

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Teach Geal
Centre ID:	OSV-0003261
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:	Paul Pearson
Support inspector(s):	Anne Marie Byrne
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 1 day(s).

The inspection took place over the following dates and times

From:

08 February 2017 09:15

To:

08 February 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration renewal decision. This was the centre third inspection by HIQA. The previous inspection was on 30 April 2015 and as part of the current inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspectors met with residents and staff members. The inspectors observed practices and reviewed documentation such as care plans,

medical records, accident logs, policies and procedures and staff files. Interviews were carried out with the person in charge and staff working in the centre. Residents told inspectors that they liked living in the centre. The inspectors observed practice during the inspection and found that residents were supported in a timely manner and with kindness and respect at all times. As part of this inspection the premises were reviewed, the resident's accommodation was personalised in accordance with their wishes and decorated in a homely manner.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. Inspectors found that the service was being provided as it was described in that document. The centre is registered to provide accommodation to five residents. At the time of the inspection, five people were residing in the centre. The centre is a seven day residential home and it is located close to the town centre. The service is available to adult men and women who have an intellectual disability. The centre is accessible to people with a physical disability. Each resident had their own bedroom. The kitchen's, living rooms and bathroom were shared spaces in the centre.

Overall judgment of our findings

Overall, inspectors were satisfied that the provider had systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents, the details of which are described in the report. The interactions between resident and staff were positive and caring, with residents being supported to attend day services and enjoy recreational activities. However, areas for improvement were identified with the premises, the management of risk and fire safety and with the governance and management of the service. In addition, inspectors found that five actions identified in the previous inspection had not been implemented to a satisfactory level.

Of the 18 outcomes inspected against one outcome was found to be in major non-compliance, eight outcomes were found to be in moderate non-compliance. Four outcomes were found to be substantially complaint and five outcomes were found to be complaint with the Regulations.

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 of the report.

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

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

Findings:

While there were good systems in place to promote residents' rights some areas for improvement were identified in the areas of advocacy services and residents' privacy.

Inspectors reviewed the complaints policy in place. The action for the previous inspection had been completed. The appeal process for complaints was outlined in the policy along with contact details of the nominated person to deal with complaints. A picture of the person nominated to handle complaints in the centre was displayed for the residents. Each resident had an accessible version of the complaints policy in their rooms.

Inspectors reviewed the complaints records for the centre. Complaints were recorded and information on whether the complaint was resolved to the satisfaction of the person making the complaint was recorded. The inspectors were not assured of the process in place for the management of complaints. Inspectors reviewed recommendations that were made as a result of an investigation into a complaint. There was no evidence that these recommendations were implemented to ensure it brought about positive changes for the people involved.

The person in charge informed inspectors that the service had sourced an advocacy service that would be available to the resident. At the time of the inspection information regarding the advocacy service had not been provided to the residents. Inspectors were informed that an information session about the advocacy service was planned for the near future.

Inspectors spoke with a number of residents who told inspectors they like the staff working in the centre. Staff interactions with residents were observed to be respectful and friendly at all times. Staff respected residents' privacy and dignity during personal care. Inspectors observed that there were no privacy locks on the bathroom doors in the centre. This did not encourage or enable the resident to maintain their own privacy while using the bathrooms.

Residents were able to exercise independence in their daily lives. Inspectors reviewed the records of house meetings where residents discussed how their service was run and what they would like to do. Residents had choice over their leisure activities and interests. Residents who spoke with inspectors explained the activities they enjoyed doing. Inspectors were also shown pictures of the residents partaking in activities. The residents showed the inspectors their favourite activities and were knowledgeable about their individual activity planner.

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:

Inspectors found that staff were aware of residents' individual communication needs and the residents were supported to communicate effectively by staff. Some improvements were identified in maintaining residents' access to communication technology.

There was a policy in place to support and guide communication with residents. Residents had their individual communication requirements assessed and documented in their personal plans. Staff who spoke with inspectors were aware of each residents' different communication needs.

