



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

Issued by the Chief Inspector

Name of designated centre:	St Christopher's Centre
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	05 August 2021
Centre ID:	OSV-0002447
Fieldwork ID:	MON-0033635

About the designated centre

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

St Christopher's Centre is a large purpose built unit located outside a large town in County Cavan. The centre provides 24-hour nursing care and can accommodate up to 11 male and female residents. The centre is essentially divided into two separate areas. In one area care is provided to eight residents who receive long-term residential care. In the other area palliative care is provided for up to three residents. There are two separate entrances to each area. The premises consists of 11 bedrooms all of which are en-suite; a main foyer, a relaxation room, an oratory, two activity rooms, a dining room, a large kitchen, two clinic rooms, a conference room, three store rooms, one office, one staff room, one office/staff room, one sluice room, four toilets, one laundry room and one filing room. The centre is surrounded by large gardens and there is ample car parking facilities provided. The staff team includes a full-time person in charge, a part-time clinic nurse manager, staff nurses, health care assistants, a chef, a clerical officer and a bus driver. The centre is nurse led meaning there is a nurse on duty 24 hours a day. The centre has its own transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Thursday 5 August 2021	9:10 am to 5:30 pm	Anna Doyle	Lead

What residents told us and what inspectors observed

Due to the size and layout of the centre and in line with the providers own infection control contingency plans the inspector only inspected the residential area of this centre and not the palliative care area.

On arrival to the centre, the inspector observed that the atmosphere was relaxed and calm. Some residents were up watching television in the reception area and some were getting up at a leisurely pace.

The inspector met a number of residents who wished to talk about the quality of services provided. Some residents did not wish to meet with the inspector and their personal preferences were respected. The inspector had a brief chat with one resident who was enjoying a cup of tea at the time and was happy to go through some of their easy read personal plan and pictures of activities they had been taking part in over the last number of months. Another three residents chatted to the inspector about some of the things they liked about the service and some of the things they might like to change.

While some of the residents reported that ideally they would love to live at home and struggled sometimes with the fact that this was not their home, some said it was the next best thing.

Overall the residents reported that they were happy living in the centre and they especially loved the staff. Some commented that staff were great and really supportive. All of the residents said that they felt safe living in the centre and said that if they were not happy they would report it to a staff member.

They all said they loved the food and some spoke about their favourite meals and said that if they did not like meals they could ask for an alternative.

All of the residents met had understandably found the last year difficult, particularly not being able to see and meet family members. However, some gave examples of how this had changed in the last few weeks. The inspector also observed some technology that was being used to support residents to keep in touch with their families.

Some residents talked about some updates that were required in their bedrooms and the inspector observed some of the updates the residents were referring to, for example; paintwork was chipping off the walls in some areas. This feedback was given to the provider and is included in this report under premises.

One resident went through some of their personal plan with the inspector. They talked about some of the goals they had made over the last number of months and how they had achieved them.

It was evident that the resident was informed and knew about their own needs and the supports in place around them. However, some improvements were required to support this resident and others around some of their health care needs. This is discussed further under health care needs in Section 2 of this report.

Meetings were also held every month with residents where they discussed a range of issues. In the event that residents did not want to attend, one to one meetings were held to discuss issues with them. Residents and their family representatives were also encouraged to complete questionnaires every six months to provide feedback on the services provided and identify areas which needed to be improved. The inspector reviewed a sample of these and found that overall the feedback was very positive. One resident had recently raised an issue about their bedroom window which had not been addressed at the time of the inspection, this issue is included in the report under premises.

At the last inspection some residents had highlighted in their feedback survey that they would like more opportunities to engage in activities such as grocery shopping, going to a day service and having more opportunities to have fun in the centre. The inspector found that residents were now being provided with more activities and appeared happier with the level of activities available to them. Notwithstanding some still reported frustration with no day services and the restrictions in place around COVID-19 up to the time of this inspection. However, goals were now regularly reviewed for residents and a picture album had been put together to show the activities that residents had been doing over the last year. The inspector found a big improvement in this since the last inspection and residents reported they were happier with the level of activities available to them.

