

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Hilda's Services
Centre ID:	ORG-0011156
Centre county:	Westmeath
Email address:	SBuckleyByrne@sthildas.ie
Registered provider:	St Hilda's Services
Provider Nominee:	Sheila Buckley Byrne
Person in charge:	Mary Doheny
Lead inspector:	Marian Delaney Hynes
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

From: 02 December 2013 13:30 To: 03 December 2013 18:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 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

This monitoring inspection was announced and took place over two days. As part of the inspection, the inspector met with residents, a resident's relative and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Following the inspection, inspectors received questionnaires from family members which were complimentary of the service being provided at the centre.

As residents are out of the centre during the day, part of the inspection took place in the late afternoon and evening, when residents had returned from their day activities.

Overall, the inspector found that residents received a good quality service in the centre where the staff supported and encouraged them to participate in the running of the house and to make choices about their lives. There were regular meetings for residents, and residents' communication support needs were met very effectively. The centre was clean and had a warm, hospitable atmosphere and inspectors found that the residents were comfortable and confident in telling the inspectors about their home.

The provider had arrangements in place to ensure that the premises were maintained to a good standard, met the needs of residents and ensured the safety of residents, staff and visitors.

While evidence of good practice was found across all outcomes, areas of non-compliance with the Regulations were identified. These included the arrangements for the management of residents' finances, aspects of privacy and dignity, and the provision of training to staff around fire precautions, the protection of vulnerable adults and medication management. Other areas for improvement included the development and implementation of policies to guide staff practices, residents' personal plans, aspects of the premises, the complaints procedures, the directory of residents, the contract for provision of services and the statement of purpose.

The non-compliances are discussed in the body of the report and included in 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 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

Judgement:

Non Compliant - Moderate

Findings:

The inspector found that residents' rights, dignity and consultation were generally supported by the provider, person in charge and staff. However, improvements were required in some aspects of dignity and privacy, the protection of residents' finances and the management of complaints.

The provider, person in charge and staff were committed to promoting the rights of residents and residents told inspectors about their rights in the centre. They explained to the inspector that the staff understood their needs and treated them with respect at all times.

Residents gave numerous examples of how they are involved in the running of the centre, for example, carrying out the weekly shopping, preparing meals and doing laundry duties. There are regular house meetings where residents made decisions and asked staff for support. Residents were also very involved in the development of their support plans and were able to tell the inspector about them. For example, residents told the inspector about attending religious ceremonies and other community events.

However, due to staff routines for the management of specific and complex care needs not all residents had control over the choices about their daily lives such as when to go to bed, what they liked to eat and how to spend their free time. This was confirmed by a staff member who further stated the current staffing arrangement was not sufficiently flexible to support each individual resident's interests and hobbies. The inspector was also concerned that a resident's bedroom was used as a throughway to access a bathroom. At the feedback meeting the provider acknowledged this practice and stated that more appropriate measures would be put in place in the near future.

Staff were observed interacting with residents in a respectful manner by consulting with them and seeking their views.

Residents told the inspector about their involvement with their local community including trips to the supermarket, visiting friends' houses, going to the cinema and to local pubs to watch matches.

At the time of inspection the provider had not developed a policy to provide guidance to staff on the care of residents' property and finances, as required by the Regulations. While the provider and person in charge had arrangements in place to protect the property and the finances of residents, these were not sufficient to ensure residents' finances were adequately protected and that there was full transparency in relation to the use of residents' monies in terms of the everyday costs of running the household.

The person in charge showed the inspector how residents spent the balance of their disability allowance each week. The inspector reviewed a number of these accounts and noted transactions were being signed by staff members and countersigned at a later date by the person in charge.

Residents were supported and encouraged to take responsibility for personalising their own bedrooms and caring for their own personal items. The inspector saw lists of residents' possessions which are kept in the residents' files, and these are updated regularly to ensure that residents' property is accounted for and to prevent items going missing.