Residents had access to television and radio in the centre. Inspectors were told that staff assisted a resident to communicate with family and friends using their tablet computer. This was reported to have a positive for the resident as they could communicate regularly using pictures.

Three residents enjoyed using a new computer the service had purchased. Residents told inspectors about the computer and their enjoyment from using it. The residents had

pictures of themselves using the computer as part of their activity planner. However, the residents pointed to the area where the computer was normally kept and were surprised to see that it was not present. Inspectors asked staff where the computer was. Staff informed the inspectors that the computer was in the shed and the software that the residents enjoyed using was a trial version. Inspectors were made aware that actions had not been taken or planned to purchase the software the residents enjoyed using. There were no plans in place to maintain this activity for the residents.

Judgment:

Non Compliant - Moderate

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:

There was evidence of full compliance in this outcome.

The staff in the centre supported residents to maintain positive relationships with their families and friends. There was evidence that family members regularly communicated with and visited the residents. There were no restrictions on family visits and there was a visitor's policy in place to support this. An inspector saw evidence that families attended personal care planning meetings for the residents.

Inspectors were informed by staff that residents were involved in the community and were well known in the locality. Staff maintained activity records for each resident, this provided examples of community activities each resident enjoyed doing. Staff also had pictures of activities in each residents' file and displayed on the notice board in the centre. Three residents showed inspectors their favourite activities and spoke about their involvement in the community.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that each resident had a contract of care there were some improvements required to ensure agreements were signed appropriately.

There are policies and procedures in place relating to the admission, transfer and discharge of residents in the service. The resident's admissions were in line with the Statement of Purpose.

Inspectors reviewed the contracts of care in place for the residents. This was referred to as a tenancy agreement by the provider. The resident's weekly contribution was clearly outlined in the agreement. The services to be provided as part of this charge were set out in the agreement. Services or activities that may incur additional charges were also listed in the agreement.

The tenancy agreements reviewed were not always signed appropriately by the resident's or their representatives.

Judgment:

Substantially 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:

On the day of inspection, inspectors found each resident's wellbeing and welfare was

maintained to a high standard of care and support. Each resident had opportunities to participate in meaningful activities that were appropriate to their interests and preferences. However, some improvement was required in the personal plans reviewed.

Personal plans were observed to involve the participation of residents and focused on a wide range of personal goals. The centre had received actions in relation to this outcome in its' previous action report and inspectors observed that not all actions had been satisfactorily addressed. Improvements were still required in relation to ensuring personal goal setting was measurable and reviewed in a manner which assessed overall effectiveness of personal plans.

Personal plans were found to be reviewed on an annual basis. Each resident had a copy of their personal plan in their bedroom in a format which met their communication needs. Personal plans identified personal goals as set out by the residents in conjunction with their key worker. Staff spoken with informed the inspectors that residents were encouraged to consider personal goals associated with leisure and development, personal development, family and friends and health and well-being. Progression of these goals were reviewed on a six monthly basis and action plans were put in place following these reviews. These reviews also considered the overall effectiveness of interventions initially set out in personal plans to support the residents.

Staff informed the inspectors of the recent progression made by some residents in achieving their goals. However, this personal goal progression or personal planning evaluation process was not evident on residents' personal goal action plans. Furthermore, action plans did not provide detail on who was responsible for supporting the residents to achieve their goals. The action plans did not guide on a measurable timeframe for review.

No residents were transitioning to or from the service at the time of inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

While residents' personal living spaces were homely and personally decorated, areas for improvement were identified with the premises. Some actions from the previous inspection were not addressed and issues with general maintenance and upkeep were identified during the inspection.

The centre was made up of two semidetached houses in a residential neighbourhood. The houses were connected by a fire door on the first floor. Apart from the connecting fire door the houses were individual units. Each house had a kitchen, sitting room and bathroom for use by the residents who had their bedrooms in the house. There was a garden to the front and rear of the property with the rear garden having a decking and lawn.