One resident had purchased a guitar and was getting lessons to improve their skills. Other residents who had very creative talents had started making decorations and cards for different celebrations. For example; to celebrate the World Olympics starting, some residents had made a 'flame' to represent the start of these games. One resident who had a keen interest in art had visited an art museum and other residents had improved their gardening and cooking skills. The inspector saw evidence of this to the back of the centre where there was a lovely garden area which residents had helped plant and maintain.

Some residents had started flower arranging and there were photographs showing the beautiful arrangements they had made.

Overall, residents reported that they were happy with the services provided, staff were observed and overheard being respectful to the residents. Notwithstanding, a number of improvements were still required in health care needs, staffing and premises.

The following two sections of the report outline the governance and management structures in the centre and how these impact on the quality and safety of residents lives.

Capacity and capability

Overall residents reported that they were happy living in this centre. The governance and management systems in place were ensuring that services were monitored and audited as required by the regulations. Notwithstanding, significant improvements were required in the health care needs for some residents and areas such as staffing and the premises required some improvements.

Since the last inspection of this centre in June 2020, the provider had applied to the Chief Inspector to reduce the bed capacity in this centre from 13 to 11 beds. This application which was granted also included stopping the provision of respite care in this centre. This provider also has a long term plan to source three smaller community homes where residents receiving long term residential care and those previously receiving respite will move to. At the time of this inspection the provider had purchased two of these community houses. The inspector was informed that the provider aimed to have all of the three houses operational by September 2022.

The centre had a clearly defined management structure in place which consisted of a person in charge who worked on a full-time basis in the centre. They were supported in their role by a clinic nurse manager, a team of qualified nursing staff and a team of healthcare assistants. The clinic nurse manager had oversight of the palliative care unit on a day to day basis and reported to the person in charge.

The person in charge who was appointed in October 2020, was a qualified nursing professional, who provided good leadership and support to their team. The inspector also observed that they were responsive to the inspection process and aware of the legal requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The regulations).

The person in charge reported to the assistant director of nursing of the organisation and had regular contact with them, including supervision.

There were sufficient staff on duty to meet the needs of the resident at the time of the inspection. The staff team was divided into two teams, one team provided support to the residential area and the other team provided support in the palliative care area. In the residential unit, five staff were on duty during the day, and two staff on duty at night. In the palliative care area there were two staff on duty during the day and two staff on duty at night.

At the time of the inspection there were three staff vacancies in the centre. A recruitment campaign was in progress by the provider. Consistent agency staff had been employed in the interim who worked alongside permanent staff employed in the centre. The inspector found that from time to time when a staff member phoned in sick, the provider was unable to fill this position on the day with an agency staff. This had not been reviewed by the provider to ensure that they were satisfied that

on those occasions, that the needs of the residents were being fully met.

There was a planned and actual rota maintained in the centre however, this was difficult to read and the inspector had to seek assurances from the person in charge a number of times to seek clarity around who worked specific shifts. This required improvement.

Staff met with felt supported in their role and said that they were able to raise concerns to management if needed. Supervision was conducted every six months with staff. An on-call service was also provided out of hours should staff require support and advice.

A sample of personnel files viewed were found to contain the requirements of the regulations. For example, garda vetting was on file for staff.

Staff had been provided with training in order to have the skills to support and safeguard residents. The records viewed indicated that staff had been provided with training which included, safeguarding of vulnerable adults, fire safety, manual handling, positive behavioural support, infection prevention control, basic life support and dysphagia.

The centre was also being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Other audits conducted included personal plans and medicine management practices. The inspector followed up on a number of improvements identified from these audits and found that they either had been completed or there were plans in place to complete them. For example; the provider had identified that some of the en suite bathrooms required an upgrade and at the time of the inspection all of them had been done except one.

