to inform better practice.

Appraisal and supervision records seen by inspectors also showed that staff were held accountable for exercising personal and professional responsibility for the quality and safety of the services that they delivered. These records showed that staff were also held responsible to ensure that the service delivered was informed by the centre's ethos.

Inspectors found that the management structure identified clear lines of authority. Residents were able to identify the Person in Charge and spoke highly of her, and her staff. The Person in Charge held a fulltime post, was suitably qualified and engaged in governance of the centre. She was able to demonstrate sufficient knowledge of her responsibilities and of residents' needs. She was also engaged in professional development, particularly in professional development to further the goals of the centre in establishing independent (but supported) living arrangements for residents.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

At the time of inspection there were no plans for the Person in Charge to be absent over and above the normal annual leave periods which required notification to the Authority. However the Provider Nominee was aware of the need to notify the Authority should such an absence occur. The provider had suitable arrangements in place to provide cover any period of absence that the Person in Charge might have.

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:

Inspectors found that sufficient resources were provided to meet the needs of residents.

There was sufficient staff to meet the needs of the residents. Each resident was supported to spend their time in a way that suited them. Some went out daily to access other services, others stayed in the centre and were involved in the range of activities in the centre, including their daily living activities.

The premises were well maintained. Records of maintenance being carried out in a timely manner were seen.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there was appropriate staff numbers and skill mix to meet assessed needs of residents and safe delivery of services.

Inspectors reviewed the planned and worked staff rosters and found that there was an adequate number of staff, with appropriate qualifications and skills rostered to reflect the needs of residents. Staffing numbers reflected the layout of the premises, and the care offered in the Statement of Purpose.

Inspectors observed staff interaction with residents and found that they offered care and assistance in a timely, respectful and safe manner. Staff appeared to inspectors to interact in a comfortable and familiar, but professional, manner with residents.

Staff were seen to respond to the needs of residents when they expressed needs for assistance, for tea and for a radio to be turned on. Such responses were timely and respectful. In responding staff demonstrated that they were knowledgeable about residents and their needs. One example of this is when a particular resident was asking for tea however the staff member was aware that this resident had dietary requirements that limited intake of tea. A substitute was offered to the satisfaction of the resident.

Staff files also met with the requirements of schedule 2 of the regulations, demonstrating that staff were recruited in accordance with best practice. These included records of work history, references, garda vetting and photographic identity. Records of supervision and appraisal also demonstrated that these occurred on a regular basis.

Training records reviewed by inspectors recorded that mandatory training (fire response training, moving and handling and protection of adults) were up to date. The training schedule indicated that both new and existing employees receive training and education that is sufficient to deliver care that reflects the Statement of Purpose. This included specific training to meet resident's needs; particularly training in preparation of people to move to independent (but supported) accommodation, and communication in Irish sign language.

Supervision records informed inspectors that staff had supervision meetings on a monthly basis during induction and every three months thereafter.

There was one volunteer. She was Garda vetted and had a role description outlining the support that she gave to residents.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the centre held a full list of documents, as required by the regulations. The centre was seen to be adequately insured against accidents or injury to residents, staff and visitors.

During the inspection, inspectors reviewed the records and found that complete records were maintained within the centre. These were seen to be kept secure, maintained for a minimum of seven years and were easily retrievable. Inspectors were also able to access records of inspections by other authorities (Environmental Health Reports).

The centre held all policies required by schedule 5 of the regulations. These were seen

to be reviewed regularly and kept up to date. With the exception of the admissions policy (discussed under Outcome 4) the policies were seen to inform practice.

Inspectors also reviewed the insurance policy and found that residents, staff and visitors were protected against accidental injury by adequate insurance.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Lindsey
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 Margaret's Centre
Centre ID:	OSV-0004043
Date of Inspection:	03 February 2015
Date of response:	18 March 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Records did not include whether the person raising a complaint were informed of and satisfied with the outcome.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Adaptation of records, reports and audits to indicate outcome, dissemination to complainants and to track and record their feedback and satisfaction.

Proposed Timescale: 05/02/2015

Theme: Individualised Supports and Care

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

The policy did not include that there an appeals procedure where complaints remained unresolved.

Action Required:

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

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

Policy adapted and disseminated stating clear lines of appeal.

Proposed Timescale: 05/02/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The policy did not reflect the practice in place at the designated centre.

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Admission related statements within the policy clarified to reflect current practice and statement of purpose.

Proposed Timescale: 05/02/2015

Theme: Effective Services

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

Residents did not have a contract in place that set out the service to be provided or the fees to be charged.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

Contracts and related appendices disseminated to SU, families and advocates.
Schedule of signing of contracts established with the above as per implementation plan.

Proposed Timescale: 03/04/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Not all plans were up to date, and reflected residents current circumstances.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Deficit identified to relevant staff and corrected immediately on 05/02/2015
Monthly audit initiated by Person Support Leaders to ensure compliance, accuracy, relevance and outcome of all plans.

Proposed Timescale: 28/02/2015