

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Adult Respite Service
<b>Centre ID:</b>	OSV-0001841
<b>Centre county:</b>	Longford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Christopher's Services Company Limited by Guarantee
<b>Lead inspector:</b>	Anne Marie Byrne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	6

## 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:
30 January 2018 09:00	30 January 2018 18:00
31 January 2018 09:00	31 January 2018 12:45

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 announced monitoring inspection carried out by the Health Information and Quality Authority (HIQA) was to inform a decision to renew the registration of this centre.

Description of the service:

The centre is part of the service provided by St Christopher's Services Ltd and is located in a village in Co. Longford. This nurse-led service is open five days a week and provides respite services to both male and female adults from 18 years of age

onwards, with an intellectual disability. The person in charge has the overall responsibility for the service and is supported in her role by the person participating in management and by the provider's representative. The centre is a two-storey building which comprises of residents' bedrooms, communal spaces, office spaces, bathrooms and an enclosed sensory garden.

How we gathered our evidence:

The inspection took place over two days, where the inspector met with the person in charge, the person participating in management and with the provider's representative. No residents were using the respite service on the first day of this inspection; however, respite admissions were booked in for the second evening of this inspection. The inspector did not speak with any residents; however, the inspector did review documentation including complaints records, policies and procedures, risk assessments, personal plans, fire safety records, safeguarding plans, meeting minutes and healthcare plans.

Overall judgements and findings:

The inspector found the provider had satisfactorily completed the actions arising from the last inspection.

This centre was found to be clean, comfortable and provided a homely atmosphere for residents. The provider had effective governance and management systems in place, which ensured consistent oversight of the service received by residents. Systems were in place to ensure residents' needs were regularly reviewed and met by the service. The inspector found adequate resources were in place to meet these needs in areas such as staffing, transport and facilities.

Of the 18 outcomes inspected as part of this inspection, 14 outcomes were compliant, two outcomes were substantially compliant and two outcomes were in moderate non-compliance with the regulations. The rationale for these findings can be found in the body of this report and 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):**

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

**Findings:**

Since the last inspection, the provider had updated the complaints policy to include the name of the person nominated to deal with complaints within the centre. Overall, the inspector found the provider had sufficient arrangements in place to respond to and manage complaints, support residents to manage their finances and to ensure residents were regularly consulted about the service that they received. However, the inspector found some improvements were required to the recording of complaints.

Each week, a house meeting was held with residents who were using the respite service. Minutes of these meetings were available to the inspector and included discussions around activity planning, meal planning, complaints and any other issues that residents wanted to address. Throughout the inspection, the inspector observed evidence of residents' involvement in personal planning and in the development of personal goals.

The provider had a system in place to safeguard residents' finances while residents were in the centre. A local procedure was in place which guided staff on the recording and monitoring of residents' finances and possessions upon admission and discharge. Although no residents' money was maintained in the centre at the time of inspection, the person in charge had documentation available to show the inspector how all transactions and lodgements to residents' personal accounts were recorded and double checked by staff on duty. A system was also in place for the regular auditing of this process.

There was a complaints policy in place to guide on how complaints were received,

responded to and managed within the centre. There also was a complaints officer appointed to the centre to deal with complaints and their photograph and contact details were displayed in the centre. Although the complaints procedure was prominently displayed at the time of inspection, it did not clearly outline the procedure that would be implemented. This was brought to the attention of the person in charge who rectified this before the close of the inspection. A record of all complaints received was maintained, including the nature of the complaint and the action taken by the centre to resolve the complaint. However, from some of the complaints records reviewed by the inspector it was unclear what the outcome was for these complaints and whether or not the complainant was satisfied with the outcome.

**Judgment:**  
Substantially Compliant

### **Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

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

No actions were required from the previous inspection.

#### **Findings:**

The provider had systems in place to ensure residents' communication needs were met by the centre.

Some residents that used respite in this service had assessed communication needs. The inspector found comprehensive communication plans were in place for these residents, which guided staff on the residents' preferred communication style and how staff could effectively communicate with them. In addition to this, there were easy-to-read documents available to residents, pictorial references were readily used and communication tools were available to residents who required them.

Residents had access to internet, television and radio.