The provider had not implemented all of the actions agreed after the previous inspection. Issues with the premises, identified on the previous inspection were not addressed by the provider. Actions relating to the accessibility of the centre had not been addressed.

Each resident had their own bedroom. Three residents showed inspectors around their house and rooms. Each bedroom was personalised in accordance with the resident's wishes and were reflective of their hobbies and interests. The provider had failed to maintain the internal communal areas of the centre in a homely manner. There was visible damage to paint work, walls, doors and door frames in the centre. The provider did not have a plan in place to address these routine maintenance issues.

Some general maintenance issues were also identified with the upkeep of bath panels and showers in the centre.

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):

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

Findings:

Overall there were systems in place to identify and manage risks in the centre. Improvements were identified in the area of fire safety; including fire evacuation planning and the servicing of fire detection equipment.

There were policies and procedures in place for health and safety, risk management and emergency planning. There was an up-to-date safety statement in place which was specific to the centre. There was a risk register in place which detailed specific risks and controls present in the centre.

While there was a risk management system in place the occurrence of falls was not consistently recorded. As a result appropriate risk management practices had not been implemented to reduce the risk presented to a resident. Bedrails were also in use in the centre, however, the risk assessment relating to their use was not completed.

There was a policy and procedure in place for dealing with the unexplained absence of a resident.

Suitable fire equipment was provided in the centre which was serviced on an annual basis. Inspectors reviewed servicing records that were maintained onsite. The records demonstrated that the fire detection and emergency lighting was not serviced on a quarterly basis.

The evacuation procedure was prominently displayed in the centre. The fire exits were unobstructed and emergency lighting and signage was fitted to indicate the exit doors. Staff had received training in fire safety. Records of fire practice drills were maintained onsite. Observation and learning was recorded after each evacuation drill. A fire drill record dated in 2015 and occurring after the previous inspection raised concerns regarding the prescribed evacuation procedure for a resident. Inspectors reviewed the current evacuation guidance for the centre and found that there were multiple versions of the procedure in the centre. These were not dated and it was not possible to determine the most up-to-date procedure in use to. This did not promote consistency of care. The evacuation procedure did not address the issues identified during the fire evacuation drill in May 2015. The evacuation procedure also did not make reference to the evacuation equipment available in the centre.

There were policies and procedures in place for the prevention and control of infection within the centre. Cleaning records detailed regular cleaning in the centre.

Emergency evaluation plans were in place for the residents living in the centre. These were made available to the residents in an easy read or picture format. Two residents showed inspectors their personal evacuation plan and told the inspectors what they would do in the event of an emergency. The residents showed the inspectors the assembly point outside the centre.

All of the designated fire exits did not have a key in a break glass unit or keyless open locks fitted. This presented a risk to staff and residents as the fire exit was not readily operable in the event of an emergency.

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:

While there were policies and procedures in place and evidence of good practice in some areas, improvements were required in the area of safeguarding and the management of residents' finances.

There was a policy on, and procedures in place for, the prevention and response to abuse which staff were aware of. All staff were found to have up-to-date training in safeguarding.

No residents were presenting with behaviours that challenge at the time of inspection. Training in the management of behaviours that challenge was provided and available to support staff in their roles. Some restrictive practices were in place within the centre. Restrictive practices were found to be reviewed in a multi-disciplinary manner. There was appropriate guidance to staff on use and application of restrictive practices.

There were no safeguarding plans in place at the time of inspection. However, inspectors reviewed an incident where a safeguarding allegation had been made. An investigation into the allegation was undertaken by the safeguarding officer for the service at the request of the CEO. Inspector found that the recommendations from this investigation had not been implemented fully. Inspectors were informed that some recommendations were put in place but after implementation these were discontinued as they were deemed unnecessary and did not benefit the resident. There were no records to support this. This safeguarding allegation was not reported to the Chief Inspector as required by the Regulations. Inspectors spoke with the provider nominee and the PIC at the feedback meeting, neither recognised the need to report this safeguarding allegation and investigation to the Chief Inspector.

