

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Teach Cairdeas
<b>Centre ID:</b>	OSV-0001831
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Hilda's Services Limited
<b>Provider Nominee:</b>	Sheila Buckley Byrne
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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:
17 January 2017 10:30	17 January 2017 19:00
18 January 2017 09:30	18 January 2017 18:00

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 18 outcome inspection was carried out in response to the provider's application to renew the registration of the centre. The inspector monitored the centre's compliance with the regulations and assessed if the provider had addressed the actions from the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with five residents. Three residents met individually with the inspector. The inspector was supported by staff when

communicating with some residents.

Residents spoken with told the inspector they were happy living in the centre and liked staff. They said they could talk to staff or the person in charge if they were unhappy. The only negative comment made by some residents related to a resident's behaviour which they said they did not like. The inspector found that improvement was required to the support provided to residents in managing their behaviour. This is detailed in outcome 8.

The inspector also spoke with staff and reviewed documentation such as residents' support plans, medical records, accident logs and policies and procedures. An interview was carried out with the person in charge.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was provided as described in that document.

The centre was located on the outskirts of a town centre and amenities. Residents were supported by staff to access amenities.

The house contained adequate private and communal space to meet the needs of residents. Residents had individual bedrooms, a kitchen/dining room and a living room.

The service was a five day residential service and was available to adults with a moderate intellectual disability who did not require waking staff at night. One staff member slept in the centre each night.

Overall judgment of our findings:

Overall, the inspector found that improvement was required to ensure the centre was adhering to the regulations and was monitored effectively. A new person in charge had been appointed in December 2016 and the inspector acknowledged they did not have adequate time to become accustomed to the centre and implement management systems prior to the inspection.

Good practice was identified in areas such as:

- Communication (outcome 2)
- Family and personal relationships and links with the community (outcome 3)
- Admissions and contracts for the provision of services (outcome 4)
- Social care needs (in outcome 5)
- General welfare and development (outcome 10)
- Healthcare needs (outcome 11)
- Workforce (outcome 17)

Improvement was required in some areas including:

- The complaints procedure (in outcome 1)
- The annual assessment of residents' healthcare needs (in outcome 5)
- The provision of support plans for all assessed needs (in outcome 5)
- The maintenance of the back garden to a safe standard to ensure it was accessible to residents (in outcome 6)
- Risk management and fire safety measures (in outcome 7)
- The systems to ensure residents were protected from the risk of financial abuse (in outcome 8)
- The system to ensure all medicines were administered as prescribed (in outcome 12)
- The implementation of governance systems to ensure the service was effectively monitored (in outcome 14)
- The provision of up-to-date policies and procedures (in outcome 18)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

**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:**

There were systems in place to ensure residents were consulted about the running of the centre, were supported to make a complaint and received support which was delivered in a dignified and respectful way in line with their assessed needs and choices. Improvement was required to ensure the procedure for making a complaint was accessible to residents, that all persons were aware of their roles as complaints officers and to the procedure on the management of complaints.

Residents were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Resident consultation meetings were held each month and these meetings were used to discuss updates to the centre, staffing, health and safety and activities. In addition, updates on regulation and HIQA were provided and each resident was asked how they feel.

The questionnaires completed by residents outlined residents' satisfaction with the centre and service provided. Residents stated they liked living in the centre, had friends in the centre and enjoyed activities and visits from friends when in the centre.

The inspector was told residents could meet with family or friends in private in the sitting room or kitchen. There was no evidence the use of communal space for private visits impinged on residents' needs at the time of the inspection. Residents told the inspector that this did not have an impact on them and said they spent time with their family at the weekends when they were not in the centre.

Support provided and language used by staff was respectful and consistent with

residents' assessed needs and wishes. It was evident staff and the residents knew each other well. The inspector observed friendly interaction and the residents appeared relaxed and happy in the presence of staff.

Residents were encouraged to maintain their own dignity and privacy. There were intimate care plans in place to identify the support they required in areas such as personal hygiene.

There was a policy on residents' personal property, personal finances and possessions. Residents retained control over their own possessions and were supported to do their own laundry if they wished. A record of residents' valuable items was maintained.

