



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

Name of designated centre:	St Christopher's Centre
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	20 – 21 June 2018
Centre ID:	OSV-0002447
Fieldwork ID:	MON-0021700

About the designated centre

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

This designated centre provides 24 hour nursing care and accommodates thirteen male and female residents; eight residents for long term residential care with a physical, sensory and or intellectual disability, two short term respite care residents with a physical, sensory and/or intellectual disability and three residents with palliative care needs. This designated centre is a purposed built bungalow, which is wheelchair accessible and is just outside a large town in County Cavan. The premises consists of thirteen bedrooms all of which are en-suite, a relaxation room, an activity room, an oratory, a family room including a spare bedroom, shower and living room for family, a large kitchen, a dining room, a laundry room, a sluice room, a clinical room, three offices, staff changing rooms with shower facilities, three toilets, three store rooms, a staff room and a filing room. The centre has a large garden surrounding the building on three sides. The centre has its own transport. The centre employs a full-time person in charge, a part-time clinical nurse manager (I), nine staff nurses, thirteen care assistants, a chef, a clerical officer and a bus driver.

The following information outlines some additional data on this centre.

Current registration end date:	27/11/2021
Number of residents on the date of inspection:	9

How we inspect

To prepare for this inspection the inspector or 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
21 June 2018	09:00hrs to 13:30hrs	Jacqueline Joynt	Lead
20 June 2018	10:30hrs to 19:00hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met with seven residents over the two days of the inspection and observed elements of their daily lives. The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from HIQA questionnaires, residents' monthly meeting minutes, the designated centre's annual review and various other records that endeavoured to voice the resident's opinion.

A number of residents advised the inspector that they were happy living in this centre, that they felt safe and there was good care provided by the staff.

Residents said that they really enjoyed the food, with most residents commenting that it was very tasty and nutritious.

One resident advised that they liked the fact that they were informed through the notice board of what nurse was on duty each day.

The complaints and compliments log contained compliments from residents and their family and noted that staff were friendly and helpful and that residents were treated with dignity and respect.

The inspector observed that there was an atmosphere of friendliness in the centre and that staff were kind and respectful towards the residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibility and who they were accountable to. Improvements that were required from the previous inspection had been implemented.

For the most part, there were enough staff with the right skills, qualifications and experience to meet the assessed need of the residents. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A number of the core staff team had been employed in the centre since it had opened.

There was a robust information governance system in place with the provider ensuring that the policies and procedure were consistent with relevant legislation, professional guidance and international best practices. They were written for the

service and were clear, transparent and easily accessible. There was clear evidence that staff understood and used the centres' policies and procedures to deliver quality care. Staff advised the inspector that policies were discussed on a regular basis at staff monthly meetings.

Governance and management systems in place ensured the resident received positive outcomes in their life and overall, the delivery of a safe and quality service. The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

There was a quality improvement self-assessment tool in place to assist the person in charge ensure that the operational management and administration of centre resulted in effective service delivery. The inspector was informed that senior management monitored the outcomes of this plan on a quarterly basis.

The inspector saw that overall, staff mandatory training was up to date and a training needs analysis had been completed to enable staff provide care that reflected best practice. A specific health related training course was being organised for all staff. A resident's request to attend this training course was accommodated to enable the them make informed decisions about their care and treatment they received.

Every six months one to one staff supervision meetings were taking place to support staff perform their duties to the best of their ability. Staff advised the inspector that they found these meetings to be beneficial to their practice. Staff informed the inspector that they felt supported by the person in charge and that they could approach him at any time in relation to concerns or matters that arose.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Regulation 15: Staffing

Each staff member played a key role in delivering effective, care and support to residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff are supported to develop professionally in an atmosphere of respect and

encouragement. Staff had received mandatory training including safeguarding, manual handling and fire safety.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available and was up to date with all the required information.

