

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hillview House
Centre ID:	OSV-0001837
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Christopher's Services Company Limited by Guarantee
Lead inspector:	Anne Marie Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
11 December 2017 12:30	11 December 2017 18:00
12 December 2017 09:00	12 December 2017 14:00

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:

The purpose of the inspection was to inform a registration renewal decision and to assess the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:

The inspector met with five residents, four of whom spoke directly with the inspector about the service they receive. The inspector also met with two staff members, the person in charge and the provider's representative during the inspection process. Over the course of the inspection, the inspector reviewed practices and documentation, residents' files, staff files, incident reports, policies and procedures, fire management related documents and risk assessments.

Description of the service:

This centre is a social care-led service, managed by St. Christopher's Services Company Limited by Guarantee and is located a short distance from a village in Co. Longford. The centre consists of one house, which accommodates six male and female residents, from 18 years of age to end of life. Residents who can be accommodated in this centre include those presenting with a moderate to severe intellectual and physical disability and associated support needs, including behaviours of concern and specific dietary requirements. At the time of this inspection, four male residents and two female residents were using this service and there were no vacancies or planned discharges.

The person in charge had overall responsibility for the centre and was based in the centre on a full-time basis. She regularly met with residents living in the centre and staff who work in the centre. The centre was a modern style house, providing residents with their own bedroom and bathroom facilities. Various communal rooms were available to residents including a spacious kitchen and dining area, recreational areas, shared toilet facilities and utility spaces. Residents also had access to gardens, which surrounded the centre.

Overall judgment of our findings:

Of the two actions that were required from the previous inspection both were found to be satisfactorily completed. Of the 18 outcomes inspected on this inspection, twelve outcomes were compliant, two outcomes were substantially-compliant and four outcomes in moderate non-compliance with the regulations. No major non-compliances were found during this inspection.

The findings and their actions are further outlined in the body of the report and the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector observed that residents were consulted with, participated in decisions about their care and in the operations of the centre. Advocacy services were available to residents and information on how to access these services was displayed in the centre. Throughout the inspection, staff were observed to interact well with residents and were very aware of the assessed support needs of each resident. The provider also had systems in place for the management of complaints received. However, some improvements were required to the systems in place for the monitoring of residents' personal finances.

There were no complaints being investigated at the time of this inspection. Records of previous complaints received were reviewed by the inspector and were found to detail the nature of complaints, how they were managed, the outcome of any investigation and the satisfaction level of the complainant. The displayed complaints procedure was recently revised to clearly detail the system in place for the recording, response, management and appeal of complaints received, with an easy-to-read version also available to residents.

Residents' meetings were occurring on a weekly basis, where residents were consulted with to develop the centre's weekly planner including menu choices and activity scheduling. Residents who spoke with the inspector said that staff consulted with them very regularly and they had access to a key-worker to help them organise activities that they wished to participate in. Residents and their families were also invited to annual reviews.

Some residents' money was maintained in the centre and each resident had their own money box and transaction record. Financial competency assessments were completed for each resident and staff who spoke with the inspector knew the level of support they were required to give residents to manage their own finances. On inspection, a balance check was conducted by the inspector and a member of staff, which identified a transaction error. This was brought to the attention of the person in charge, who rectified this before close of the inspection. In addition, the person in charge outlined to the inspector the action plan she intended to implement to mitigate this error re-occurring. The management and monitoring of residents' finances was supported by a policy, which guided on the frequency of balance checks to be completed by staff and on the maximum sum of money that the centre could maintain for residents. However, the inspector observed that the guidance on the maximum sum to be maintained was not always adhered to. Furthermore, the frequency of balance checks were also not occurring in line with this procedure.

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:

Some residents living in this centre had assessed communication needs and the inspector found the provider had systems in place to enable these residents to effectively communicate their wishes. Comprehensive communication guidelines were in place for residents who required them and were found to provide specific guidance on how best to communicate with these residents.

Residents had access to newspapers, internet, television and radio. Some residents were also supported to use their mobile phone, headphones and other electronic devices. Easy-to-read versions of some organisational procedures were available in the centre for residents to reference.

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 maintain contact with their family, friends and local community. Residents told the inspector that they can receive visitors as they wish and that they are supported to have regular home visits. The inspector observed that the provider had ensured adequate space was available in the centre to enable residents to meet with their visitors in private.