There was enough space for each resident to store and maintain his/her clothes and other possessions. Each resident had an individual bedroom.

There were locks on the bathroom and bedroom doors in the centre. Residents had the option to lock their bedroom doors while attending their day service or taking part in an activity external to the centre.

The inspector was told an external advocacy service would be used if required. The person in charge outlined her intention to arrange a visit from the external advocate to ensure residents were aware of the service.

The policy on the management of complaints had the potential to impinge on the right of residents to access advocacy for the purposes of making a complaint. The policy stated that an advocate could be utilised to support a resident however, it stated that the advocate would need to be 'agreeable' to the service provider.

There were policies and procedures for the management of complaints. It was not clear who the complaints officer was. The policy stated this role was held by the line manager however, although line managers were responding to complaints not all line managers were aware that they held this role. In addition, staff were not clear on the role of the person who had responsibility for ensuring that all complaints are responded to and records maintained. Some staff said they would refer a complaint they could not resolve to this person.

There was a complaints procedure in each resident's bedroom. The inspector viewed the document and found it did not clearly state who residents could make a complaint to if they did not wish to speak with staff on duty. In addition, it was not evident it met all residents' communication needs. For example, some residents required pictures to communicate and the version in place used limited pictures and did not include a picture of the person a resident could make a complaint to.

The inspector noted that all complaints were recorded and investigated. The complainant's satisfaction with the outcome was recorded. There was an appeals process and residents were made aware of the outcome of any complaint. The appeals process had not been used.

**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:**

There was a policy on communication with residents.

Staff were aware of the different communication needs of residents and inspectors observed staff communicating with residents in line with their assessed needs and wishes.

Residents had a communication profile outlining their preferred way of communicating. The profiles outlined the preferred style of communication and included how the resident communicated their needs and wishes. For example, how the resident would ask for an object, ask for something to eat or drink, show they would like time alone and show they would like to eat, drink and go to bed. In addition, the way the resident expressed each emotion was detailed.

The centre used tools to support residents to communicate, for example pictorial activity boards and pictures of meals, shopping items and activities to assist residents to make choices.

Each resident had access to radio, television, internet and information on local events.

**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 relationships with family and friends.

Families were invited to attend and participate in meetings to discuss and identify social care goals with residents. There was evidence that families were kept informed and updated of relevant issues. Staff spoken with outlined the ways they communicated with families and this included in person, by phone and in writing.

The questionnaires completed by family members were reviewed by the inspector. These outlined satisfaction with the service provided. For example, some stated that residents' wishes were always adhered to, that the resident had developed household skills and that they could speak with staff at any time if they had any concerns.

Residents spoke of time spent with friends which included receiving visits in the centre and going to visit their friends. Staff outlined the way visits and opportunities to develop friendships were facilitated and supported. This included friends availing of the service provider's residential, respite and day supports and friends from residents' employment.

Staff spoken with outlined the ways residents were supported to spend time and participate in community events and access local amenities. This included using public transport and using local services and amenities such as the pharmacy, the cinema and local restaurants.

**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:**

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

Residents had service agreements which outlined the service provided and the fee charged. The inspector read a sample of these and found the service provided and fee paid were clear.

The service agreements were signed by residents and/or the resident's representative and a person on behalf of the provider. This showed both parties had agreed to the terms and conditions.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector viewed a sample of residents' health, personal and social care plans. Improvement was required to ensure residents' healthcare needs were assessed on an annual basis and the system for ensuring all assessed needs had a corresponding support plan in place.

The tool used to assess residents' social care needs had been reviewed since the previous inspection. The assessments outlined the social care goals residents had identified as priorities. The areas which were assessed included independence, work related, education and lifelong learning, health and well-being and social development. A personal planning meeting had taken place and this was attended by the resident, family members and staff working with the resident in both the residential and day setting.

The inspector viewed a sample of the plans and found that goals had been set, the person(s) identified as responsible for supporting residents to achieve goals were identified and review of goals were maintained. The goals were reviewed regularly and no less frequently than on a six monthly basis which was consistent with the centre's procedure. The inspector saw that long-term goals had been identified with residents in the sample viewed.

