



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Marian Avenue
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	27 May 2019
Centre ID:	OSV-0001839
Fieldwork ID:	MON-0021029

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Marian Avenue can accommodate male and female residents from 18 years to end of life. The centre can accommodate a maximum of six residents with a moderate to severe to profound intellectual disability. Marian Avenue provides support for older persons and associated end of life care needs. Residents are supported by nursing staff and care assistants under the direction of a Person in Charge in delivering a person centred model of service provision. Marian Avenue is a modern purpose built residence located in Co Longford. The house comprises of a large kitchen/dinning and living room area, seven bedrooms, four of which have en-suite facilities. Two bedrooms share an-ensuite facility. There are two further bathrooms one of which includes a fully accessible bath and another which has accessible shower facilities. Residents receive intervention through the community and primary care team from occupational therapy, physiotherapy, and speech and language therapy. Therapists working with residents in Marian Avenue are appropriately qualified vetted and staff support residents during assessments and reviews.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
27 May 2019	10:30hrs to 17:00hrs	Eoin O'Byrne	Lead
27 May 2019	10:30hrs to 17:00hrs	Catherine Glynn	Support

## Views of people who use the service

Inspectors initially met with three of the residents and spent time with them in the kitchen and sitting room. Inspectors observed positive interactions between the residents' and the staff members. One of the residents appeared unhappy with the presence of an inspector and displayed this through non-verbal communication with staff members. The inspector respected this and ended the interaction.

Inspectors met a fourth resident at the ending of the inspection. The resident spoke with staff members about their weekend and appeared to be very settled in their environment.

## Capacity and capability

During the inspection, inspectors observed the residents to appear happy and content in the centre. Inspectors also observed appropriate and positive interactions between the residents and staff members that were supporting them.

The registered provider had put management systems in place in the designated centre to ensure that the service provided was safe, appropriate to residents' needs and was consistent. The person in charge was not available on the day of inspection, however, the clinical nurse manager 1 (CNM I) and residential/respite coordinator were present to facilitate the process. There was evidence of a schedule of audits in place and these audits were carried out in order to drive ongoing improvement. Audits, which included provider unannounced visits to the centre, included an annual review of the quality and safety of care, medication audits, fire safety audits and health and safety audits. The provider had prepared written reports on the safety and quality of care provided in the centre and had put action plans in place to address any concerns regarding the standard of care and support. Inspectors observed that the person in charge and staff team were responding to actions from the reports and audits.

The registered provider had ensured the qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. It was noted that the centre was relying on locum staff to fulfill some permanent staffing positions. Inspectors were assured that the provider was actively seeking to address the staff team shortages with a recruitment drive in progress and interviews for positions taking place in the near future. However, inspectors noted that despite identified staffing shortages, a review of the centres actual roster showed that residents were receiving continuity of care and support as the same locum staff members were being utilised to cover staffing gaps.

The registered provider had put in place a statement of purpose containing the

information set out in Schedule one of the regulations and inspectors found that the service was being delivered as per the statement of purpose. The provider had, however, failed to correctly list the correct working time equivalent for the person in charge.

Inspectors found that the provider had an effective complaints procedure for residents. The procedure was available in an accessible format for the residents and it contained details regarding the appeals procedure.

Inspectors reviewed a sample of staff members' files and found that they met the requirements set in Schedule 2 of the regulations. Inspectors also reviewed the training schedule for the centre's staff team and found that the person in charge had ensured that the staff team had access to appropriate training to meet the assessed needs of the residents and staff members development.

The person in charge was aware of their remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the regulations. They also ensured that quarterly and six monthly notifications were submitted as required. However, there was evidence that the person in charge had identified some practices as being restrictive but had failed to notify the chief inspector of same.

During the course of the inspection, it was noted that the management structure did not have adequate oversight of some records which required attention as they were not up to date. For example, reviews of residents goals and staff training records required updating. Some records were not easily accessible and in some cases were not up to date. However, inspectors noted that there was a relatively new management team in the centre and that they had identified these issues and had commenced the process of addressing them.