Judgment: Compliant

Regulation 23: Governance and management

The governance systems in place ensured that service delivery was effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Unannounced six monthly reviews and annual reviews were being carried out in line with regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The service being delivered was in line with the current statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, the person in charge had insured that incidents were notified to HIQA in the required format, within the specified time frame and that all necessary information was submitted. However, on the day of inspection it was found that one NF03 submission was outstanding and one environmental restrictive practice relating to the kitchen should of been included on the recently submitted NF39.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaint policies and procedures in place that ensured the service was committed to the making, handling and investigation of complaints and that all residents and family members were aware of this. There was an easy to read information booklet and photograph of the complaints officer displayed in communal areas of the house.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 written policies and procedures were adopted and implemented, made available to staff and reviewed when required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the resident's well-being and welfare was maintained to a good standard. The centre was well run and provided a pleasant environment for the residents. Overall, the person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet these needs. Care and support provided to residents was of good quality however, the inspector found that in relation to healthcare, safety and premises, improvements were required.

The inspector looked at a sample of personal plans and found that residents had up to date personal plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied healthcare professionals and family members.

The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. Where appropriate, an accessible format of residents' personal plans, which contained photographs of their planned goals, was contained within their personal plan.

Overall, appropriate healthcare was available to residents having regard to their personal plan however, the inspector found that there were occasions where the health care needs of residents could not be adequately supported due to absence of appropriately trained staff to administer rescue medicine. However, on the day of

the inspection, the person in charge took appropriate actions to address the risk and ensure the affected residents were appropriately supported.

The inspector observed, that where applicable, person-centred palliative care was provided and residents were cared for by highly trained staff that remained up to date with continuous professional development, were compassionate, understanding, enabling and who had specialised skills in the aspects of palliative care.

The residents' personal plans promoted meaningfulness and independence in residents' lives and recognised the intrinsic value of the person by respecting their uniqueness. Six of the residents attended a local day service on full and part-time basis. Those that were not availing of a day service, were engaged in an individualised service within the centre which had been assessed and personalised to better meet their needs. Residents enjoyed activities such as attending concerts, visiting historical parks, animal welfare and arts and crafts.

Residents were supported to be involved in their local community through community activities such as local walks, shopping, utilising the local beautician and hairdressers, and dining out in local restaurants and cafés.

Residents were assisted to exercise their right to experience a full range of relationships including community links and personal relationships. There were supports in place for some residents to have family stay over in the centre. Another resident was supported to maintain friendships with individuals they had previously lived with.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. One resident was supported to organise a family remembrance mass and another resident was supported to organise and bake for a tea-party for visiting friends.

The design and layout of the of the premises ensured that each resident could enjoy living in an accessible, safe and comfortable environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the centre. There was a large activity room with a kitchen area, and during the inspection the inspector observed a number of residents appearing very content part-taking in a bakery programme.

Overall, the physical environment of the centre was clean and in good decorative and structural repair and where maintenance work was required it had been acknowledged by person in charge and logged to be completed. Residents expressed themselves through their personalised living spaces and had put murals, family photographs and posters on their walls. One resident had brought their own furniture from a previous residence and other resident had purchased furniture of their choice for their room. However, the inspector observed that a high number of residents' bedrooms contained components which conveyed a clinical atmosphere more so than a person-centred environment.

The inspector found that the fire fighting equipment and fire alarm system were

appropriately serviced and checked and that there were good systems in place for the prevention and detection of fire. However, the inspector found that the simulated evacuation procedure for the centre was not fit for purpose.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected. The residents were protected by practices that promoted their safety. Residents were supported to development their knowledge, self-awareness understanding and skills required for self care and protection through monthly residents' meetings that promoted safeguarding information.

Regulation 12: Personal possessions

The inspector found that where possible, residents retained access to and control over their own belongings.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with family and to feel included in their local community.

Judgment: Compliant

Regulation 17: Premises

Overall, the house was clean and in good structural repair and where structural work was required (inside and outside) the person in charge had ensured that by the end of the inspection all had been included on the centre's quality improvement plan.