Staff regularly made contact with residents' families and representatives, where changes to residents' care occurred. Residents were regularly supported to access the local community, with residents frequently visiting local amenities in the nearby town and surrounding areas.

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:

Residents had a written agreement in place which outlined the fee they were required to pay, the services they received and any additional costs which they may incur.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found the provider had adequate arrangements in place to meet the social care needs of residents. However, some improvements were required to the timeframes put in place for some residents' personal goals.

The inspector found adequate staffing arrangements were in place to meet the social care needs of residents. Many residents living in the centre attended day services five days a week, with some residents being supported to remain in the centre on the days that they did not wish to attend. Residents also had a variety of activities available to them in the evening and at weekends including trips to the cinema, day trips away, bowling, community sports events, flower arranging and meeting with their friends living nearby. The inspector spoke directly with three residents who told of their recent involvement in a Christmas play and of their plans to go home to visit their families in the coming weeks. Some residents told the inspector that they were supported by their key-worker to attend a sports event for their birthday, while others told the inspector that staff were supporting them to go to a national concert in Dublin. Staff had access to a full-time vehicle to bring residents to and from activities.

A comprehensive assessment and personal planning process was in place for each resident, with reviews occurring on an annual basis. Each resident had a copy of their personal plan in their bedroom and each resident had an allocated key-worker available to them. A system was in place for the development, review and achievement of personal goals; however, the inspector observed that some goals did not have measurable and agreed timeframes in place to support residents to achieve their goals.

No residents were preparing to transition from the centre at the time of this 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):

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

Findings:

The action required from the last inspection was found to be satisfactorily completed. Overall, the inspector found the centre to be clean, maintained to high standard and provided residents with a comfortable, homely environment to live in.

The centre comprised of one house which was located in Co. Longford. The centre was a bungalow which provided single ensuite bedroom facilities to the residents living there. The centre had a spacious kitchen and dining area, two sitting rooms, a utility, a laundry room, reception hallway and shared toilets. Some residents showed the inspector their bedrooms, which were found to be tastefully decorated and enabled residents to display their possessions if they wished. Residents told the inspector that they had enough space in their bedroom to store their clothes and personal items. Exercise equipment was also available in the centre for residents to use if they wished. Residents had access to the garden area, with many communal rooms opening out onto the garden.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found the health and safety of staff, visitors and residents was promoted. However, some improvements were required to organisational risk assessments.

The provider had systems in place for the regular maintenance and checking of fire equipment, fire exits and emergency lighting. A zoned fire alarm system was in also place to assist staff to identify the location of fire and the fire procedure was

prominently displayed in the main hallway. Fire drills were occurring on a regular basis and the records reviewed by the inspector demonstrated that staff could evacuate residents. In addition, where staff made recommendations for improvement following a recent fire drill, the inspector observed that these recommendations were on the agenda for the next staff meeting. Staff who spoke with the inspector were knowledgeable of the fire procedure and of their responsibility in safely evacuating residents from the centre. Some residents who spoke with the inspector told of their involvement in fire drills and knew where the fire assembly point was located. An emergency pack was available to staff to guide them on the support arrangements available to them at night should they require assistance with evacuating residents. Each resident had a personal evacuation plan in place which guided on the level of support each resident would require during an evacuation.

Systems were in place for the risk assessment of residents' specific risk. A risk register was in place for the management and review of organisational risk, however; improvements were required to some organisational risk assessments to ensure these adequately described the controls in place and the controls required to mitigate the risk. For instance, a risk assessment for those working alone in the centre, did not clearly describe the specific controls put in place by the provider and the additional controls required to mitigate the specific risks associated with lone-working in this centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found residents living in the centre were safeguarded from all forms of abuse. Systems were in place to support residents with behaviours that challenge.

Where residents experienced behaviours that challenge, behaviour support plans were in place. Staff who spoke with the inspector were very knowledgeable of residents' behaviours and of how they were required to support residents with these behaviours.

Arrangements were in place to ensure staff received up-to-date training in the management of behaviours that challenge, with one staff member scheduled to receive refresher training in January, 2017.

There was a safeguarding plan in place at the time of this inspection. Staff who spoke with the inspector were aware of this plan and who to report any safeguarding concerns to, should they arise. Staff also informed the inspector that a discussion on safeguarding was now incorporated into the agenda for residents' meetings each week. All staff had up-to-date training in safeguarding.