Intimate care plans were in place for each resident. These were found to inform staff on the level of assistance and support required by residents during personal care routines. However, inspectors observed not all intimate care plans provided up-to-date guidance to staff on the recently developed personal care routines to be carried out for some residents.

There was a policy in place for the management of residents' personal finances. All of the residents required some support with the management of their finances. Inspectors reviewed a sample of the financial records maintained in the centre. The system in place for managing residents' finance was not robust. The system did not provide oversight of the residents' receipts and expenditure of petty cash. It was not possible to tell how much pocket money a resident should have in their possession based on the record keeping system. Inspectors were shown receipts for regular expenditure for a number of the residents. The receipts did not account for the total sum of money that was recorded in the expenditure records for the residents.

Judgment:

Non Compliant - Moderate

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

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

No actions were required from the previous inspection.

Findings:

The centre had no previous actions pertaining to this outcome. The centre had systems in place to review and record all incidents in the centre, however, inspectors found not all incidents were appropriately recorded or reported to the Chief Inspector in accordance with the regulations.

Inspectors observed some incidents where safeguarding concerns were alleged were not reported to the Chief Inspector in accordance with the regulations. This was brought to the attention of the PIC and Provider on the day of inspection. The Provider assured inspectors that such incidents would under-go further review to establish gaps in the centres notification of incidents to the Chief Inspector.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre had no previous actions in relation to this outcome from the last inspection. A comprehensive plan of residents' activities was in place in the centre. Residents were encouraged and facilitated to access local community based services on regular basis.</p> <p>Inspectors observed residents being support to attend day-care services on the day of inspection. Although no residents in the centre were availing of employment schemes, educational opportunities were provided as part of the day service they attended. Residents were observed to be familiar with each other and interacted well together in the centres' environment. Residents were observed to have choice in accessing local attractions such as cinemas, bowling alleys, walking routes, shops and coffee shops. Where residents were identified as needing one to one support for community and social outings, sufficient staff were available to provide this level of support.</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>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors found that each resident was supported to achieve and enjoy the best possible health. Residents had access to allied healthcare services which reflected their varied healthcare needs. However, some gaps were identified in relation to the timely access of residents' to some allied health care professionals.</p> <p>Residents' healthcare needs were observed to be reviewed on a regular basis and personal plans had clear guidelines in place on the management of these healthcare needs. Where residents were identified with neurological healthcare needs, protocols were observed to be in place to support staff on the care to be provided to these residents. Similarly, where residents presented with nutritional needs, guidance documents were in place for staff reference. Staff spoken to were familiar with each resident's specific healthcare needs and demonstrated a clear understanding of their</p>

responsibility in supporting these residents.

Inspectors found residents had access to various allied health professionals such as nutritional specialists, behavioural specialists and cognitive specialists. Residents had access to a General Practitioner (GP) service of their choice. However, inspectors observed that a lapse in timeframes for some reviews had occurred for residents requiring re-assessment by a nutritional specialist. For example, one resident was observed to be scheduled for re-assessment in August 2016. However, there was no evidence available to suggest this re-assessment had occurred. This was brought to the attention of the PIC on the day of inspection.

Residents were facilitated to participate in the preparation of meals. Some residents informed inspectors of the specific tasks they were responsible for at mealtimes. Residents were observed to freely access the kitchen for snacks and refreshments as they wished.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found there were written operational policies and procedures relating to the ordering, prescribing, storage and administration of medications to residents. All staff were found to have up-to-date training in safe medication administration. However, inspectors observed the centre did not routinely conduct assessments of capacity to encourage residents to take responsibility for their own medication administration.

Medications, prescription sheets and medication administration records were observed to be stored in a locked press. Medications were dispensed in blister packs which were clearly labelled with residents' details. Topical medications which were not dispensed in blister packs were also observed to be clearly labelled with the residents' details. A check of the centre's medication stock was conducted regularly by the centre.

