

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Teach Sasta
Centre ID:	OSV-0001833
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Hilda's Services Limited
Provider Nominee:	Sheila Buckley Byrne
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
06 February 2017 10:40	06 February 2017 19:45
07 February 2017 09:15	07 February 2017 15:45

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

How we gathered our evidence:

As part of the inspection, the inspector met with four residents. One resident declined to meet with the inspector on the day of the inspection and one resident

was not staying in the centre at the time of the inspection. The inspector communicated with the residents in line with their assessed needs and was supported by staff when communicating with some residents.

Residents spoken with told the inspector they were happy living in the centre, liked staff and felt safe. They said they could talk to staff or the person in charge if they were unhappy.

The inspector also spoke with staff and the person in charge of the centre and reviewed documentation such as residents' support plans, medical records, accident logs and policies and procedures.

Description of the service:

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

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

The house contained adequate private and communal space to meet the needs of residents. Residents had individual bedrooms, a kitchen/dining room and a living room. Some residents had en suite bathrooms and others shared a bathroom.

The service was a seven day residential service which closed for one weekend a month. Residents stayed with families when the centre was closed. The service was available to adults with a moderate intellectual disability who did not require waking staff at night. One staff member slept in the centre each night.

Overall judgment of our findings:

Overall, the inspector found that residents were supported to have a good quality life in the centre and the provider had arrangements to promote the rights of residents. Good practice was identified in all areas with particular good practice noted in the systems to support residents to communicate and in the provision of accessible information.

However, the systems in place did not ensure residents were protected against the risk of financial abuse (in Outcome 8). In addition, improvement was required to ensure all staff were aware of the procedure to be followed in the event an evacuation of the centre at night was required.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure residents were consulted about the running of the centre, were supported to make a complaint and received support which was delivered in a dignified and respectful way in line with their assessed needs and choices.

Residents were consulted about the running of the centre in regard to their daily routine, access to activities and community involvement. Resident consultation meetings were held each month and weekly meetings took place to discuss activities and meals.

The inspector was told residents could meet with family or friends in private in the sitting room, kitchen or staff office. There was no evidence that the use of communal space for private visits impinged on residents' needs at the time of the inspection. Residents told the inspector that they were happy with this arrangement and liked to spend time with visitors in the company of other residents and staff.

Support provided and language used by staff was respectful and in line with residents' assessed needs and wishes. It was evident staff and the residents knew each other well. An inspector observed friendly interaction and the residents appeared relaxed and happy in the presence of staff.

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

There was a policy on residents' personal property, personal finances and possessions.

Residents retained control over their own possessions and were supported do their own laundry if they wished.

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

There were policies and procedures for the management of complaints. The complaints process was displayed in the centre and it was clear who the complaints officer was. There was a complaints procedure in each resident's bedroom. Complaints were recorded and investigated. There was an appeals process and residents were made aware of the outcome of any complaint. The appeals process had not been used.

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

The inspector was told an external advocacy service was used if residents required an advocate. None of the residents had used the service. The person in charge told the inspector a visit from an external advocate would be arranged to ensure all residents were aware of the service and their right to use the services of an advocate if they wished.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy on communication with residents.

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

Residents had a communication profile outlining their preferred way of communicating. The profiles outlined the preferred style of communication and included how the resident communicated their needs and wishes. For example, how the resident would

ask for an object, ask for something to eat or drink, show they would like time alone and show they would like to eat, drink and go to bed. In addition, the way the resident expressed each emotion was detailed.

The centre used tools to support residents to communicate, for example pictorial activity boards and pictures of meals, shopping items and activities to assist residents to make choices. Furthermore, each resident had a comprehensive folder which contained information on a wide arrange of information in an accessible format for each resident.

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

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain relationships with family and friends.

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

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

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

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

Residents had service agreements which outlined the service provided and the rent charged. Residents also paid a set fee for diesel for the vehicle on a weekly basis. There was evidence a letter relating to this had been sent to families. However, although the person in charge said it had been discussed with and agreed by residents there was no evidence to verify this. The person in charge spoke with residents on the evening of day one of the inspection and updated agreements were signed by residents that evening.