**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.*

<p><b>Theme:</b> Individualised Supports and Care</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The provider had a policy on visiting in the centre and all visits were recorded on a visitors log. The inspector observed various areas in the centre for residents to meet with their visitors in private if they wished.</p> <p>Staff in the centre maintained regular contact with residents' families and all communication was recorded on a contact log within each residents' file. The provider had recently completed a family and resident questionnaire. A sample of these were reviewed by the inspector and were observed to afford residents and their families an opportunity to feedback on areas such as visiting, care received, support received in decision making, complaints and general safety and welfare.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 04: Admissions and Contract for the Provision of Services</b> <i>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.</i></p>
<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Since the last inspection, the provider had updated residents' written agreements to provide clarity on the fees residents' were required to pay. The inspector observed a sample of written agreements and found these clearly outlined the nightly charge residents were required to pay for their respite stay.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 05: Social Care Needs</b> <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-</i></p>
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*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:**

The provider had systems in place to ensure residents' assessed social care needs were met in the centre. However, some improvements were required to the recording of residents' personal goals.

There was an assessment process in place. The inspector observed that assessments and personal plans were reviewed on a regular basis in consultation with residents.

At the start of each respite stay, house meetings were held with each resident where they told staff at these meetings what activities they wanted to participate in for the duration of their respite stay. A social care needs assessment was also completed with each resident to identify the activities they liked and did not like to participate in. A range of activities were available to residents including day trips, shopping trips, personal social requests, trips to the cinema and training for special Olympic events. The inspector observed that sufficient transport and staff were in place to support residents to engage in activities of interest to them.

As some residents did not use the respite service on a regular basis, the provider had implemented a system where short term goals were identified with residents for the duration of their respite stay. The inspector observed that goal setting was discussed at weekly house meetings and residents' goals were recorded and planned with the resident and staff on duty. However, the inspector observed that these goals did not always identify the named person to support the resident to achieve them or have measurable timeframes for their completion.

**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:**

Since the last inspection, the provider had put an additional sink in the kitchen which was accessible to residents who were wheelchair users. Overall, the inspector found the centre to be clean, comfortable and provided a homely atmosphere.

The centre comprised of a spacious two-storey building located in a village in Co. Longford. There were six bedrooms available to resident, four of which had ensuite facilities. Residents also had access to a sitting room, kitchen and dining area, shared toilets, a spacious hallway and enclosed sensory garden space. The centre also comprised of staff offices, an utility area and sluice room.

There was a system in place for the recording of maintenance work required in the centre. Documentation was available to the inspector which clearly identified what works had been completed in the centre and what the status of progress was on outstanding works. Temperature checks of all taps was completed on a weekly basis, with guidance in place on what the appropriate temperature ranges were. The person in charge told the inspector that given the high turn over of residents who used this respite service each week, environmental audits are carried out each week to assure a high standard of cleaning of kitchen appliances, storage spaces, utensils, fittings and fixtures.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

Since the last inspection, the provider had fitted the fire doors in the centre with self-closing devices. However, upon this inspection, further improvements were required to fire and risk management systems.

There were fire safety precautions in place in the centre including regular fire drills,

zoned fire alarm system, regular fire checks, emergency lighting and a displayed fire procedure. The provider had also ensured that all staff had received up-to-date fire safety training and staff who spoke with the inspector knew what to do in the event of a fire. On the day of inspection, it was observed that three fire exits opened out onto an enclosed garden space. This garden space had a locked gate in place which required a key to access the fire assembly point. The inspector observed that a key for this gate was not readily available at all fire exits; however, the person in charge rectified this by close of the inspection.

Personal evacuation plans were in place for each resident to guide staff on the level of support residents would require in the event of an evacuation. However, improvements were required to these plans, as some did not accurately guide staff on what to do where residents presented with behaviours that challenge during an evacuation. In addition, these plans failed to inform staff what to do when a bedroom evacuation may be necessary. Although regular fire drills were occurring in the centre, a number of residents who used the respite service had not taken part in a fire drill in some time. In addition, simulated fire drills had not used the evacuation equipment in the centre, to ensure staff knew how to use this in the event of an evacuation.

There was a risk management process in place for the review of residents' specific risks. In addition, a local risk register was maintained by the person in charge, which identified organisational risks specific to the centre. The person in charge was found to have a good understanding of this risk management process and regularly reviewed the risk register. Where risks were identified as high, the person in charge informed the inspector that there was an escalation procedure in place to have such risks brought to the attention and review of senior management.

**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 the provider had arrangements in place to ensure residents

were safeguarded, restrictive practices were implemented in line with best practices and appropriate systems were place to support residents with behaviours that challenge.