The centre had a complaints procedure, though it did not meet all of the requirements of the Regulations. The inspector reviewed the complaints log, which at the time of inspection did not contain any complaints. Staff said they would record any formal complaint but had been dealing with other complaints in an informal way at local level. This meant that there was no information to indicate whether the informal complaints had been addressed to the satisfaction of the complainant, and the person in charge did not have access to adequate information about complaints to assist her in improving the quality of service.

There was an independent advocacy service available and the provider showed the inspector examples of input from the independent advocate. However, none of the residents were aware of the availability of this service. There was no information in the centre on how to access the advocacy service.

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

Judgement:

Compliant

Findings:

The inspector found that the person in charge and staff responded very effectively to the communication support needs of residents. Relevant information was available throughout the centre in accessible formats. For example, notices in the kitchen provided advice on healthy eating in written and pictorial form, resource packs of flash cards containing prompts and photographs were kept in the kitchen and sitting room for residents to use to assist them in communicating with staff and each other. The inspector saw residents using these to express their likes and dislikes at supper time. One resident showed the inspector pictures of his recent trip abroad and pictures of his favourite football team.

All residents had a personal support plan. In addition to the main file, each resident also had their own version of the support plan which set out the main aspects in an accessible format using plain language with pictures and photographs. One resident was eager to show the inspector his folder and was able to explain each aspect of his personal plan.

The person in charge and staff had arranged regular meetings for residents in the centre as another way of supporting residents to communicate their views. The inspector reviewed the minutes and notes of some of these meetings and residents also told the inspector that they used the meetings to make decisions on what they wanted to eat during the week and what activities they wanted to engage in. Household duties were also discussed at this meeting and all residents participated in these duties.

Residents told the inspector that they had access to magazines, radio, TV, and telephone.

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

Judgement:

Compliant

Findings:

The inspector found that residents are supported to develop and maintain personal relationships and links with the wider community and that families are encouraged and welcomed to be involved in the lives of residents.

The inspector briefly met with one relative who was visiting a family member and saw evidence of good rapport and communication between family members and staff. Residents told the inspector that family members and friends could visit at any time and some residents said that they visited their family home regularly.

The inspector saw that there were records of family visits maintained in residents' files and there was further evidence that the families are very involved in the residents' personal care plans.

As previously stated the inspector received completed questionnaires from some family members which were complimentary of the service and opportunities being provided.

Both residents and staff confirmed that if they wished to meet a visitor in private, they could use the kitchen or sitting room. The residents appeared to know people in the local community, such as in the supermarket and the chemist. On the first day of inspection, two residents went for a walk in the evening and on their return told the person in charge that they had stopped off to chat with some neighbours.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspector reviewed the admissions policy and found that it set out the arrangements and guided practice regarding admitting new residents to the centre.

While residents signed a document called a tenancy agreement, this did not meet with the requirements of the Regulations as it did not clearly set out the terms on which the resident shall reside in the centre. For example, the support, care and welfare of the resident and a detailed account of the service to be provided. There was a lack of clarity as to what the weekly charge included. The amount set out in a tenancy agreement – which stated that the contribution was used to cover such expenses as food provisions, electricity and telephone bills – was not sufficiently detailed as some funding was used to cover staff expenses which were not clearly stated in the tenancy agreement. Residents whom the inspector spoke with were not aware that contributions covered some staff expenses.

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

Judgement:

Non Compliant - Minor

Findings:

In general, the inspector found evidence that residents were supported to be involved in the development of their personal plans. However, some improvements are required to ensure personal plans were outcome focused rather than solely activity based.

Each resident had a personal plan and the inspector reviewed three of the plans with the person in charge. They were based on the individual support needs of the resident and there was evidence of regular review and participation of residents in the development of their plans. Residents had signed the plans and, in addition, each resident also had an accessible version in a folder that they kept in their bedrooms. Some residents had a large poster which used pictures, words and photographs to depict the information in the residents' folders.