Overall there was evidence that there were effective management structures in place in the centre. Inspectors, however, highlighted that the reviewing and auditing of residents' and the centres information require attention in order to highlight the work that was being completed with the residents and staff members.

## Regulation 15: Staffing

The registered provider had ensured the qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents.

Inspectors reviewed a sample of staff members' files and found that they met the requirements set in Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 16: Training and staff development

Inspectors reviewed the training schedule for the centre's staff team and found that the person in charge had ensured that the staff team had access to appropriate training to meet the needs of the residents.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that there were management systems in place in the designated centre to ensure that the service provided was safe, appropriate to residents' needs, was consistent and was monitored.

During the course of the inspection it was noted that some records were not easily available and accessible and in some cases were not up to date. There was a relatively new management team in place in the centre that had set actions to address this area prior to the inspectors' arrival.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had put in place a statement of purpose containing the information set out in Schedule one of the regulations. The provider had however failed to correctly list the correct working time equivalent for the person in charge.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within

the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six monthly notifications were being submitted as set out in the regulations.

Inspectors, however, found that the person in charge had failed to include all restrictive practices that were in place in the centre. There was evidence that the person in charge had identified the practice as being restrictive but they had failed to notify the chief inspector of same.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The registered provider had provided residents with an effective complaints procedure in an accessible format.

Judgment: Compliant

## Quality and safety

Prior to this inspection the Health Information and Quality Authority (HIQA) received unsolicited information regarding the quality and safety of care and support provided to residents. This information informed some lines of enquiry during the inspection, however, the matters raised in the unsolicited information were not found to be substantiated at the time of this inspection. Overall the inspectors found good levels of compliance with the regulations. However, some issues were identified which required improvement in relation to medication and the personal planning process.

The quality and safety of care provided to the residents was being monitored, the premises were suitable for the residents' assessed needs and were maintained to a high standard. The person in charge had assured that assessments had taken place with regard to the health, personal and social care needs of the residents. Assessments included residents likes and dislikes, their communication needs, financial support and mobility assessments. There were also detailed assessments of how staff members should support residents' with moving and handling during transitions.

Inspectors noted that personal goals had been set for residents following person-centered planning meetings and also through monthly key working reports. Inspectors observed that residents were active in their community, attending activities such as bowling, going out for lunch and attending hairdressers. There was, however, a lack of relevant evidence of effective auditing and reviewing

of the goals. Inspectors noted that the residents were partaking in activities but that there was a lack of focus on the identified goals.

Inspectors observed that residents were being supported to communicate in accordance with their needs and wishes and where required, there were communication support plans in place for some residents. The staff team were also observed to utilise visual planners and aids to support residents' communication skills and provide a consistent approach.

Inspectors observed that the provider and person in charge were respecting the rights of the residents. There was evidence that a resident had chosen not to attend their day service on a number of occasions and this decision was respected by the staff team supporting them. There was information regarding the rights of residents available in an easy to read format and inspectors reviewed the residents' person-centred planning folders and saw that the residents were being supported to voice their preferences. Members of the staff team had also contacted an independent advocate on behalf of a resident in 2018 and there was information on how to access independent advocacy in the centre.

Inspectors reviewed safeguarding measures that were in place and found them to be detailed and responsive. There was also evidence that the person in charge was aware of their remit to submit notifications in relation to the protection and safeguarding of residents'. Inspectors observed that the person in charge had put safeguarding measures in place to ensure that staff providing personal intimate care to residents' were doing so in a manner that respected and safeguarded their privacy and dignity.

There were a number of restrictive practices in place in the centre which were aimed at keeping residents safe. Inspectors observed that the person in charge was reviewing these on a regular basis to ensure they continued to be necessary. The provider also had a restrictive intervention committee in place that included members of the provider's multidisciplinary team to review the need for these practices.