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

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspector viewed a sample of residents' health, personal and social care plans. Improvement was required to ensure all healthcare needs were assessed to ensure timely access to health and personal services would be provided.

The tool used to assess residents' social care needs had been reviewed since the

previous inspection. The assessments outlined the social care goals residents had identified as priorities. The areas which were assessed included independence, work related, education and lifelong learning, health and wellbeing and social development. A personal planning meeting had taken place and this was attended by the resident, family members and staff working with the resident in both the residential and day setting.

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

Residents who were at risk of developing dementia had not been assessed. This was acknowledged as requirement by the person in charge and the provider nominee. The provider nominee informed the inspector that a tool was being trialled in another centre which would be used with residents if it met the needs of the service. The provider nominee outlined the intention to ensure the assessment used would contribute positively to residents' overall quality of life and not focus only on healthcare needs. The provider nominee submitted further information about the tool to the inspector following the inspection.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was comprised of a detached house and was located in a housing estate on the periphery of a large town. There were seven bedrooms, one bathroom, a sitting room, a kitchen cum dining room and a utility room.

Residents had individual bedrooms which were personalised and decorated in line with the resident's preference. All bedrooms had adequate storage space. Three residents' bedrooms had en-suite bathrooms and three residents shared the main bathroom.

There were adequate storage facilities in the house. Residents told the inspector they had enough room to store their personal items.

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

There were handrails on both sides of the stairs.

The communal space comprised of a living room and a kitchen cum dining room. Residents and staff told the inspector they could meet with family or friends in private in one of these rooms or in the staff office.

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

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

The back garden was maintained to a good standard. There was seating for residents and residents told the inspector they mowed the lawn, had planted apple trees and had barbecues during the summer months.

Residents had access to a vehicle to access amenities in the town and in other towns. Residents said they liked the vehicle and showed the inspector photos of places they had visited using the vehicle. Staff said the vehicle afforded them the flexibility to support residents to attend a range of events and amenities throughout the county and country.

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

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:

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

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

The inspector noted that the management of risk in the centre did not impinge on the rights of residents and the promotion of residents' independence. For example, residents had been assessed as independent in staying in the centre in the absence of staff. Residents were aware of the measures to take if there was an emergency.

There were measures in place to ensure residents were protected from the risk of infection. The person in charge was supported by clinical staff in identifying infection control risks and implementing appropriate measures.

There was a fire safety folder in the centre. The folder contained the system and documents to show all equipment was serviced and regular checks were carried out on all aspects of fire safety. The fire fighting equipment, fire alarm system and emergency lighting had been serviced.

The inspector viewed the fire drill records. Fire drills were taking place on a monthly basis. All residents had taken part in fire drills, however not all staff had taken part.

The person in charge said a simulated drill had taken place to ascertain if the centre could be evacuated at night. The inspector viewed the record and saw that two staff were on duty at the time of the drill and the drill took place when staff and residents were awake. The staffing levels at night in the centre comprised of one staff member who slept overnight. Therefore, this did not provide assurance that all residents could be evacuated in the event of an emergency at night.

The inspector reviewed the centre's evacuation procedure. The procedure did not provide clear guidance for staff. Staff and the person in charge outlined differing ways they would evacuate the centre in the event of a fire at night. This had the potential to put residents' safety at risk. The person in charge was required to ensure that all staff were aware of the procedure to be followed. The person in charge confirmed in writing that this had been addressed on the day of inspection.

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:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Improvement was required to the measures in place for supporting residents with their finances to ensure residents were safeguarded from the risk of financial abuse.

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

The inspector reviewed the arrangements for supporting residents to manage their finances. Assessments to identify the support residents required to manage their money had been carried out. Some assessments had not been carried out using the required assessment tool. As a result the support some residents required was not clearly identified.

Some residents were assessed as requiring support with their finances. There was no corresponding plan in place to outline the support required. This had the potential to place residents at risk. For example, an assessment stated a resident was 'aware of some aspects of charges and personal finance' and further stated the resident 'needs support when purchasing goods'. However, the person in charge said the resident managed their money independently. The inspector was therefore not assured that residents were receiving support to manage their finances in line with their assessed needs.