The personal plans contained important information such as details of family members and other people who are important in their lives, wishes and aspirations and information regarding residents' interests. Individualised risk assessments were in place to ensure continued safety of residents. For example, the inspector observed two residents enjoyed going for a walk each evening, which would be after dark in winter months. Their risk assessments identified the hazards of walking after dark and the control measure included the requirement to wear high visibility jackets. The inspector met with both residents following their walk and they commented on the importance of getting sufficient exercise having been indoors for most of the day.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspector found that the centre was clean, warm, well maintained and homely. Each resident had their own bedroom and there was sufficient communal space in the house. The centre was two semi-detached houses which had access to each other and both contained three bedrooms; five of the bedrooms were used by residents and the other bedroom was used as an office space and a bedroom for use by the staff that slept overnight.

The inspector was invited by some residents to visit their bedrooms which were well kept and of suitable size to meet their individual needs. Rooms were decorated in accordance with the wishes of the resident and contained personal items such as family photographs, posters and various other belongings.

The entrance to the centre was sufficiently accessible for all residents who lived there. The centre was kept in a clean and tidy manner, and residents told the inspector about how they contributed to keeping the house clean. The inspector saw invoices of regular maintenance in the house and the person in charge stated that any maintenance requirements were promptly attended to by the provider.

There was sufficient storage in residents' bedrooms for their clothes and other personal items. Although there were adequate bathroom and toilet facilities in the house, the bathroom containing the bath was accessed by some residents through another residents' bedroom, which compromised the privacy of one resident. This issue was previously identified in outcome 1.

There were two domestic-style sitting rooms and both were comfortable, with armchairs, couches, display cabinet, coffee table and television. The inspector observed residents relaxing and chatting to each other in one of the sitting rooms, while another resident was in the second sitting room watching television. There were two kitchen/dining rooms and residents had unrestricted access to their kitchen. The utility room was situated off one of the kitchens. Residents were supported by staff to manage their own laundry.

Outcome 07: Health and Safety and Risk Management*The health and safety of residents, visitors and staff is promoted and protected.***Theme:**

Effective Services

Judgement:

Non Compliant - Moderate

Findings:

While there were arrangements in place to manage risk, non-compliances were identified in risk management arrangements, emergency planning and fire precautions.

The inspector read the Health and Safety Statement which had been reviewed by the provider on 14 February 2013. There was no risk management policy in place, although many of the requirements of the risk management policy as set out in the Regulations were contained in the health and safety statement. However, not all of the specific risks identified in the Regulations had been included. The provider was in the process of developing a risk management policy and showed the inspector a draft version. While it was incomplete, this draft still did not contain all of the requirements of the Regulations.

The inspector generally found that the provider had put sufficient risk management measures in place. Risk assessments of the environment and work practices had been undertaken in the centre and had been reviewed by the organisation's coordinator of services. The person in charge and staff took responsibility for the identification of risks and ensuring that there are appropriate systems in place to manage risk. The inspector was satisfied that staff took a proactive role in the management of risk in the centre.

The inspector found that individual risk assessments had been carried out for each resident to ensure that any risks were identified and managed appropriately. Residents commented that they felt the centre was safe and secure because the door was locked and there was a staff member in the centre at all times.

Accidents, incidents and near misses were recorded in detail and a copy of the reports submitted to and reviewed by the coordinator of services and the provider. Incidents are discussed at regular health and safety committee meetings with a view to learning from them and reducing the risk of recurrence. In addition, the coordinator of services undertakes a quarterly review of all incidents and accidents and the findings of this review are discussed with managers at the monthly management meetings. An inspector reviewed minutes of one of these meetings which confirmed that actions had been taken as a result of the learning. For example, the organisation's nurse manager now reviewed any medication errors and visited the service to review medication management after any reported incident.

