

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Hilda's Services
<b>Centre ID:</b>	OSV-0001831
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Hilda's Services
<b>Provider Nominee:</b>	Sheila Buckley Byrne
<b>Lead inspector:</b>	Ciara McShane
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	1

## **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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From:	To:
23 June 2015 12:00	23 June 2015 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

The purpose of the inspection was to follow up on the actions following their registration inspection that took place over two days in December 2013. The inspector reviewed documentation, policies and procedures in addition to speaking with staff and residents whom lived at the centre.

The centre was located in an estate close to a nearby town. It was a two store house that had capacity for five residents. At the time of inspection four residents lived at the centre and there were plans to avail of the fifth vacant room. The inspector found the centre was homely and reflected the resident's personalities. It was for the most part well maintained and appropriate to the resident's needs.

The residents told the inspector they enjoyed living there and had choice regarding their day and their routines. Staff spoken with were knowledgeable and were seen to interact respectfully and kindly with residents.

The inspector found that improvements had been made since the registration inspection and for the most part the actions had been realised. The centre had made improvements regarding health, safety and risk management. The risk management policy had been updated however further detail was required to ensure staff were informed of what to do in the event of an emergency such as flooding. Personal

plans were in place for each resident. The care plans required further development.

These findings along with others are outlined further in the body of the report and the action plan of 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):**

**Findings:**

The inspector examined the actions from the previous inspection and found that these had been realised.

The complaints policy had been reviewed by the provider May 2015. The policy, as reviewed by the inspector, outlined in detail the complaints process, the nominated complaints officer in addition to the appeals process. The provider had identified persons that were independent to the organisation should the complainant wish to make an appeal. The centre also maintained a complaints log. There was one verbal complaint since the last inspection; this had been resolved at a local level. Each month the Provider collated data on complaints for the entire organisation.

Throughout the inspection there was evidence that resident's rights, privacy and dignity were respected. Residents made choices about how they spent their evenings and chose the activity they wished to be involved in whether it was relaxing and watching television or going out with friends for a meal or to the cinema. Residents chose their own meals and prepared their own shopping list at their weekly meeting. This meeting was solely organised by the residents. They then handed the information such as the shopping list to the staff. The residents then had the option whether to assist with the food shop.

Resident's privacy was also respected. When the inspector arrived to the centre three of the four residents had locked their bedroom doors when they went to their day service or job and carried their key on them.

Staff interactions with residents were seen to be positive and warm. Two regular staff worked at the centre and the residents spoke positively about the staff. The staff knew the residents well as seen when a staff member was communicating with a resident who was non verbal.

**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:**

The provider had a policy on admissions and discharges. There was also an Admissions, Transfer and Discharge Committee who provided oversight on admissions. Each resident also had a contract which was referred to as a tenancy agreement. The inspector saw residents had a signed copy in their file. The provider had recently developed an updated version that had not yet been issued to residents. It was found that the contract was in compliance with the regulatory requirement and outlined the care, welfare and support of residents.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Each resident at the centre had a personal plan. The inspector reviewed a sample of these.

The inspector found from a review of personal plans improvements were required. Personal plans recorded information predominantly based on a yes/no basis with a space for additional comments. The inspector found that while it was beneficial, as multiple areas were covered, it failed to identify where a need was required the supports they resident would need. For example a resident had been identified as having an issue with their cholesterol. However, it was unclear what the need was in relation to this and how it would be met as there was no care plan in place. This was also true for a highlighted need of epilepsy. The type and frequency of seizures the resident experienced was not outlined nor were the guidelines on how staff should meet this need as there was no care plan in place to guide them.

From the personal plan review it was evident that residents had seen a general practitioner. However it was unclear as to when or if the resident had their hearing checked, their eyesight reviewed or had visited the chiropodist. The inspector viewed entries in the residents file that they had not been to see the dentist since August 2011. The inspector was therefore not assured that all aspects of residents needs, in particular their health-care needs, were being assessed or met.

Residents had goals outlined in their plans, these goals in the sample plans reviewed were short-term, for example meeting friends for lunch. Although a number of these goals, which had been ascertained at a meeting between staff and residents, had been completed it was unclear what the outcome for the resident was. It was also unclear what steps had to be taken to meet these goals. It was not evident that long term aspirational goals had been assessed. This required a review to ensure that goals were outcome based but also aspirational.