There were no restrictive practices in place at the time of this inspection.

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:

Over the course of this inspection, no gaps in the reporting of notifiable events to the Chief Inspector were identified.

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:

Upon this inspection, the inspector found that residents were supported to participate socially and develop skills in activities suitable to their age, interests and needs.

Residents were supported to access the community regularly to go to local events, the shops and local amenities. Many of the residents living in the centre attended day services five days a week and residents who spoke with the inspector told of personal development activities they were involved in as part of their day service. Residents were supported by the centre to access employment opportunities if they wished.

No residents were in education or employment at the time of this inspection.

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:

Upon this inspection, the inspector found residents' healthcare needs were met in-line with their personal plans and through timely access to healthcare services.

Residents had access to allied healthcare professionals and records of the professionals involved in residents' care were maintained. A comprehensive assessment and personal planning process was in place to support residents who had specific healthcare needs. Where residents had assessed healthcare needs, the inspector found staff could demonstrate how they supported these residents. Personal plans for residents with assessed healthcare needs were found to provide clear guidance on the level of care and support they required.

The centre had a spacious kitchen and dining facilities for residents. Residents were supported to assist in the preparation and cooking of meals if they wished and the inspector frequently observed residents accessing the kitchen area to make tea, coffee and other refreshments.

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 action required from the previous inspection was found to be satisfactorily completed. However, upon this inspection improvements were required to medication storage arrangements and to the capacity assessment in place for self-administration of medicines.

Medicines were administered by staff working in the centre and training on the safe administration of medicines was provided to these staff members. Medicines were dispensed from original packaging, which was clearly labelled with residents' details. Prescription records provided details on the residents' identification, displayed residents' photographs and all medicines prescribed were signed by the residents' general practitioner (GP). No errors were found in the medication administration records reviewed by the inspector. The provider also had additional controls in place including a regular stock take of medicines and protocols for the management of residents' medicines while on temporary leave from the centre. However, some improvements were required to the storage arrangements of residents' medicines. While on inspection, the inspector observed the keys to the main drugs cabinet were stored in an unlocked drawer, which was not in line with the guidelines of the centre's medication policy. This was brought to the attention of the person in charge who rectified this before close of the inspection. However, the medication fridge which contained prescribed ointments, did not have a lock.

No residents were taking responsibility for the administration of their medicines at the time of this inspection. Capacity assessments were completed for all residents to assess their ability to take responsibility for their own medicines. These assessments identified four different support levels that residents who wished to self-administer may require. However, the assessment failed to guide on which of these four support levels residents would be eligible for, based on their assessment findings.

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):

No actions were required from the previous inspection.

Findings:

The provider had a statement of purpose in place and the inspector found it to contain all information as required by schedule 1 of the regulations.

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):

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

Findings:

The actions required from the previous inspection were satisfactorily implemented. Upon this inspection, improvements were required to the annual review of the service.

The person in charge had overall responsibility for the centre and was supported in her role by the provider's representative. She was based full-time in the centre, had the required management experience, was aware of residents' needs and was familiar with the staff working in the centre. Regular staff meetings and management meetings were occurring within the centre and the person in charge met regularly with the provider's representative. Minutes of all management meetings held were available to the inspector, which demonstrated regular discussions about operational issues specific to the service and planning for improvements.

The provider had systems in place to monitor the delivery of safe and quality care to residents. Monthly internal audits were completed, with a schedule also in place for audits to be conducted in 2018. The inspector observed a variety of scheduled internal

audits including medication management, complaints management, residents' finances and personal plans. Six monthly unannounced visits from the provider were also occurring, with further visits scheduled for 2018. Specific action plans were put in place following the findings of these audits and the provider's representative could demonstrate to the inspector the progress being made towards achievement of these plans. An annual review of the service was also completed; however, it was unclear from the review what actions were required for improvement. For example, although the review identified gaps in the assessment of residents who wished to engage in educational opportunities, it was unclear what action was to be taken to improve this process for residents.

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:

In the absence of the person in charge, the provider had arrangements in place that the provider's representative would be responsible for the running of the centre.

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 no gaps in the resources provided by the provider to meet the needs of the residents living in the centre. Adequate resource arrangements were in place with regards to staffing, transport and facilities.