Where residents presented with behaviour that challenges, the inspector found these residents had assessments and personal plans in place that informed staff on how they were required to support these residents. A behaviour support specialist was available to the centre for the review and management of behaviour that challenges. The person in charge had implemented a trending system for the logging of behaviour-related incidents and this information was available to inform residents' review meetings. Staff had received up-to-date training in the management of behaviour that challenges, with additional training dates scheduled for 2018.

There were some restrictive practices in place at the time of the inspection and these practices had assessments and protocols in place. A sample of these were reviewed by the inspector and were found to provide staff with clear guidance and in which circumstances these practices were to be applied.

There was a safeguarding plan in place and the person in charge demonstrated to the inspector the rationale for the plan and how it was effectively implemented in practice. Staff who spoke with the inspector were aware of the plan and of their responsibility in ensuring residents were safeguarded at all times. Staff had received up-to-date training in safeguarding.

**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:**

Inspectors found that a record of all incidents occurring in the centre was maintained and where appropriate all notifications were provided to the authority within three days of the occurrence of any incident, as required by the Regulations.

**Judgment:**  
Compliant

## **Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

### **Theme:**

Health and Development

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

No actions were required from the previous inspection.

### **Findings:**

There was a policy in place to support residents to access education, training and development. Residents were encouraged to try out new activities, while using the respite service.

An inspector found that residents were engaged in activities that were internal and external to the centre. The majority of the residents attended a day service and were supported by staff in the evenings and weekends to engage in activities of their choice. Staff in the centre encouraged residents to participate in local activity programmes, with some residents attending special Olympic training. The inspector also noted that plans were in place to create more links between the respite centre and the community, with this clearly outlined in an improvement plan that the centre had in place at the time of the 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):**

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

### **Findings:**

On the days of inspection, the inspector found that the best possible health of residents was promoted in the centre.

The provider had a nurse-led service in place and healthcare assessments had been completed for each resident in the centre. Following this assessment process, appropriate referrals to allied health professionals were made and personal plans were

developed and implemented to support residents with conditions such as epilepsy and diabetes. Residents were supported to attend their general practitioner, as required, and allied health professionals such as physiotherapists, speech and language therapists and behaviour support specialists.

Residents had access to a large dining and kitchen area, with designated storage areas for foods associated with special diets. Meals were prepared by staff in the centre and residents were encouraged to assist in the preparation of meals, if they wished to do so. A weekly meal plan was discussed with residents at house meetings and pictorial menu choices were available to residents with communication needs. Where residents had an assessed dietary need, guidance documentation was available to staff which informed them on how they were required to support residents with these needs.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Overall, the inspector found that there were some good practices in place with regards to the prescribing and administration of medicines in the centre.

All medicines were administered by registered nurses and accurate administration records and prescription sheets were in place, which were signed by the residents' general practitioner. There was secure storage arrangements for medicines and the key to the medicines cupboard was kept with staff working in the centre at all times. There was a recording system which supported the monitoring of medicines brought in and taken home by residents during each respite stay. Some emergency medicines was stored in the centre and these medicines were regularly checked by staff. Medication profiles were developed for each resident, which informed staff on the residents' preferred method of taking their medicines.

The provider had ensured a capacity risk assessments were in place to support residents who wished to self-administer their own medicines. The provider's representative told the inspector that this assessment process was currently under review, with an updated process expected to be implemented in the service following the inspection. Where residents were taking responsibility for their own medicines, the inspector observed appropriate storage and support arrangements were in place.

<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 13: Statement of Purpose</b> <i>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.</i></p>
<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Since the last inspection, the statement of purpose for the centre had been reviewed. Upon this inspection, the inspector found the statement of purpose now contained all the information required in schedule 1 of the Regulations.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 14: Governance and Management</b> <i>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.</i></p>
<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Overall, the inspector found that the provider had suitable governance and management arrangements in place to ensure that residents received a good quality service.</p> <p>The person in charge was in a full-time role and was based in the centre. She was found to be suitably qualified and had in excess of three years management experience. She</p>

was supported in her role by a person participating in management and by the provider's representative. The inspector met with the person participating in management during the inspection and she was found to be very knowledgeable of her role in supporting the person in charge in the management of the centre. The person in charge had a good knowledge of all the residents who used the respite service, was familiar with staff working in the centre and was aware of the various organisational processes in place. There was also a structured meeting process in place for both staff and management team meetings and the person in charge also met regularly with the provider's representative. Regular audits were also occurring in this centre, with improvement plans in place, where required.