A number of prescription sheets were reviewed by inspectors. The records were found to be in good condition and provided separate sections for the administration of regular medication and for as required medications. These were found to provide details on the identification of the resident the medication was prescribed for, the name of the

medication prescribed, the dosage, route and time of administration. Each prescription sheet outlined the date of commencement and discontinuation of prescribed medications. A sample of residents' administration records were also reviewed. No errors in the centres' medication administration recording process were identified. Staff spoken to demonstrated a clear understanding of their responsibility to report any medication error to the PIC.

No residents were self administering their own medications at the time of inspection. Inspectors found that capacity risk assessments were not routinely carried out by the centre to encourage residents to take responsibility for their own medication administrations.

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):

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

Findings:

An inspector reviewed the statement of purpose maintained in the centre. The information set out in the Certificate of Registration was noted to require amendment. The provider subsequently submitted an updated version of the statement of purpose which contained all of the information as specified by Schedule 1 of the Regulations. The statement of purpose was also available in a format that was accessible to residents.

Judgment:

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):

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

Findings:

The centre had actions required in relation to this outcome from the previous inspection report. Inspectors found that not all previously agreed actions had been satisfactorily completed. In addition, where action plans were in place following annual reviews of the service, it was unclear what progress had been made by the centre to complete these actions.

Inspectors met with the Person in Charge on the day of inspection. The Person in Charge was found to be knowledgeable of the residents' care needs and in the operations of the centre. She was supported in her role by Persons Participating in Management (PPIMs) and by the Provider. A nursing team were available to the centre to support staff with any medical or healthcare concerns they may have in relation to the residents. Staff meetings were regularly held within the centre and minutes of these meetings were available for inspectors to review.

An annual review of the service had been completed in January 2017. This report was found to involve the participation of residents, and provided a comprehensive overview of the quality of service being delivered. Six monthly unannounced audits of the centre were also consistently conducted. These audit reports were available for inspectors to review on the day of inspection. Actions for improvement were made following each audit, however, inspectors observed similar findings were made within the last three audits conducted. These identified actions were found not to be assigned to individuals for completion and did not guide on measurable timeframes for completion.

The Person in Charge informed that she was present in the centre at least three to four times a week. She held both an operational and administrative role within the centre. The Person in Charge informed inspectors that the allocation of her administrative time was at her own discretion, based on the nature of the administrative duties to be completed. Inspectors found that the Provider did not have sufficient oversight of the rostering and failed to ensure the Person in Charge had sufficient time allocated for administration to ensure oversight on areas such as the timely review and management of incidents. In one instance, the inspectors observed trending in the re-occurrence of resident related incidents. However, the Person in Charge had not allocated time to review and manage these incidents.

Judgment:

Non Compliant - Moderate

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 provider was aware of their responsibilities under the regulations with regards to notifying the Authority's Chief Inspector of the proposed absence of the person in charge from the designated centre for 28 days or more.

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:

No actions were required in relation to this outcome from the centres' previous inspection report.

The centre was resourced to ensure the effective delivery of care and support in accordance with the centres' statement of purpose. There were enough resources to support residents achieving their individual personal goals. The facilities and services in the centre reflected the statement of purpose.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, inspectors found that there were appropriate staff numbers and skill mixes to meet the assessed needs of residents. Some improvement was required in the documentation and vetting records to be maintained on staff files.

Inspectors were informed of arrangements for staff supervision and all staff had received supervision at the time of inspection. A planned and actual roster was available in the centre which was developed by the PIC on a monthly basis. The PIC had the support of a relief panel to meet the rostering needs of the centre as required. Where one to one support was required by some residents, the provision of this staffing requirement was also evident within the centres' roster.

The staff training matrix for the centre was reviewed. Staff were provided opportunities to attend training on areas such as behaviours that challenge, manual handling, fire management, safe medication administration practices and safeguarding. All staff were found to have up-to-date mandatory training at the time of inspection.