The inspector found that there was no emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

There was evidence of regular fire drills and both staff and residents participated. Residents and staff were able to tell the inspector about what they would do if the fire alarm went off. The records of fire drills were detailed and included learning outcomes. Fire equipment was serviced regularly, as were fire alarms and emergency lighting, and fire evacuation plans were clearly displayed at the entrance to the centre. The inspector found that all fire exits were unobstructed on the days of inspection.

Records reviewed by inspectors indicated that fire training had not been provided to staff since 2011. However, the coordinator of services showed the inspector confirmation from an external trainer that fire training was to be provided during December 2013 and January 2014.

There were control measures in place to manage any outbreak of infection. The person in charge confirmed that there had been no outbreaks of infection in the centre. The organisation's nurse manager had developed an infection control resource file for each centre and had reviewed the contents with staff. In the event of an outbreak of infection, the nurse manager would oversee the response and support the person in charge to respond appropriately. Staff were knowledgeable regarding infection control issues and were provided with appropriate personal protective equipment for use when carrying out specific duties.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspector found that there were some arrangements in place to safeguard residents and protect them from the risk of abuse. However, improvements were required in the area of training as there was no evidence that staff had attended training. Although staff had not been provided with training, the inspector found that staff were generally knowledgeable about what constituted abuse and how they would respond to any suspicions or reported allegations of abuse. The provider and person in charge confirmed that training in this regard would be provided during December 2013 and January 2014.

The policy on protecting residents from abuse contained guidelines on how any allegations of abuse would be managed and the provider had appointed a senior manager in the organisation as a designated adult protection officer. The responsibilities for this person were contained in the policy, and the officer was a resource to staff should they need to discuss any concerns they had. A photograph and contact details of the officer were displayed in the kitchen of the centre.

Throughout the inspection the inspector noted that staff interacted with residents in a kind, caring, respectful and patient manner. Staff had developed an intimate care plan for each resident to ensure privacy was respected and to protect the resident from any risk during the delivery of intimate care. These individualised plans were reviewed by the nurse manager in the organisation to ensure that they met the needs of each resident.

Residents confirmed that they felt safe, described the staff as being very kind and were able to tell the inspector about a number of staff whom they could talk to if they had a concern.

At the time of inspection, there were no residents who required behavioural support interventions.

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

Judgement:

Compliant

Findings:

The inspector found that the person in charge and staff had maintained detailed records of all accidents and incidents that had occurred in the centre. These were reviewed by the person in charge, the coordinator of services and the general manager.

At the time of inspection, there had been no incidents in the centre that required notification to the Authority as required by the Regulations. The person in charge was knowledgeable about the requirements in the Regulations and had a notice with details of the requirements above the office desk to inform all staff.

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

Judgement:

Non Compliant - Minor

Findings:

The inspector found that residents' general welfare and development were facilitated. All of the residents attended a day service which provided a range of activities. Residents told the inspector that they enjoyed attending the day service as it gave them an opportunity to meet with their friends and chat with the staff who work there.

Residents also told the inspector that they were supported by staff to pursue a variety of interests, including walking, bowling, swimming and joining various clubs of interest.

However, as stated previously, while residents were supported to participate in activities, the personal plans were limited in scope and not based on outcome goals which included developmental goals such as training, education or work.

The policy development manager told the inspector that the provider was in the process of expanding opportunities for residents to participate in work placements and also to become involved in more community-based activities.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

The inspector found that there were appropriate arrangements in place to support residents' healthcare issues as they arose. The inspector reviewed the personal plans and medical folders of three residents and found that they had access to a general practitioner (GP), including an out-of-hours service. There was evidence that residents accessed other health professionals such as chiropodists, opticians and physiotherapy services.

The inspector reviewed the file of one resident who had recently presented with an upper respiratory infection and found that the GP had visited the resident promptly and prescribed treatment. A staff member remained in the centre during the day to supervise the care needs of this resident. There was evidence that residents with epilepsy had regular medical reviews by their GP.