The provider had conducted a six monthly audit of the quality of care provided in the centre and the inspector observed that all actions identified in this action plan were completed. The annual review of the service was recently completed; however, the inspector observed that the action plan for this review was not specific to the work that was required for improvement. This was brought to the attention of the person in charge who rectified this before the close of the inspection.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the provider was aware of the requirement to notify the chief inspector of periods of prescribed absences of the person in charge. The person in charge was also supported by the current management structure, which facilitated managerial support during the absence of the person in charge.

**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 adequately resourced with appropriate staff numbers, transport and equipment to meet the assessed needs of residents.

**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 arrangements in place to ensure suitable staffing arrangements were in place, that staff received regular training and that staff were suitably supervised.

The person in charge told the inspector that due to the nature of scheduling of admissions for the service, a ten week roster was developed, to ensure sufficient staffing levels were in place to meet the needs of planned admissions. The person in charge told the inspector that she had enough staff resources available to her for the service and locum staff were available to the service if required. Upon review of the roster, the inspector found it clearly identified what staff were on duty each day and what their start and finish times were.

The person in charge carried out regular supervision with all staff and this process was also supported by regular observational reviews. These reviews observed staff in practice in areas such as infection control, medication management, communication and behaviour support.



Staff had received mandatory training including safeguarding, manual handling, fire safety and management of behaviour that challenges. There was a schedule of training dates for 2018 available to the person in charge, who informed the inspector of the dates some staff were scheduled for refresher training.

Upon review of staff files, the inspector found these to contain all information as set out in 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:**

Overall, the inspector found the provider had arrangements in place to ensure all information required by schedule 4 and 5 of the regulations were in place. However, some improvements were required to the information contained within the directory of residents.

The inspector reviewed the schedule 5 policies and procedures that were in place and these were found to be within their review dates. Where some were currently under review, the person in charge was aware that updated versions would be made available to the centre subsequent to the inspection.

There was a directory of residents maintained in the centre; however, this directory did not include information about the marital status of residents or provide information on the authority or body who had arranged residents' admission to the centre.

**Judgment:**

Substantially Compliant

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## **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  
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 Christopher's Services Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0001841
<b>Date of Inspection:</b>	30 January 2018
<b>Date of response:</b>	23 February 2018

### 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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that a record of the outcome of complaints and the satisfaction level of the complainant was maintained for all complaints received.

#### 1. Action Required:

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

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

All complaints received and investigated will document the outcome of the complaint, and an assurance sought as to whether the complainant is satisfied with the outcome, its management and the recommendations made. This will be documented on the original complaint form. This information is included on: Information on how to make a complaint- Adult Respite Local Procedure 31st Jan 2018

**Proposed Timescale:** 23/02/2018

**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 records in place to identify the persons identified to support residents to achieve their goals or measurable timeframes for their completion.

**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:**

All activity and social care needs goal and goal tracking records will include the name of the person responsible for overseeing the implementation of the goal, and will have a specific identified time frame for completion

**Proposed Timescale:** 19/04/2018

**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 personal evacuation plans clearly guided staff on:

- what to do where a resident presented with behaviours that challenge during an evacuation
- what to do where bedroom evacuations were required during an evacuation

### **3. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

All PEEPs are under review and will clearly state what to do in the event of a resident presenting with behaviours of concern during an evacuation.

Simulated fire drill during night hours has been completed, and PEEPs are to be updated to state step by step what to do in the event of a bedroom evacuation being required.

**Proposed Timescale:** 19/04/2018

**Theme:** Effective Services

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

The provider failed to ensure arrangements were in place to ensure:

- all residents who used the service had an opportunity to take part in a fire drill
- simulated fire drills had not tested the use of fire evacuation equipment

### **4. 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:**

A record of resident's participation in fire drills has been implemented, to ensure all residents actively utilising the service have opportunity to participate in a fire drill.

Simulated fire drill during night hours has been completed, and PEEPs are to be updated to state step by step directions on what to do in the event of a bedroom evacuation being required.

Fire training scheduled for 09.04.2018, where all staff will receive refresher training in the use of evacuation equipment.

**Proposed Timescale:** 19/04/2018

## **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 that the directory of residents contained all information as set out in schedule 3 of the regulations.

**5. Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 directory of residents has been updated to include the marital status of each resident, and the

Name of any authority, organisation or other body which arranged admission of the resident.

**Proposed Timescale:** 23/02/2018