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:

Overall, the inspector found the provider had adequate staffing arrangements in place to meet the needs of residents living in the centre. There was a planned and actual roster for the service which clearly outlined the names of staff on duty and their start and finish times.

The person in charge had a process in place for the supervision of staff and staff training records were maintained at the centre.

The inspector also reviewed a sample of staff files, which contained all information as required by schedule 2 of the regulations.

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:

On the day of inspection, the inspector found that records and documentation supported the delivery of care in the designated centre. However, improvements were required to some policies and procedures.

Overall, documentation was found to be well maintained and accessible to staff who worked in the centre. A directory of residents was maintained for each resident and was found to contain all information as required by Schedule 3 of the regulations.

The inspector reviewed Schedule 5 policies within the centre and found these were within their review dates. The policy on the training and development of staff was currently under review at the time of this inspection. However, throughout the inspection, it was identified that some policies required updating to ensure they provided sufficient guidance to staff on areas including:

- current medication policy did not adequately guide on the storage of ear drops and eye drops
- current training and development policy did not guide on the staff training refresher timeframes
- current lone-working policy did not guide on how staff are to respond to unwelcomed visits to the centre

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Anne Marie Byrne
Inspector of Social Services

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Christopher's Services Company Limited by Guarantee
Centre ID:	OSV-0001837
Date of Inspection:	11 & 12 December 2017
Date of response:	27 December 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The person in charge failed to ensure that:-

- balancing of residents' money was occurring in line with the finance policy
- the maximum sum of money held for each residents was in adherence to the finance policy

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

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

All staff will be made aware of the financial policy requirements, and their responsibility to complete daily balance checks. This practice will be reviewed weekly by the Person in Charge.

Where only one staff member is available to complete a balance check (lone working), the absence of a second signatory will be recorded on each resident's finance sheet. Each residents personal monies will be managed in line with and in adherence to the organisation's financial policy.

Daily duty checklist will be reviewed, to include daily balancing of all finances and will be signed off by staff completing the action.

Proposed Timescale: 12/01/2018

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:

The person in charge failed to ensure that residents' personal goals had agreed timeframes in place.

2. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Each resident will be consulted with by their keyworker and the Person in Charge to review their Person Centred Plan goals, to ensure clear and realistic timeframes are documented.

Proposed Timescale: 31/01/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider failed to ensure organisational risk assessments clearly outlined the controls in place to mitigate risks in the centre

3. 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:

The provider meet with the organisation's health and safety consultant to review the methodology for risk rating and the risk assessment template to ensure a common methodology is transparent in both the organisation health and safety statement and risk management policy. A follow up meeting is scheduled for early January to complete the transition from the current system to the new system, which will be communicated to all staff members.

The local risk register has been updated since the inspection to clearly reflect all specific control measures to mitigate risks in the centre. Completed

Proposed Timescale: 31/01/2018

Outcome 12. Medication Management

Theme: Health and Development

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

The person in charge failed to ensure medicines were securely stored in the medication fridge.

4. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

One loose medication now stored in locked box inside fridge - completed 11/12/ 2017
Fridge lock in place- completed 19/12/2017

Proposed Timescale: 19/12/2017

Theme: Health and Development

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

The person in charge failed to ensure that capacity assessments informed on the level

of support residents would be required to safely administer their own medicines, based on the findings of the assessment.

5. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

Self-Medication Assessment tool to be reviewed by the medication committee on the 15/01/2018 and amended to provide clarity on support levels required for residents to safely self-medicate.

Proposed Timescale: 19/01/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider failed to ensure the annual review of the service provided clear guidance on the actions required for improvement

6. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Following feedback from a number of inspections, the provider will review the Annual Review of the Quality and Safety of Care and Support Template and make the necessary amendments to reflect clear guidance on the actions required for improvement.

Proposed Timescale: 31/01/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider failed to ensure policies and procedures were updated to reflect practices occurring in the centre.

7. 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 medication policy will be reviewed by the medication committee on the 15/01/2018 to ensure adequate guidance on the storage of ear drops and eye drops

The training and development policy is in the process of review and will provide guidance on the staff training refresher timeframes

The lone-working policy will be reviewed and an appendix included on how staff are to respond to unwelcomed visits to the centre, which is currently documented in the Visitor's Policy and under the plan on security in the Emergency Procedures.

Proposed Timescale: 31/01/2018