The person in charge told the inspector that residents had their main meal in the day service Monday to Friday and had their evening meal when they returned to the centre. Residents decided what they wanted for their evening meal and if any resident did not like what had been prepared, there was a range of alternatives available. The inspector found that there was an ample supply of fresh and frozen food, and residents could have snacks at any time. Residents invited the inspector to join them for supper on the first evening of inspection and the inspector found that residents enjoyed a variety of meals which they had assisted in preparing.

The mealtime experience was an unhurried and social occasion which provided good opportunity for social engagement.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Findings:

Although the inspector found that the provider had put arrangements in place to support the person in charge in protecting residents in relation to medication management, the inspector was concerned about some aspects of medication management, including the safe storage of medication and the signing of medication post-administration.

The provider had developed a very detailed and informative policy on the management of medication. The policy required all staff to undertake a medication management training programme before being allowed engage in the administration of medication. The organisation's nurse manager completed two competency-based assessments with staff before this training was deemed complete. The inspector found that this had been implemented in the centre.

While the policy was very detailed and provided good direction for staff, it did not adequately reflect all of the arrangements around the management of medication. For example, it did not contain sufficient information on the use of blister packs in the administration of medication.

The inspector was concerned that a number of medications were not signed for in a contemporaneous manner following administration; the person in charge said that she would follow up on the matter following inspection. On one occasion the inspector observed that the medication press was unlocked, which was brought to the attention of the person in charge who immediately secured it.

Medications were dispensed from the pharmacy in blister packs to promote the correct administration. A clear description of each medication was provided to ensure that staff could recognise the correct medication to be administered.

The receipt of medication was recorded and medication was stored in a locked cabinet in the staff office. The general practitioner used a medication booklet to prescribe medication and the prescription included clear directions to staff on the dose, route and times that medication should be administered. As required, medication (PRN) was recorded in the medication booklet and this included the maximum dose that should be administered in any 24 hours.

Staff were knowledgeable about the procedure for the administration of medication and about checking the prescription, the medication description and that the correct medication was being administered. Staff knew about the procedures for reporting

medication errors and the inspector noted that a number of errors had been reported, mainly errors of documentation. The organisation's nurse manager had reviewed these reports and had discussed incidents with staff to minimise their recurrence.

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

Judgement:

Non Compliant - Minor

Findings:

The inspector reviewed the statement of purpose and found that it contained most of the information required by the Regulations. However, it did not contain sufficient detail in relation to staffing in the centre, the organisation structure and the size and purpose of rooms in the centre.

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

Judgement:

Compliant

Findings:

The provider had undertaken a number of audits and reviews of the safety and quality of the service. There was evidence of a regular review of risk management arrangements and incidents and accidents. The inspector read a report of an audit undertaken by the policy manager which had identified policy and procedural areas for development. These included such areas as staff training, communication supports for residents and increased community involvement for residents. Actions taken from this review included the extension of regular meetings for residents to all residential services and the development of communication tools for residents who had difficulty engaging in verbal communication. He stated that he was in the process of developing a review

which would take place every six months across the services.

The provider had established a management structure and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge to assist her in delivering a good quality service. These supports included a policy manager, coordinator of services and nurse manager. There was evidence that management visited the centre regularly and are knowledgeable about the service. The provider had also established monthly management meetings where the managers of services could meet to discuss common areas of interest and share their learning.

The inspector found that the person in charge was appropriately qualified and had continued her professional development. She had sufficient experience in supervision and management of the delivery of a community-based group home. She was reasonably knowledgeable about the requirements of the Regulations and Standards and had very clear knowledge about the support needs and personal plans of each resident.

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

Judgement:

Compliant

Findings:

The inspector was satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place as another experienced staff member covered any absences of the person in charge.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

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

Judgement:

Compliant

Findings:

The inspector found that sufficient resources had been provided to meet the needs of residents. There were sufficient staff on duty and the person in charge used staffing resources flexibly to meet the support needs of residents. A minibus had been provided to enable residents to travel to access community facilities. The person in charge told the inspector that this was mainly used at weekends. The provider had ensured that sufficient assistive supports had been provided. One resident with complex needs had been provided with a specialised chair, bed and a tracker hoist which supported him to be as independent as possible.