The person in charge had ensured that the staff team supporting the residents' had up to date knowledge/ training and skills to support residents to manage their behaviour where required. A sample of the residents' behaviour support plans showed that the provider's multidisciplinary team were involved in the development of the plans. There was evidence that the residents' plans were promoting positive outcomes and that they were reviewed quarterly or more frequently if required. Inspectors also observed daily recordings of residents' behaviours that are used to develop support plans specific to the residents' needs.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks. Inspectors observed that the current staff shortages were recorded on the risk register and had been given a high priority scoring. Inspectors

also observed risk assessments that had been completed in relation to the moving and handling of residents.

The registered provider had ensured that effective fire safety measures were in place. The person in charge had also ensured that personal emergency evacuation plans were in place to support each resident. The staff team had received adequate fire safety training and there was evidence of regular fire drills taking place in the centre. Inspectors also noted that the fire drills were being submitted to the provider and were being critiqued and areas for improvement were being fed back to the person in charge and staff team in order to drive ongoing improvement.

Inspectors found that there were systems in place that ensured the regular servicing of firefighting equipment in the centre. It was observed that fire safety checks were being carried out on a weekly basis and that monthly audits were also being carried out and being submitted to the provider for review.

The person in charge had ensured that the centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines. There was also evidence that staff members working in the centre had received adequate training to administer medication safely.

An area for improvement was identified in relation to the assessment of capacity to self administer medication. Inspectors reviewed a sample of the residents' medication folders and found that the person in charge had not completed risk assessments regarding residents' capacity to self-administer their medications as set out in the regulations.

### Regulation 10: Communication

Inspectors observed that residents were being supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 17: Premises

The premises of the centre were designed and laid out to meet the needs of the residents' and were maintained to a high standard.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide for residents in respect of the designated centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements set out in the regulations. There were also systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety measures were in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Inspectors reviewed a sample of the residents' medication folders and found that the person in charge had not ensured the completion of risk assessments regarding residents' capacity to self-administer their medications as set out in the regulations.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had assured that assessments had taken place in regards to the health, personal and social care needs of the residents'.

Inspectors noted that personal goals had been set for residents following person centred planning meetings and also through monthly key working reports. There was, however, a lack of relevant evidence of effective auditing and reviewing of the goals. Inspectors noted that the residents were partaking in activities but there was a lack of focus on the identified goals.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that the staff team supporting the residents' had up to date knowledge/ training and skills, which were appropriate to respond to behaviour that is challenging and to support residents to manage their behaviours.

A sample of the residents' behaviour support plans showed that the provider's multidisciplinary team were involved in the development of the plans. There was evidence that the residents' plans were reviewed quarterly or more frequently if required. Inspectors also observed daily recordings or residents' behaviours that are used to develop support plans specific to the residents' needs.

Judgment: Compliant

### Regulation 8: Protection

Inspectors reviewed safeguarding measures that are in place in the centre and found them to be detailed and responsive.

Inspectors also observed that staff members had received the relevant training to safeguard vulnerable adults.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors observed that the provider and person in charge were respecting the rights of the residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Marian Avenue OSV-0001839

Inspection ID: MON-0021029

Date of inspection: 27/05/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Local procedural template will be updated to reflect location of all statutory documentation by 22/07/2019</p> <p>Refresher on location of all statutory documentation will be completed at next team meeting on 23/07/2019</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Correct whole time equivalent for person in charge updated on statement of purpose and submitted to the Authority on 05/06/2019</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Local restrictive intervention register reviewed and updated on 01/06/2019 to include all</p>	

restrictive practices

All restrictive interventions will be listed on quarterly notification form submitted to the Authority by 31/07/2019.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Self-medication assessments will be completed for all residents by Friday 19/07/2019

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Person centred plan audit completed with all residents files on 10/06/2019 with actions identified for completion by 16/08/2019

Person centred plan refresher for all staff will be completed at next team meeting scheduled 23/07/2019

Supervision to be completed with all staff in relation to person centred plans by 30/09/2019

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	23/07/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	19/07/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/06/2019

Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/07/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/09/2019