An assessment of residents' healthcare needs was carried out prior to residents'

admission to the centre. However, an assessment was not carried out on an annual basis thereafter. Furthermore, some health and personal related support plans had not been put in place where a need had been identified. This included supporting residents with managing a health related condition and responding in the event of a medical emergency. Not all staff were aware of the procedure to follow in the event of this medical emergency. This posed a significant risk to a resident should an emergency occur. The person in charge was required to ensure all staff on duty were aware of the procedure to follow and confirmation this had been addressed was received in writing by the inspector the day after the inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre was comprised of a semi-detached house and was located in a housing estate on the periphery of a large town. There were six bedrooms, one bathroom, a sitting room, a kitchen cum dining room and a utility room. Improvement was required to the arrangements for the storage of some household items and to ensure the external premises were kept in a good state of repair.

Residents had individual bedrooms which were personalised and decorated in line with the resident's preference. All bedrooms had adequate storage space and three residents' bedrooms had wash hand basins.

There were adequate storage facilities in the house with the exception of storage for the Christmas tree and decorations. These items were stored in a resident's wardrobe in their bedroom and the inspector was told this was a practice which had been in place when staff commenced working in the centre.

There was adequate ventilation, heating and lighting in the centre. Staff told the inspector that the centre was maintained at an appropriate temperature and residents said the house was warm.

There was a bathroom which contained a bath and overhead shower. A resident who

required support to shower had an individual shower in their bedroom.

There were handrails on both sides of the stairs and signs to highlight the steps in the utility room and staff bedroom.

There was a stair gate at the top of the stairs. The person in charge and staff told the inspector this had not been in use for many years. The stair gate was removed prior to the end of the inspection.

The communal space comprised of a living room and a kitchen cum dining room. This was adequate for the purpose and function of the five day service.

Residents told staff they liked to spend time in their bedrooms relaxing and watching television or listening to music if they did not wish to spend time with the other residents.

The kitchen had adequate storage facilities for food, crockery and cooking utensils. Residents were supported to prepare meals and some residents prepared some meals independently.

The back garden was paved and the paving was uneven and posed a risk for residents. This had been identified at the previous inspection. In response the provider had carried out an assessment of the risk. The control measure implemented was to restrict residents from accessing the back garden until the paving was fixed. The provider outlined the reasons for the delay in addressing the risk on a long term basis and said the action would be addressed.

Residents walked or used public transport such as buses, trains and taxis to access amenities in the town and in other towns.

A new boiler had been installed the year prior to the inspection and it had been serviced.

Residents did not have any individual aids or equipment which required servicing.

**Judgment:**

Non Compliant - Moderate

**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):**

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

implemented.

**Findings:**

There were systems in place to protect and promote the health and safety of residents, staff and visitors. Improvement was required to ensure there were control measures to protect residents from all risks, to some control measures to protect residents from specific risks and to the measures to ensure all residents could be evacuated safely from the centre in the event of an emergency.

The risk management policy outlined the measures and actions in place to control risks in the centre. Risks had been identified by the provider and control measures had been implemented to address or minimise risks.

Improvement was required to ensure residents were not at risk of scalding. The temperature of the water on the day of inspection placed residents at risk. The person in charge acknowledged the water was too hot and outlined the immediate action which would be taken to ensure residents were not at risk of scalding. The week after the inspection the inspector received confirmation that a thermostatic control measure had been fitted to each wash hand basin and shower to ensure the water temperature was a maximum of 43 degrees Celsius.

There was a fire safety folder in the centre. The folder contained the system and documents to show all equipment was serviced and regular checks were carried out on all aspects of fire safety. The fire fighting equipment had been serviced. The records showing the fire alarm system and emergency lighting had been serviced were not in the centre on the first day of inspection. These were available in the centre on the second day and showed the fire alarm system had been serviced.