Inspectors observed that there was a planned roster for the centre. This roster indicated the name and role of the staff members rostered for duty, however upon review, inspectors found that the exact times of shift commencement and completion were not clearly defined.

Inspectors also reviewed a sample of staff files and found not all contained requirements of Schedule 2 of the regulations to include; satisfactory gaps of employment.

Judgment:

Non Compliant - Moderate

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)

Theme:

Use of Information

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

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

Findings:

Inspectors reviewed the records maintained in the designated centre. Some records reviewed were not accurate or maintained up-to-date.

The centre had all of the operational policies as required by Schedule 5 of the regulations. Some policies and procedures were not reviewed and updated within the three year interval period as required by the regulations.

As part of the registration process the provider submitted evidence of suitable insurance cover.

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:

Paul Pearson
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-0003261
Date of Inspection:	08 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:

There were no privacy locks on the bathroom doors in the centre, this did not allow residents control over their privacy when using the bathrooms.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Completed 8/3/2017

Proposed Timescale: 08/03/2017

Theme: Individualised Supports and Care

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

The advocacy service available to the residents had recently changed; at the time of inspection residents had not received information on their advocacy service available to them.

2. Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Updated information from the local Advocacy service will be given to residents and explained to each on 9/3/2017. Arrangements for a visit from the service have been made and scheduled for May 2017. Updated information will be displayed in the house in an easy read format.

Proposed Timescale: 30/05/2017

Theme: Individualised Supports and Care

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

The registered provider did not ensure recommendations made as a result of an investigation into a complaint were implemented.

3. Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

The Care Plan has been revised as set out in recommendations on 13/2/2017 and the Provider will ensure all recommendations are further reviewed with family by 31/3/2017.

Proposed Timescale: 31/03/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The computer that resident enjoyed using was no longer available to the residents at the time of the inspection. There were no satisfactory plans to reinstate the computer access which the residents previously enjoyed.

4. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

The computer has been put back to its original place 13/2/17. The Provider will purchase the software as chosen by residents by 31/3/2017.

Proposed Timescale: 31/03/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Some contracts were not signed appropriately by the resident or their representatives.

5. Action Required:

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

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

Completed 7/3/17

Proposed Timescale: 07/03/2017

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 provider did not ensure that personal plans were reviewed in a manner which:

- Provides updates on the progression of personal goals where changes in personal goal status occurs
- Assess the overall effectiveness of interventions set out in personal plans.

6. Action Required:

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

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

The Provider will ensure that a full review and training takes place in Personal Plans to include SMART goals, timeframes and keyworker responsibility. The Person in Charge will also ensure robust follow up takes place and an assessment of overall effectiveness is completed quarterly. A Team meeting to review Personal plans, identify issues in the body of the report and make recommendations for corrective actions took place on the team 9/3/2017.

Proposed Timescale: 28/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Accessibility of the centre was not demonstrated in accordance with best practice. The provider did not carry out alterations to the designated centre as per their undertaking in response to the previous inspection.

7. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The Provider has robustly pursued the Landlord to carry out alterations and secured agreement for same in July 2015 (See attached confirmation). A further meeting will take place on the 28th March and the Provider will endeavour to secure a timeframe for the works at this meeting. The general upkeep will be addressed. An update re outcome of the meeting will be provided to Inspector.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

The provider failed to keep the centre in a good state of repair. Maintenance and repair issues were identified in the communal areas of the centre which included the bathrooms, stairs, walls, doors and doorways.

8. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The Provider is awaiting alterations to be completed by the Landlord and is aware of repairs needed to hall, stairs doorways which cannot be done until alterations are carried out. Repairs to the Bath panels and shower heads have been completed on 8/3/2017.

The Provider has robustly pursued the Landlord to carry out alterations and secured agreement for same in July 2015 (See attached confirmation). A further meeting will take place on the 28th March and the Provider will endeavour to secure a timeframe for the works at this meeting. The general upkeep will be addressed.