Personal plans were not all reviewed at a minimum annually. The inspector saw evidenced sections of the personal plans that had not been reviewed since 2011.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective Services

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

### **Findings:**

The inspector found that systems were in place to ensure that health, safety and risk management was in place.

The centre had appropriate policies and procedures relating to health and safety and risk management. There was an up-to-date safety statement which was centre specific. The safety statement included the need to ensure that any contractors working at the centre had clearance to do so. The inspector seen that this had been completed for contractors that were recently at the centre such as a painter. Staff at the centre had signed to state they had read and understood the document. The centre had a system in place to manage risk. The risk management policy had been updated to reflect the requirements of Regulation 26 to include the actions and measures in place to control aggression and violence and self harm. Further development was required to ensure there were robust procedures in place in the event of emergencies such as flooding or power outage. There was a risk register in place in addition to individual risk assessments which had been completed for residents where risks had been identified. Improvements were required with regard to the identifying and recording of all hazards. The inspector found a number of risks that had not been outlined in the risk register such as the uneven surface in the back of the house. The inspector also found that some individual risks had not been reviewed since 2013 and required a review to ensure the controls in place were still appropriate at mitigating risk. The centre had an incident/accident log, there were minimal incidents recorded. Incidents that had been recorded included dropped medication and a temporary power cut. An audit of incidents and accidents was completed quarterly. However, this was completed for the entire organisation and was not centre specific.

In relation to fire safety there were adequate means of escape and fire exits were unobstructed. Fire equipment was available in the centre including extinguishers and a fire blanket which was in the kitchen. This equipment was within its service period. The centre had clear fire signage in picture format to assist residents in understanding the steps to follow in the event of a fire. From a review of monthly fire drills records the inspectors saw that the unannounced drills that occurred worked well and residents exited the building appropriately. Residents competently told the inspector what they would do in the event of a fire. Residents also knew the number of the emergency services. Staff had up-to-date fire training. Staff competently spoke to the inspector regarding what they would do in the instance of a fire.

There was awareness in the centre of the importance of infection control; colour coding was in place in addition to the use of personal protective equipment such as aprons and gloves. There was also hand washing guidelines visible in the bathrooms. The staff also used a cleaning checklist to keep abreast of the cleaning.

### **Judgment:**

Substantially Compliant



## **Outcome 12. Medication Management**

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

### **Theme:**

Health and Development

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

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

### **Findings:**

The inspector followed up on the action from the previous inspection.

The action from the previous inspection had not been completed. The medication policy, dated March 2013, had not been updated to reflect the use of blister packs in administering medication. The Residential Service Manager told the inspector this was in the process of being completed by the Clinical Nurse Manager.

### **Judgment:**

Substantially 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:**

The statement of purpose was recently reviewed and submitted to the Authority March 2015. The statement of purpose and function for the most part reflected the service provided to residents. It detailed information such as the location of the service, the facilities which are provided in addition to the number and gender of residents. The statement of purpose did not contain the information set out in the Certificate of Registration.

### **Judgment:**

Substantially Compliant

### **Outcome 17: Workforce**

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

#### **Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector reviewed the training records for the centre. The centre at the time of inspection had two staff working there. The inspector found that staff had mandatory training completed. Both staff had up-to-date fire training, safe administration of medication and the protection of vulnerable adults. One staff required a refresher for manual handling, the inspector was told by the staff member that it was scheduled. The inspector also saw this recorded in the diary. One staff was also in need of first aid training as it expired four months previous. Staff also had additional training such as epilepsy management and risk management training.

Staff spoken with were knowledgeable of the centre and the residents who lived there. They were also found to be informed of the policies and procedures in relation to dealing with complaints, the protection of vulnerable adults and fire. Staff had regular meetings and were, at the time of inspection, supported by the deputy person in charge in the absence of the person in charge. Staff stated they were well supported and if they needed assistance after hours there was a nurse available 24 hours whom they could contact.

#### **Judgment:**

Substantially 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):**

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

**Findings:**

The inspector reviewed the centres policies and procedures which were easily retrievable and maintained in the staff office. Schedule 5 policies and procedures were available and complete. Since the most recent inspection policies on access to education for residents, risk management and management of resident's finances had all been completed. As outlined in Outcome 12 a further review of the medication management policy was required.