However, the presence of clinical style bedding and medical charts on many of the residents beds resulted in the centre's person-centred ethos/philosophy and mission statement not being fully met.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found no evidence to demonstrate that the evacuation procedure for simulated fire drills (with least amount of staff and all of the residents) was fit for purpose. Simulated evacuations that were taking place did not include all residents and did not include bringing them all the way to the fire meeting point.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

Judgment: Compliant

Regulation 6: Health care

There were occasions where the health care needs of residents were not being sufficiently supported due to the absence of appropriately trained staff to administer rescue medicine.

Judgment: Not compliant

Regulation 8: Protection

The residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Christopher's Centre OSV-0002447

Inspection ID: MON-0021700

Date of inspection: 20 & 21/06/2108

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none">1. The registered provider has ensured that the premises of the designated centre is:<ol style="list-style-type: none">a. designed and laid out to meet the aims and objectives of the service and the number and needs of residents.b. of sound construction and kept in a good state of repair externally and internallyc. clean and suitably decorated.2. The registered provider has ensured that where the designated centre accommodates adults, sleeping accommodation is provided separately and decorated in an age-appropriate manner.3. The registered provider has ensured that such equipment and facilities as may be required for use by residents and staff are provided and maintained in good working order. Equipment and facilities are serviced and maintained regularly, and any repairs or replacements are carried out as quickly as possible so as to minimise disruption and inconvenience to residents.4. The registered provider has ensured that the premises of the designated centre is equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.5. The registered provider has ensured that the designated centre adheres to best practice in achieving and promoting accessibility. The registered provider regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.6. The registered provider has made provision for the matters set out in Schedule 6. <p>Outline how you are going to come into compliance with Regulation 17(1)(a): Premises:</p> <p>The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.</p>	

1. All medical charts which were attached to the end of the bed will now be stored in a personalised folder which will be kept in a magazine rack in the persons bedroom.
2. Consultation process to start with the residents to ascertain their views and their wishes in relation to continuing with the clinical style bed linen or whether they would prefer personalised bed linen chosen by themselves.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The registered provider has ensured that effective fire safety management systems are in place.
2. The registered provider:
 - a. Has taken adequate precautions against the risk of fire in the designated centre and, in that regard, provided suitable firefighting equipment, building services, bedding and furnishings.
 - b. Has made adequate arrangements for:
 - i. maintaining of all fire equipment, means of escape, building fabric and building services
 - ii. reviewing fire precautions
 - iii. testing fire equipment
 - c. The registered provider has provided adequate means of escape, including emergency lighting.
3. The registered provider has made adequate arrangements for:
 - a. detecting, containing and extinguishing fires
 - b. giving warning of fires
 - c. calling the fire service
 - d. and evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.
4. The registered provider:
 - a. Has made arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes; location of fire alarm callpoints, and first-aid firefighting equipment; fire control techniques; and arrangements for the evacuation of residents.
 - b. Has ensured, by means of fire safety management and fire drills at suitable intervals, that staff and — in so far as is reasonably practicable — residents are aware of the procedure to be followed in the case of fire.
5. The person in charge has ensured that the procedures to be followed in the event of fire are displayed in a prominent place and or are readily available as appropriate in the designated centre.

Outline how you are going to come into compliance with Regulation 28(3)(d): Fire precautions:

The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.

1. Fire Drills to include evacuation of all residents to the fire assembly point in St. Christopher's Centre utilizing the lowest compliment of staff (2 staff) commenced on 15/07/2018.
2. All staff will complete the above evacuation procedure with the prioritization of those staff who will be working nights.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

1. The registered provider has provided appropriate healthcare for each resident, having regard to that resident's personal plan.
2. The person in charge has ensured that:
 - a. a medical practitioner of the resident's choice or acceptable to the resident is made available to the resident.
 - b. where medical treatment is recommended and agreed by the resident, such treatment is facilitated.
 - c. the resident's right to refuse medical treatment shall be respected (such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner).
 - d. when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.
 - e. residents are supported to access appropriate health information both within the residential service and as available within the wider community.
3. The person in charge has ensured that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Outline how you are going to come into compliance with Regulation 6 (1): The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan:

1. All staff to complete training in relation to rescue medication.
2. In the interim, a registered nurse will be assigned to residents taking part in any activities outside of the Centre.

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/09/2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/10/2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	31/10/2018