A system to ensure that all residents' money was spent on items by or for the resident was not implemented. Money which was paid by residents to the provider for rent, diesel and day service contributions was receipted. However, the system to ensure that the remainder of residents' money was safeguarded was not implemented. In addition, there was no system to ensure that expenditure was consistent with income in the centre.

The inspector was told that all residents, with the exception of one, managed their money independently. However, the assessments identified residents as requiring support to manage their money. As a result of the lack of a system to support residents

with their finances it was not possible to ascertain if residents' money was safeguarded, all money was accounted for and assess if money was spent only by the resident or on items for the resident.

The inspector reviewed the system for supporting one resident to manage their finances. The system presented to the inspector on the first day of inspection was a ledger which had been completed by a staff member working in the centre. The staff member had transcribed records from January 2016 to February 2017 into the ledger. The inspector was told this transcription had taken place two to three weeks prior to the inspection. Some records were from an old ledger and others were records identified from receipts of expenditure and banking withdrawals.

On reviewing the records the inspector noted a discrepancy. A withdrawal of €200 from the resident's bank account which should have been credited to the income had been debited. As a result €400 was unaccounted for. The person in charge told the inspector they would review this with the staff member who had transcribed the records to ascertain if there was an explanation. The inspector requested to review the original recording method. A ledger and forms were furnished to the inspector on the second day of inspection.

The inspector reviewed these items and found a number of discrepancies in calculations which resulted in money unaccounted for.

The significant concerns regarding the support for residents to manage their finances were brought to the immediate attention of the person in charge and brought to the attention of the provider nominee at the end of the inspection.

The centre had policies and procedures on the use of restrictive practices. There were no restrictive practices in the centre at the time of the inspection.

There were procedures in place should a resident require support with behaviour that challenges. Staff had received training in responding to behaviour that is challenging which included de-escalation and intervention techniques. A resident's behaviour support plan was viewed by the inspector. The plan had been formulated by a psychologist in November 2016. It contained proactive and reactive strategies and included the skills teaching which would be undertaken. The inspector noted that staff interacted with the resident in a manner consistent with the plan.

Judgment:

Non Compliant - Major

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A record of incidents was maintained in the centre. The person in charge was knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.</p> <p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents were supported to access day programmes, employment and/or supported employment. Residents told the inspector they enjoyed their jobs.</p> <p>Day programmes were provided by the provider and there was evidence of good communication between the residential centre and the day centres.</p> <p>Residents were supported to access activities in the evenings in line with their wishes.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>

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

No actions were required from the previous inspection.

Findings:

Residents were supported to enjoy the best possible health. Each resident's healthcare needs were assessed on an annual basis and measures implemented where required.

Residents were supported to access their general practitioner (GP) and allied health professionals as required. Documentation detailing visits and any interventions required were maintained. Systems were in place to ensure that residents received timely access to healthcare services. Residents were provided with support to choose to avail of private healthcare services where there were extended public waiting lists. The person in charge and staff were knowledgeable of residents' healthcare needs.

Nursing managers employed by the organisation provided support to the person in charge in assessing and formulating residents' healthcare plans. In addition, the nursing managers administered medicines which staff were not trained to administer, for example medicines which were prescribed to be injected subcutaneously. Furthermore, a nursing manager attended specific healthcare appointments with some residents.

Residents were supported by staff to purchase groceries and prepare meals. Food was available in adequate quantities and residents were supported to make healthy food choices. None of the residents required support with a modified diet. However, some residents preferred their meals presented and prepared a specific way and staff were aware of these needs and preferences. The inspector observed residents supported to choose meals and prepare their meals. Residents told the inspector they liked the food prepared in the centre.

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:

There were policies and procedures relating to the ordering, prescribing, storing and administering of medicines in the centre.

Residents were supported to obtain prescriptions for medicines from their general

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

The inspector read a number of prescription sheets. The prescription sheets contained all required information including the resident's name, address, photograph and the medicine name, dose and prescribed time of administration. Medicines were documented as administered at the time prescribed by the GP.

There was a centre specific medicine management plan which outlined the centre's procedures. This included residents' preference in how medicines should be administered, the procedure for the disposal of medicines, the procedure for transporting medicines and the procedure for responding to medicines errors.