On the first day of inspection the inspector noted that one bedroom door was missing part of the intumescent strip and cold smoke seal. The person in charge and provider nominee arranged for this to be replaced on the second day of inspection. However, the missing part was replaced with an intumescent strip only and not with a cold smoke seal consistent with the remainder of the door.

There was no overall centre evacuation plan to guide staff in evacuating the centre and no resident specific plans. The inspector noted that some residents had specific needs which had the potential to impact on the evacuation of the resident.

The inspector viewed the fire drill records. All residents had taken part in fire drills, however not all staff had taken part. There was no system to ensure the centre could be evacuated in the event of an emergency at night. For example, a fire drill had not been carried out to assess if the centre could be safely evacuated at night.

Fire drill records showed that although fire drills had been carried out on a quarterly basis they had not been carried out more frequently where a risk or change was identified. For example, when a resident declined to leave the centre, when a resident was unwilling to use the steps out a specific exit and when a new resident moved into the centre.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Improvement was required to the measures in place for supporting residents with their finances and to the systems for supporting residents with behaviour that is challenging.

There had been no allegations of abuse in the centre. Staff and the person in charge were knowledgeable of the procedures for safeguarding residents and reporting any suspected or confirmed allegations of abuse. Staff had received training in safeguarding residents.

The inspector reviewed the arrangements for supporting residents to manage their finances. Assessments to identify the support residents required to manage their money had been carried out. Residents had been assessed as requiring 'full support' with managing their money.

Some aspects of the system did not ensure that residents' finances were safeguarded. A system to ensure that all residents' money was spent on items by or for the resident was not implemented. Money which was paid by residents to the provider for rent and day service contributions was receipted. However, the system to ensure that the remainder of residents' money was safeguarded was not implemented. In addition, there was no system to ensure that expenditure was consistent with income in the centre. It was therefore not possible to ascertain if residents' money was safeguarded, all money was accounted for and assess if money was spent only by the resident or on items for the resident. This was brought to the immediate attention of the person in charge and was brought to the attention of the provider nominee at the end of the inspection.

The centre had policies and procedures on the use of restrictive practices. One practice

had been identified by the provider as a restrictive practice as it impinged on a resident's rights. There was no plan in place to guide staff and ensure that all alternatives were tried prior to this, ensure it was consistent with best practice and was reviewed.

Staff had attended a training module in responding to behaviour that is challenging. The module had been formulated and delivered by a suitably qualified person employed by the organisation.

Two residents required support with behaviour that was challenging. The residents did not have support plans outlining the support they required. Information outlined in other support plans, for example those relating to communicating with the resident, did not provide adequate guidance for staff. The person in charge stated that a support plan was in the process of being compiled by an external psychologist for one resident.

**Judgment:**

Non Compliant - Moderate

**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 incidents was maintained in the centre. The person in charge was knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.

**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 were supported to access day programmes, employment and/or supported employment. Residents told the inspector they enjoyed their jobs and a resident showed the inspector pieces of work they had completed.

Day programmes were provided by the provider and there was evidence of good communication between the residential centre and the day centres.

Residents were supported to access activities in the evenings in line with their wishes. Some residents were involved in competitive sports and had participated in the Special Olympics and the World Games. Residents were supported to attend the training events.

**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:**

There was no system for assessing residents' healthcare needs on an annual basis. However, having reviewed residents' healthcare plans the inspector saw that residents' healthcare needs were being responded to and residents were supported to access health professionals where there was an identified illness or health related need. The inspector therefore made the judgment that the non-compliance with the regulations in relation to this was a non-compliance with Regulation 5 as it related to the assessment of need as opposed to meeting residents' needs. For this reason the action related to this is included in outcome 5.

Residents lived in the centre from Monday to Friday and lived with family members each weekend. Residents were supported by family members to attend appointments and the centre had relevant information such as test results and any supports the residents required.

Residents were supported to access their general practitioner (GP) and allied health professionals as required. Documentation detailing visits and any interventions required



were maintained. The person in charge and staff were knowledgeable of residents' healthcare needs.