The centre was suitably furnished and well equipped.

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

Judgement:

Compliant

Findings:

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults.

Six staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Training records were held centrally which outlined the planned and actual training for all staff. Actual training provided in 2013 included areas such as intimate care provision, person centred planning and medication management.

The inspector identified areas of training which were required such as adult protection and fire safety. There was evidence that this training had been arranged for December 2013 and January 2014.

The person in charge told the inspector that there were regular meetings between the provider and person in charge and meetings between the person in charge and staff. The inspector reviewed the minutes of these meetings.

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

Judgement:

Non Compliant - Moderate

Findings:

The provider and person in charge had ensured that residents were provided with a residents' guide, which was in an accessible format and included information in pictures, photographs and words. The residents' guide provided residents with information on the service and included a section on how to make a complaint.

The provider had developed and implemented a range of policies and procedures to guide staff in the delivery of services to residents and the running of the centre. However, not all of the policies and procedures required by Schedule 5 of the Regulations had been developed. For example, there was no policy on residents' personal property, finances and possessions. In addition, some of the policies that were in place did not provide sufficient direction to staff, such as the policy on communication which referred to arrangements for staff communication. It did not reflect the good practice that had been implemented in relation to the communication needs of residents such as the use of photographic prompts.

The registered provider had not established a directory of residents. A list of residents was maintained in the centre, however, there was no directory of residents as specified in the Regulations.

An inspector viewed an insurance certificate, which, confirmed that there was up to date insurance cover in the centre.

The provider maintained records in a secure and safe manner. Staff records were kept in a locked cabinet in the provider's office and residents' records were stored in a locked room in the staff office in the centre. Records were easily retrieved by the inspector during the inspection.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Marian Delaney Hynes
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Hilda's Services
Centre ID:	ORG-0011156
Date of Inspection:	2 December 2013
Date of response:	20 February 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

While the provider engaged an advocacy service, the information on the service was not readily available to residents or others which meant that they needed to go through the provider to access advocacy services.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

- The Independent Advocacy Officer has agreed to visit the centre to meet residents. This discussion will take place on 26/2/14.
- Accessible contact details (including picture) for the Advocacy Officer will be discussed with the Advocacy Officer on the 26/2/14 and it has been agreed that this information

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

is circulated to and explained to residents so that they know they can make a complaint to a person independent of St. Hilda's. This will be completed by 28/2/14.

- The Person in Charge will send the accessible contact details to families of residents so that the same information is available in family homes. This will be sent by 28/2/14.

Proposed Timescale: 28/02/2014

Theme: Individualised Supports and Care

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

There was some inflexibility regarding individual residents' bedtime routines.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

The Roster support hours have been changed to accommodate resident in question so that he has the same bedtime routine as all residents.

Proposed Timescale: 19/02/2014

Theme: Individualised Supports and Care

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

There was insufficient support provided to residents to manage their own financial affairs. There was a lack of transparency around the use of residents' money to cover certain staff expenses and the records of residents' money required improvement.

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:

1. The new policy and guidelines have been put in place following Board Approval on the 18/2/14 (see attached).
2. Individual Risk Assessments will be carried out for all 5 residents to agree with each resident and their families the necessary control measures to be implemented in order to ensure support is provided to manage financial affairs – completion date 25/2/14.
3. Tenancy Agreement - Revised to show costs covered by rent money including staff expenses (see attached).

Proposed Timescale: 25/02/2014

Theme: Individualised Supports and Care

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

The complaints procedure did not include an appeals procedure. No informal complaints were logged.

Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

1. The Complaints Policy has been reviewed to include the following –

- Role of Complaints Officer (who is the Line Manager / PIC)
- How complaints are reviewed
- The Appeals Process

Completion Date 4/2/14

2. A Nominated Person (to audit Complaints on behalf of the provider) has been appointed on 3/2/14.

3. The Complaints log has been revised to record actions taken and changes to practice required for improvement. This has been put in place on the 27/2/14.

4. Person in charge training of the revised policy, in particular how complaints are recorded and investigated. A review of how the revised complaints log is being completed will take place at this meeting. This training will take place on 27/2/14.

Proposed Timescale: 27/02/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The tenancy agreement did not clearly provide the terms on which the resident shall reside in the centre.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The review of the Tenancy Agreement has taken place. It has been amended to include the terms in which residents should reside in the designated centre and includes the Support, Care and Welfare services provided for each resident. This has been circulated to all residents / families and will replace existing Tenancy Agreement.

Proposed Timescale: 04/02/2014

Theme: Effective Services

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

The contract for provision of services did not include sufficient information on the support, care and welfare of the resident, the details of the services to be provided or sufficient details about the fees that are being charged.

Action Required:

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

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

The review of the Tenancy Agreement has taken place. It has been amended to include the terms in which residents should reside in the designated centre and includes the Support, Care and Welfare services provided for each resident. This has been circulated to all residents / families and will replace existing Tenancy Agreement (see attached).

Proposed Timescale: 04/02/2014

Theme: Effective Services

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

The contract/tenancy agreement did not reflect the assessed needs of the resident and the statement of purpose for the centre.

Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

The review of the Tenancy Agreement has taken place. It has been amended to include the terms in which residents should reside in the designated centre and includes the Support, Care and Welfare services provided for each resident. This has been circulated to all residents / families and will replace existing Tenancy Agreement (see attached).

Proposed Timescale: 04/02/2014

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:

Residents' personal plans tended to be activity-based rather than outcome-based and it was not possible to assess or demonstrate the effectiveness of each individual's plan.

Action Required:

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

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

1. A template has been completed and approved for use in the organisation to measure effectiveness of goals to include the six 'Quality of Life' Outcomes. This template will collect information quarterly and the Coordinator of Services will conduct an assessment of Quality of Life Goals to ensure effectiveness and personal choice. And make recommendations. First Quarter Reviews to be submitted by the 28/3/14.

2. PCP will be an item on the agenda of the Management Meeting and managers/person in charge will be asked to critically assess PCP goals with a view to understanding how needs are identified, how actions are agreed, how to look at effectiveness and consider changes and new developments/opportunities, particularly in area of work, education and community. This will take place on 27/2/14. The person in charge will be expected to implement learning and review all PCPs within 1 week of meeting and report back to General Manager.

Proposed Timescale: 06/03/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Access to one of the bathrooms was limited to some residents due to the layout of the premises.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Residents have a bathroom / shower in each house. 1 non-ambulant resident has his own shower facility. Each resident will use the Bathroom / Shower facility in their own house. The en-suite room for non-ambulant resident will not be used by other residents and this has been reiterated to all residents / staff.

Proposed Timescale: 05/12/2013

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:

There was no risk management policy and while the health and safety statement contained some of the requirements of the Regulations, it did not include measures and actions in place to control aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

Develop One Risk Management Policy to include –

- Organisational Risks
- Health and Safety Risks
- Adverse Events
- Aggression and Violence
- Missing Persons
- Self Harm

With arrangements as set out in Regulation 26(1) (c) (iii).

Proposed Timescale: 21/03/2014

Theme: Effective Services

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

There was no risk management policy and while the health and safety statement contained some of the requirements of the Regulations in relation to the policy, it did not include actions in place to control self harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Develop One Risk Management Policy to include –

- Organisational Risks
- Health and Safety Risks
- Adverse Events
- Aggression and Violence
- Missing Persons
- Self Harm

With arrangements as set out in Regulation 26(1) (c) (iii).