An update re outcome of the meeting will be provided to Inspector.

Proposed Timescale: 31/03/2017

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:

Identified falls risks were not subject to ongoing review and risk assessments were not completed where required.

9. 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:

A falls risk assessment will be completed for the Resident in question by 9/3/2017.

A Risk Assessment re use of Bedrails will be conducted and recorded as required by 9/3/2017

Fire detection and emergency lighting is now serviced quarterly from 8/3/2017.

The Evacuation Procedure was reviewed at Team Meeting on 9/3/2015 and will be revised, dated and circulated. The revision will address issues highlighted in body of report, such as evacuation equipment, previous issues identified and removal of old procedures. This will be completed by 17th March 2017.

The advice of a qualified professional re keys currently stored on hooks at each fire exit or door is currently being sought. The Provider will adhere to recommendations on

receipt of same and confirm detail to Inspector.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

The arrangements in place for fire evacuations required review. There were conflicting procedures on record in the centre. The evacuation arrangement for one resident was recorded in a fire drill record as being inadequate and unworkable.

10. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The Evacuation Procedure was reviewed at Team Meeting on 9/3/2015 and will be revised, dated and circulated. The revision will address issues highlighted in body of report, such as evacuation equipment, previous issues identified and removal of old procedures. This will be completed by 17th March 2017.

The Provider has asked the health & safety manager to review and confirm completion on all issues in report in the area and report on same by 31/3/2017

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

The fire detection system was not serviced on a quarterly basis.

11. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The contractor has changed all schedules to quarterly maintenance effective immediately.

Completed 8/3/2017

Proposed Timescale: 08/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Personal plans were not updated to ensure staff providing personal intimate care had up to date information.

12. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

Completed on 15/2/2017 and will be further reviewed with family by 31/3/2017. If necessary a revised Care Plan will be done after this meeting.

Proposed Timescale: 15/02/2017

Theme: Safe Services

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

The provider failed to ensure that where safeguarding allegations were made, appropriate investigation of the incident was conducted.

13. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The Provider has discussed the matter with Designated Officers and will confirm procedures at Management Meeting on 23rd March 2017. Further guidelines for all teams will be put in place by Provider to ensure understanding that all allegations must be reported.

Proposed Timescale: 31/03/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The provider failed to give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of abuse of any resident.

14. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

Revised guidelines are currently being drawn up with the Provider and Designated Officer for circulation to ensure this does not happen again. The matter will be discussed with Managers on 23/3/2017.

Proposed Timescale: 31/03/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure a resident who required a re-assessment by allied health professionals had access to such service in a timely manner.

15. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The Resident's appointment was rescheduled to 12/10/2016 but this was not documented on file and the detail of service was not available on file to Inspector.(See attached). The Person in Charge will ensure the External Health Professional Forms document such appointments and services and are signed off by Health professional.

Proposed Timescale: 31/03/2017

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 provider failed to ensure an assessment of capacity was routinely carried out for residents to encourage them to take responsibility for their own medication administration.

16. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and

assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

The Provider has reviewed current guidelines re capacity in this area and they are inadequate. The matter has been referred to Nurse for Services to make recommendations for changes to policy. The process for carrying out assessments to encourage residents to take responsibility for their own medication will begin thereafter.

Proposed Timescale: 27/04/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider failed put in place arrangements to facilitate the PIC to effectively and consistently monitor the service provided.

17. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The Provider will review and confirm with Person in Charge for April Roster. The Provider has delegated the review and monitoring of the system in place to the Residential Services Manager. Continuous Monitoring through additional audit will take place to ensure effectiveness.

Proposed Timescale: 31/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure all information as required of Schedule 2 was maintained for all staff.

18. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Gaps in employment have been addressed on 27/2/2017

Proposed Timescale: 27/02/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies and procedures were not reviewed within the required timeframe.

19. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The HR policies are currently under review.

Proposed Timescale: 30/05/2017