Residents were supported by staff to purchase groceries and prepare meals. Food was available in adequate quantities and residents were supported to make healthy food choices. None of the residents required support with a modified diet. Residents spoken with said they liked the food and also enjoyed eating out. Some residents were supported to go out for dinner on the evening of the inspection. Residents spoken with said they were looking forward to the meal and enjoyed eating out.

**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):**

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

**Findings:**

There were policies and procedures relating to the ordering, prescribing, storing and administering of medicines in the centre. Improvement was required to the measures to ensure all medicines were administered as prescribed.

Residents were supported by their families to obtain prescriptions for medicines from their general practitioner (GP). Medicines were collected from the pharmacy by staff working in the centre and were stored in a locked medicine cabinet in the centre. Each resident had an individual subsection of the medicine cabinet. Medicines which were prescribed to be dispensed on a daily long-term basis were dispensed by the pharmacy in a pre-packaged individualised system. Medicines prescribed on a short term or p.r.n. (a medicine only taken as the needs arises) basis were stored in their original containers.

The inspector read a number of prescription sheets. The prescription sheets contained all required information including the resident's name, address, photograph and the medicine name, dose and prescribed time of administration. Medicines were documented as administered at the time prescribed by the GP. However, medicines which were crushed prior to administering to a resident were not prescribed as such by the GP. The person in charge told the inspector this was an oversight as they had been previously prescribed as crushed by the GP.

The inspector read a sample of documents which outlined when staff should administer medicines prescribed as p.r.n. to residents. The documents outlined how the symptoms of the illness for which the medicine was prescribed would show in the resident. These documents were not in place for all p.r.n. medicines, for example medicines prescribed to aid sleep at night and to respond to anxiety or agitation. In addition, there was no guidance for staff on the measures to be tried prior to the administration of these medicines. However, the inspector reviewed administration records and found the medicines were not administered in the months prior to the inspection. The person in charge told the inspector the administration of these medicines would be discussed with a manager prior to administering.

There were appropriate procedures for the disposal of medicines and the storage of the medicines prior to disposal. Unused, spoiled and out-of-date medicines were returned to the pharmacy.

**Judgment:**

Non Compliant - Moderate

**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 written statement of purpose which set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of residents.

Some aspects of the statement of purpose did not meet the requirements of Schedule 1 of the regulations. For example, it inaccurately stated the service was provided to four residents and one respite user, there was no organisation chart, it did not include the procedures for dealing with emergency admissions and the whole time equivalent of staffing was not consistent with findings on the day of inspection.

The provider told the inspector the statement of purpose would be amended and the updated version would be submitted to HIQA.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were management systems with clear lines of authority and accountability. However, as evidenced in outcomes 1, 5, 6, 7, 8, 12 and 18 the provider had not implemented an effective system to ensure the service provided to residents was effectively monitored.

The person in charge had been newly appointed to the post in December 2016 and was present on the days of the inspection. The inspector found the person in charge was not yet accustomed to the centre at the time of the inspection. Findings on the inspection raised concern regarding the governance in the centre.

The person in charge was also person in charge of another of the provider's residential centres. She outlined the ways she will be engaged in the operational management of the centre on a regular and consistent basis. The person in charge said she will work alongside staff in a frontline capacity and carry out her managerial role alongside her frontline duties. She outlined the way in which she would ensure the management of the other centre would not impact on the governance and management of this centre. This included ensuring she supervised all members of the staff team and availing of managerial support from her line manager where necessary.

Management meetings were held each month and these were attended by managers at all levels in the organisation including managers of residential and respite services, day services, senior managers and the provider nominee. Areas discussed at these meetings included budgets, staffing, adult and children safeguarding, person centred plan outcomes, complaints, financial management and management development. In addition, the person in charge said that managers could request items to be included for discussion at the meetings.

The person in charge outlined the service provider's system to audit the service provided. Audits had been carried out on a regular basis and included health and safety, medicine management and infection control. The audits were then reviewed by an appropriate person, for example the medicines management audit was reviewed by the service provider's senior nurse and the nurse carried out an independent audit in a number of centres on an annual basis to ensure the findings on the audits were accurate and any changes required were implemented.