The directory of residents was found to be in place and for the most part the information contained the requirements of the Regulations. However, not all phone numbers for the resident's next of kin were in place.

Each resident had a resident's guide which they maintained in their bedrooms. This was completed in picture and word. The inspector found it was an accurate reflection of the service provided to residents living at the centre.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Ciara McShane  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Hilda's Services
<b>Centre ID:</b>	OSV-0001831
<b>Date of Inspection:</b>	23 June 2015
<b>Date of response:</b>	27 July 2015

### 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 05: Social Care Needs

**Theme:** Effective Services

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

Personal plans were not reviewed a minimum annually.

**Action Required:**

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

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

The Person in Charge (PIC) will conduct a review of all Person Centred Planning (PCP) Plans with relevant health professionals, Service Users and family / representatives. This review will be completed by Sept 14th 2015.

**Proposed Timescale:** 14/09/2015

**Theme:** Effective Services

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

Where short term goals had been outlined for residents it was unclear how these would be met.

Long term goals had not been outlined for residents to ensure their personal development was maximised.

**Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The Documentation used by St. Hilda's Services for Person Centred Plan (PCP) is currently being revised. The new template will identify long term goals on PCP and short term goals in the monthly review (see attached). All templates are still under review and will have further amendments.

**Proposed Timescale:** 14/09/2015

**Theme:** Effective Services

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

Where needs had been identified care plans had not been developed to ensure that staff were guided in consistently meeting the needs.

**Action Required:**

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

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

Care Plans will be reviewed at PCP meetings to be held by Sept 14th to ensure that any needs identified and actioned.

**Proposed Timescale:** 14/09/2015

**Theme:** Effective Services

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

The inspector was not assured that all aspects of resident's health care needs had been assessed and reviewed a minimum annually.

**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 person in charge (PIC) will review health care needs as identified in the report and follow up on actions required. The PIC will confirm to the Nurse for the service that all health care needs have been followed up and ensure a process is in place for an annual review. The Nurse for the Service will confirm compliance with regulation 05 (1) (b) to provider. St Hilda's Services is currently revising the documentation on health care needs. A new template for Overview of care plan will be introduced for all service users. Action to be completed by 14th Sept 2015.

**Proposed Timescale:** 14/09/2015

**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:**

Improvements regarding risk management were required:

- The emergency planning required more detail to ensure it was robust and guided staff practice should there be an emergency such as flooding.
- Not all risks were reviewed at regular intervals.

**Action Required:**

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

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

The Risk Management Policy has been amended to include further details regarding adverse weather conditions including the risk of flooding. The amended policy will be

submitted for Board approval 4th August 2015.  
The attached extract is in the amended policy.  
A review of all risks in the centre will take place and will be completed by the 30th July 2015

**Proposed Timescale:** 04/08/2015

**Theme:** Effective Services

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

Although the centres policy outlined the need to identify hazards, the inspector found not all hazards had been identified and outlined in the risk register.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The uneven surface at the rear of the centre will be Risk assessed and control measures have put in place in the short term. A copy of the Risk Assessment will be sent to the Provider.

**Proposed Timescale:** 31/07/2015

## **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 did not contain sufficient information on the use of blister packs in the administration of medication.

**Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Medication Management Policy was amended in March 2013 to include Appendix 25 which added the following information relating to Bio dose Medication following the previous HIQA inspection: Benefits / Infection control and administration of medication. This detail re Bio dose medication will be added to page 16 of the Medication Management Policy (Administration of Medication).

**Proposed Timescale:** 04/09/2015

### **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 outline all details as required by Schedule 1 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 amended to include the following as per schedule 1(1) of the Health Act 2007 (Regulations 2013).

Registration Number: 0030028.

Date of Registration: 14th April 2014.

Expiry of Registration: 13 April 2017.

**Proposed Timescale:** 27/07/2015

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A staff member required a first aid refresher.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The staff member has had first aid refresher training as scheduled. This was planned training and was completed on the 1st of July 2015.

**Proposed Timescale:** 01/07/2015



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**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Not all information as detailed in Schedule 3 was complete for each resident in the directory of residents.

**Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The Directory of residents has been reviewed and all information relating to schedule 3 have been completed.

**Proposed Timescale:** 14/07/2015