Proposed Timescale: 21/02/2014

Theme: Effective Services

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

There was no risk management policy and while the health and safety statement contained some of the requirements of the Regulations in relation to the policy, it did not include arrangements to ensure that risk control measures are proportional to the risk identified and any adverse impact that such measures might have on the resident's quality of life have been considered.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

Develop One Risk Management Policy to include –

- Organisational Risks
- Health and Safety Risks
- Adverse Events
- Aggression and Violence
- Missing Persons
- Self Harm

With arrangements as set out in Regulation 26(1) (c) (iii).

Proposed Timescale: 21/03/2014

Theme: Effective Services

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

There were no plans or procedures for responding to emergencies other than fire.

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:

Develop One Risk Management Policy to include –

- Organisational Risks
- Health and Safety Risks
- Adverse Events
- Aggression and Violence
- Missing Persons
- Self Harm

With arrangements as set out in Regulation 26(1) (c) (iii).
This policy will include in its outline an Appendix – Service Specific Procedure to give a step by step response to emergencies.

Proposed Timescale: 21/03/2014

Theme: Effective Services

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

Although staff were knowledgeable about arrangements for responding to fire, suitable training had not been provided to staff since 2011.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Staff were trained in Fire Prevention & Safety on the 20/1/2014. 1 staff member was unable to attend planned training due to absence from work. Fire Prevention & Safety Training is currently being sourced for this staff member with another organisation and we are awaiting confirmation of date.

Proposed Timescale: 31/03/2014

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:

Staff had not been provided with appropriate training in relation to the safeguarding of residents and the prevention, detection and response to allegations of abuse.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Adult Protection Training / Refresher completed for all staff on Monday, 27th January 2014 Staff Member will receive training on the was unable to attend planned training due to absence from work. Adult Protection Training is currently being sourced for this staff member with another organisation and we are awaiting confirmation of date.

Proposed Timescale: 31/03/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

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

While residents were supported to access a range of activities, there wasn't a focus on outcome goals for residents, including developmental goals associated with education, training and employment.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

1.PCP will be an item on the agenda of the Management Meeting and managers/person in charge will be asked to critically assess PCP goals with a view to understanding how needs are identified, how actions are agreed, how to look at effectiveness and consider changes and new developments/opportunities, particularly in area of work, education and community. This will take place on 27/2/14. The person in charge will be expected to implement learning and review all PCPs within 1 week of meeting and report back to General Manager.

The Person In Charge will ensure future PCP goals to include actions in the area of training, education and employment for each resident. This will start at next monthly review of PCP.

Proposed Timescale: 06/03/2014

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 medication management policy was not being fully implemented in relation to the storage of medication, including the management of medication stock.

The medication press was not sufficiently secured at all times.

Some medications were not signed as having been administered.

Action Required:

Under Regulation 29 (4) you are required to: Ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

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

The Nurse Manager has met with the staff and reviewed the requirements for storage of medication and stock management on site as part of an unannounced monitoring visit. A further review of these requirements will take place with the person in charge to ensure consistency. This will take place through an announced monitoring visit on the 24/2/14.

Proposed Timescale: 24/02/2014

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 meet with the requirements of the Regulations.

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 revised and completed.

Proposed Timescale: 24/01/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

The provider had not developed or implemented all of the policies and procedures set out in Schedule 5 of the Regulations.

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:

The Provider has reviewed all policies in Schedule 5. All are in place with the exception of the following which needs to be developed.

The Policy Manager will develop policies on –

- Risk Management and Emergency Planning (completion date 21/3/14)

- Education Access (completion date 7/3/14)
- Financial Management of Community Homes (completion date 18/2/14)

Proposed Timescale: 21/03/2014

Theme: Use of Information

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

There was a list of residents available in the centre, however, it was not a directory of residents containing the information as required by the Regulations.

Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

The directory of residents has been revised and completed on 21/1/2014 as stated in the regulations with consideration of guidelines issued by HIQA.

Proposed Timescale: 21/01/2014