A review of the safety and quality of care had taken place in 2015. The inspector was told the 2016 annual review was not available as the person responsible for compiling this was on unplanned leave.

A person nominated by the provider had carried out unannounced visits to the centre and reports had been prepared. The inspector was told the report of the most recent visit was not available as the person responsible for compiling this was on unplanned leave.

The inspector reviewed the report of one visit which was carried out in February 2016 and found that some information was not accurately reflective of findings on the day of inspection. For example, the piece on the premises was not specific to the centre and appeared to be a generic template, the report inaccurately stated the infection control audits were carried out by the nurse manager of the service and the report was not reflective of findings on inspection in regard to fire safety systems. Furthermore, a recommendation outlined in the report was not included in the overall recommendations and the recommendations identified had not been addressed. These included the inaccessibility of the back garden.

**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:**

The person in charge had not been absent from the centre for a period which would require notification to HIQA.

A person participating in the management of the centre was the person identified as the

person who would act as person in charge of the centre should the person in charge be absent for a period of 28 days or more. This person was on leave on the days of the inspection.

**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 inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

The inspector noted appropriate staff numbers available and residents were supported throughout the two day inspection.

One aspect of the premises required improvement. This is outlined in outcome 6 and was brought to the attention of the provider at the feedback meeting which took place at the end of the inspection.

**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:**

The staff rota was arranged around the assessed needs of residents. Two staff worked in the centre providing support to residents. The two staff members worked each evening and one staff slept in the centre overnight and was available to provide support to residents if required.

Supervision was carried out on a day to day basis and there was an annual performance appraisal carried out with each staff member. The new person in charge outlined her intention to work alongside staff on a regular basis to provide support and informal supervision for staff.

Staff meetings took place on a monthly basis and were attended by staff working in the centre. The new person in charge said she would be attending and chairing the meetings going forward.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, moving and handling, providing intimate care, first aid and the safe administration of medication.

**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:**

Records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval and the centre was insured against accidents or injury to residents, staff and visitors.

The centre had all of the written policies as required by Schedule 5 of the regulations

with the exception of one. There was no policy on the provision of information to residents. In addition, six policies had not been reviewed in more than three years. For example, the policy on health and safety had not been reviewed since February 2012 and the policy on admissions, transfer, discharges and temporary absence of residents had not been reviewed since September 2012.

There was a guide to the centre available to residents which met the requirements of the regulations.

There was a directory of residents which contained the information required by the regulations.

**Judgment:**

Non Compliant - Moderate

## **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:***

Lorraine Egan  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Hilda's Services Limited
<b>Centre ID:</b>	OSV-0001831
<b>Date of Inspection:</b>	17 and 18 January 2017
<b>Date of response:</b>	07 March 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The policy on complaints stated residents' access to advocacy services for the purposes of making a complaint must be agreed by the provider.

**1. Action Required:**

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to

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



advocacy services for the purposes of making a complaint.

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

The Complaints Policy has been amended and will be presented for Board approval on 21st February 2017.

**Proposed Timescale:** 22/02/2017

**Theme:** Individualised Supports and Care

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

Some staff were not aware that they held the role of a nominated person for responding to complaints and were not familiar with the role of the person who had responsibility for ensuring that all complaints are responded to and records maintained.

The complaints procedure was not in an accessible format for all residents.

**2. Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

Clarification was given to all staff at team meeting on 6th February. The policy has been made accessible to all residents. The easy read complaints policy is currently being reviewed and this will be completed by 31/3/2017.

**Proposed Timescale:** 31/03/2017

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

A comprehensive assessment, by an appropriate healthcare professional, of the healthcare needs of each resident had not been carried out on an annual basis.

**3. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The documentation will be amended to ensure the annual health assessment conducted

by GP is recorded on residents' files. The new document will be circulated by nurse for the services with instructions for implementation by all teams by 28th February 2017.

**Proposed Timescale:** 28/02/2017

**Theme:** Effective Services

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

Residents' personal plans did not include support plans for all assessed needs.

**4. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

This was addressed at a team meeting on 6/2/2017. All plans will be reviewed to include assessed needs by 7/3/2017

**Proposed Timescale:** 07/03/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The back garden was not kept in a good state of repair.