A record of errors was maintained. Errors were reviewed by the person in charge and responded to on a case-by-case basis. In addition, the errors were reviewed by a nurse manager and action was taken when there was a pattern of errors. Some actions taken included providing staff with refresher training in administering medicines.

The person in charge carried out audits. In addition, the nurse manager carried out unannounced audits. Required improvements were identified and the audits and actions taken were reviewed by the provider nominee.

There was a system for ensuring that medicines received corresponded with the resident's prescription sheet. In addition, a stock check of all medicines in the centre took place on a weekly basis.

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

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

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

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

Prior to the inspection the statement of purpose had been amended to include all items required by the regulations with the exception of the size of the rooms in the centre. The document referred to the floor plans and these were not included in the document submitted.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were management system with clear lines of authority and accountability. The person in charge was present on the days of the inspection and outlined the mechanisms for ensuring all aspects of the service were safe, effective and monitored.

The inspector found the person in charge was engaged in the operational management of the centre on a regular and consistent basis. The person in charge worked alongside staff in a frontline capacity and carried out their managerial role alongside their frontline duties.

Staff spoken with said they felt supported by the person in charge and felt they could raise any concerns they had about the service provided or the operation of the centre. It was evident there was a good working relationship between the manager and staff on

duty.

The person in charge told the inspector they met with their line manager on a formal basis twice a year. In addition, the manager was available on a daily basis by phone and came to the centre on a regular basis. The person in charge said they felt supported to raise any issues or concerns about the service provided. In addition, the person in charge said they felt supported by other managers working in the organisation, for example by the nurse manager in relation to supporting residents with their healthcare needs.

Management meetings were held each month and these were attended by managers at all levels in the organisation including managers of residential and respite services, day services, senior managers and the provider nominee. Areas discussed at these meetings included budgets, staffing, adult and children safeguarding, person-centred plan outcomes, complaints, financial management and management development. The person in charge outlined how this contributed to an improved service for residents. For example, each manager was asked by the provider nominee to outline areas which would improve the service on an annual basis and these were reviewed at the end of the year. These included changes to premises, staff and/or training.

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

A review of the safety and quality of care had taken place in 2015 and 2016.

A person nominated by the provider had carried out unannounced visits to the centre and reports had been prepared.

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

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

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

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

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

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

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

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

Staff meetings took place on a monthly basis and were attended by the person in charge and staff working in the centre.

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

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

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

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

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

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

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Hilda's Services Limited
Centre ID:	OSV-0001833
Date of Inspection:	06 and 07 February 2017
Date of response:	13 March 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

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

1. Action Required:

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

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

advocacy services for the purposes of making a complaint.

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

The Complaints Policy has been amended and was approved By Board on 21st February 2017. The revised policy has been circulated. See attached.

Proposed Timescale: 21/02/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

The assessment of the needs of each resident did not include an assessment of all health needs.

2. Action Required:

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

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

The documentation has been amended to ensure the annual health assessment conducted by GP is recorded on residents' files. The new document has been circulated with instructions for implementation by all teams by 28th February 2017.

Proposed Timescale: 28/02/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The fire safety management systems and frequency of fire drills did not ensure that staff were aware of the procedure to be followed in the case of fire.

3. 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:

The Evacuation Plan has been revised to give a sequence of steps to be taken by staff to evacuate the house during day and during night time. A Fire drill has been

completed by all residents at night. The Health and Safety Manger has reviewed both and is assured that all staff are clear in the steps to be taken in the event of Fire. Fire drills are conducted monthly. This has been confirmed to the Provider and will continue to be monitored by Health and safety Manager. (Attached confirmation of review by Health and Safety Manager)

Proposed Timescale: 07/02/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Residents were not protected from the risk of financial abuse.

4. Action Required:

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

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

The Provider has commissioned and independent review of Financial management systems and procedures in place for residents finances and recommendations will be made to the Board Quality and Safety committee on 21st February 2017 for implementation at Management meeting on 23rd March 2017.

Proposed Timescale: 23/03/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

5. 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:

Floor Plans have were added to Statement of Purpose after the Inspection.

Proposed Timescale: 02/03/2017