Regulation 14: Persons in charge

The person in charge who was appointed in October 2020, was a qualified nursing professional, who provided good leadership and support to their team. The inspector also observed that they were responsive to the inspection process and aware of the legal requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The regulations).

Judgment: Compliant

Regulation 15: Staffing

The staff rotas required review to ensure that they were maintained appropriately.

The provider needed to review the staffing arrangements to ensure that when the staffing was reduced by one staff during the day due to unplanned leave, that the needs of the residents were being met in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training records viewed indicated that all staff currently working in the centre had completed training in, safeguarding of vulnerable adults, fire safety, manual handling, positive behavioural support, infection prevention control, basic life support and dysphagia training.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which included systems to monitor and review the quality and safety of care for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the Regulations and had recently been updated. It consisted of a statement of aims and objectives of the centre and a statement of the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Overall the inspector found that the residents quality of life had improved in the centre and significant improvements had been made since the last inspection around the level activities that residents could engage in. However, improvements were required in health care and premises.

At the last inspection the design and layout of the centre was found to be impacting on the quality of life of some of the residents. As stated earlier the provider had reduced the capacity in the centre from 13 to 11 beds and was also in the process of purchasing and renovating new premises.

On the day of the inspection the centre was observed to be clean and for the most part in a good state of repair. However, some of the floors and paintwork in the bedrooms required improvements. One en-suite bathroom had a fan than was not working and the area around the fan needed attention. As part of the providers own quality improvement plan one en-suite still needed to be refurbished. The provider had also identified other areas that needed to be addressed. For example; the sofas in the activity room were being refurbished.

Each resident had a personal plan which had been developed into a concise easy read version where required for some residents. Care plans had been developed for the most part to include the supports required for the resident. However, as referenced under health care some improvements were required. Residents had been supported to develop goals they may wish to achieve and these goals had been made in consultation with the residents. Residents care plan were being reviewed as required and on a six monthly basis.

Regular and timely access to a range of allied health care professionals also formed part of the service provided. This included access to GP services, an occupational therapist, dietitian and a speech and language therapist. While the inspector found some good examples where the health care needs were met improvements were required in a number of areas. For example; it was not clear whether all residents had been offered or had partook in national health screening services. One care plan was also not detailed to ensure that staff and the resident were guided to administer a prescribed treatment. Both the staff and the resident were also not very clear about this either. In addition, there was no health care plan in place for one identified health care need for a resident.

The inspector also found that one resident who refused some treatment interventions recommended by allied health professionals had the support of a number of allied health professionals regarding this. For example; some of the team met with the resident to discuss alternative options. However, there was no comprehensive review of this to ensure that the provider, resident and staff were

satisfied that all possible alternatives had been explored especially given the potential risks to this resident.

Residents were also supported to enjoy best possible mental health and where required had access to support from a behaviour specialist and a psychiatrist. Staff were knowledgeable around the residents needs in relation to this.

There were systems in place to manage and respond to risk in the centre. Where incidents had occurred, they had been reviewed with the staff team, allied health professionals and the person in charge to ensure that appropriate controls were in place to mitigate the risks. Risk assessments were also in place which outlined these controls measures. Individual risk assessments were also in place for each resident.

Infection control measures were also in place to prevent/manage and outbreak of COVID-19. All residents had living in the residential area had received their vaccinations. Staff had been provided with training in infection prevention control, the use of personal protective equipment (PPE) and hand washing techniques. PPE was available in the centre and staff were observed using it in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There was adequate hand-washing facilities and hand sanitising gels available throughout the house and enhanced cleaning schedules had been implemented. Staff were observed adhering to cleaning schedules during the inspection. Audits were also completed to ensure the practices in the centre were in line with current public health guidelines.

Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19. Residents' plans had arrangements in place to support them if they were suspected or confirmed of having COVID-19. There was also a senior management team in the organisation to oversee the management of COVID-19.

All staff had been provided with training in safeguarding adults and staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents said they felt safe and would talk to staff if they felt unsafe.

The inspector found a number of examples where residents' rights were respected in the centre on the day of the inspection. Residents themselves expressed that they were able to raise concerns. There was information about advocacy services displayed in the centre and one resident had been supported to avail of this service.

Regulation 17: Premises

The design and layout of the centre is not suitable given the needs of the residents and the provider has plans to address this going forward.

Some of the floors and paintwork in the bedrooms required improvements.

One en-suite bathroom had a fan that was not working and the area around the fan needed attention.

As part of the providers own quality improvement plan one en-suite bathroom still needed to be refurbished.

One resident had raised an issue about their bedroom window that needed to be addressed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and respond to risk in the centre to ensure that residents and staff were safe.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures were in place which included systems to prevent/manage an outbreak of Covid-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans, including easy read versions (where required) which outlined their individual support needs and their personal preferences. Reviews were conducted to evaluate the care being provided.

Judgment: Compliant

Regulation 6: Health care

It was not clear whether all residents had been offered or had partaken in national

health screening services.

One care plan was not detailed to ensure that staff and the resident were guided to administer a prescribed treatment.

There was no health care plan in place for one identified health care need for a resident.

There was no comprehensive review of one residents care to ensure that the provider, resident and staff were satisfied that all possible alternatives had been explored around this need especially given the potential risks to the resident.

Judgment: Not compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults and staff spoken with, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents said they felt safe and would talk to staff if they felt unsafe.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found a number of examples where residents' rights were respected in the centre on the day of the inspection. Residents themselves expressed that they were able to raise concerns. There was information about advocacy services displayed in the centre and one resident had been supported with to avail of this service.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Christopher's Centre OSV-0002447

Inspection ID: MON-0033635

Date of inspection: 05/08/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to meet compliance with Regulation 15: Staffing the following actions have been undertaken:</p> <ul style="list-style-type: none"> • The PIC has reviewed and updated the rota to ensure that it contains all relevant information and is maintained appropriately. • The Register provider has completed a Risk assessment to ensure that the residents needs are being met should the staffing be reduced. (Completed 16-08-2021) 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Person in Charge has sourced a painter and painting of a number of the interior rooms will commence on the 08-09-2021. • The Person in Charge has sourced a cleaning company to clean the floors in the bedrooms. • The fan in the ensuite of one bedroom will be removed and the ceiling will be painted. • The en-suite bathroom of one bedroom will be be refurbished on the 10-09-2021. • The Person in Charge has addressed the issue about the bedroom window with the resident. • The Registered Provider is in consultation with Estate for the Decongregation of this Centre. Two properties have been sourced. • The Register Provider and the Person in Charge will meet the Residents to inform them of the properties (30-09-2021). Transition plans and Compatibility Plans will be developed with the residents following this meeting. 	
Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
In order to meet compliance with Regulation 6: Health care, the following actions has been undertaken:

- The Person in Charge has ensured that all residents have registered to partake in National Health Screening Services (Completed on 03-09-2021).
- A neurology review has been arranged for one resident on the 12/10/21. The purpose of this review is to ascertain when to appropriately administer prescribed PRN medication given this residents current presentation.
- Following this review the Person in Charge will review and update residents care plan to provide clear guidance to staff and the resident when to administer the prescribed treatment. In the interim a recording cahart has been implemented to capture as much information as possible on the residents presentation.
- The Person in Charge has completed a health care plan for an additional identified health care need for one resident. Completed 09-08-2021
- The Multi Disciplinary Team are meeting on the 07-09-2021 to review risk assessments pertaining to this same resident.

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	16/08/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	16/08/2021
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	Substantially Compliant	Yellow	13/11/2022

	number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	10/09/2021
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	12/10/2021