**5. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Control measures are in place to mitigate the risks to residents re the uneven surface. The provider will address the surface requirements in April 2017.

**Proposed Timescale:** 30/04/2017

**Theme:** Effective Services

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

Some storage facilities were not suitable.

**6. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

This has been addressed on 18th January 2017

**Proposed Timescale:** 18/01/2017

**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 systems in place in the designated centre for the assessment, management and ongoing review of risk did not include a risk of scalds to residents.

**7. Action Required:**

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

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

A risk assessment on scalds has been carried out on 7/2/2017 and Thermostats have been placed on all hot taps in bathroom/bedrooms.

**Proposed Timescale:** 21/02/2017

**Theme:** Effective Services

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

Some arrangements for containing fires were not maintained.

**8. Action Required:**

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

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

The repair to the fire door mentioned in the body of the report was ordered and replaced. Completed on 10/2/2017

**Proposed Timescale:** 10/02/2017

**Theme:** Effective Services

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

The fire safety management systems and frequency of fire drills did not ensure that staff and, in so far as is reasonably practicable, residents were aware of the procedure to be followed in the case of fire or emergency.

**9. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Both staff completed Fire Drill on 25th January 2017. At a team meeting on 6th February the following was agreed:

Frequency of Fire Drills – Monthly these will alternate between Day and Night. A night time fire drill has already been conducted.

Follow up to be completed on all Fire drill reports including follow up fire drill to test resolution. A review of the drills will be conducted by the Health & Safety Manager and reported to the Provider by 21st March 2017.

**Proposed Timescale:** 21/03/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Positive behaviour support plans to guide staff in responding to behaviour that is challenging and to support residents to manage their behaviour had not been provided.

**10. Action Required:**

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

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

Two residents require Positive Behaviour support plans, 1 is completed on 7/2/2017, and the 2nd is planned and waiting further dates from Multi Disciplinary team member.

**Proposed Timescale:** 31/03/2017

**Theme:** Safe Services

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

It was not evident that alternative measures were considered before a restrictive procedure was used and that the least restrictive procedure, for the shortest duration necessary, was used.

**11. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The operation of the Policy and the procedures therein related to the use of restraint will be reviewed with the service team at a meeting on 28th April 2017. The Person in charge will implement same following the review.

**Proposed Timescale:** 28/04/2017

**Theme:** Safe Services

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

Residents were not protected from the risk of financial abuse.

**12. Action Required:**

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

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

The Provider has commissioned an independent review of Financial management systems and procedures in place for residents' finances and will respond to the recommendations by 28th February 2017.

**Proposed Timescale:** 28/02/2017

**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:**

Some systems were not adequately robust to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed.

**13. 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:**

The Nurse for Services will address the issues in the body of the report with staff by 28/2/2017.

The services have updated the Medication booklet with GP to show the medication is required to be crushed. This was documented on 18th January 2017

**Proposed Timescale:** 28/02/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain all the information set out in Schedule 1 of the regulations.

**14. 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:**

The statement of Purpose has been updated and is attached.

**Proposed Timescale:** 21/02/2017

**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:**

Some management systems in place in the designated centre were not ensuring that the service provided was effectively monitored.

**15. 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 has reviewed the template used and the HIQA template is currently in use since 7th February 2017. The conduct of the Audits and detail therein will be reviewed by the Provider and the Quality & Safeguarding committee to ensure consistency.

**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:**

Some policies had not been reviewed at intervals not exceeding 3 years.

**16. 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:**

The policy on Provision of Information to Residents is in place and an easy read version has been made available. All policies are up to date with the exception of HR which are currently being reviewed and will be completed for Board approval by 25th April 2017.

**Proposed Timescale:** 25/04/2017

**Theme:** Use of Information

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

One of the policies and procedures set out in Schedule 5 of the regulations had not been prepared in writing.

**17. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**

This has been give to the centre on 19/1/2017  
Completed 19/1/2017

**Proposed Timescale:** 19/01/2017