

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	ORG-0011629
Centre county:	Dublin 15
Email address:	eileen.martin@docservice.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary O'Toole
Person in charge:	Eileen (Ellen Mary) Martin
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
17 June 2014 10:00	17 June 2014 17:30
18 June 2014 10:00	18 June 2014 14:30

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

This was an announced inspection and is part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members of the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The nominated person on behalf of the

provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

A high number of relatives' questionnaires were received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, relatives were very complimentary on the manner in which staff delivered care to their relative commenting on how co-operative staff were with families and how staff were able to communicate with residents who have non verbal communication.

Evidence of good practice was found across all outcomes, with 13 outcomes judged to be fully compliant including health care, medication management, governance and management, records and documentation and social care needs. Some areas of non compliance with the regulations were identified. These included the area of workforce where a major non compliance was identified in relation to appropriate staffing levels within the centre. Moderate non compliance was identified within the areas of residents' finances and training in the safeguarding and protection of vulnerable adults. Minor non compliance was identified in the areas of access to the internet and also within residents' contracts of care.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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 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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that residents' rights, dignity and consultation were supported by the provider and staff; however improvements were required in the protection of residents' finances.

In general, there was a commitment by the provider, person in charge and staff to promoting the rights of residents. Actions completed since the last inspection demonstrated a commitment to promoting the inclusion of residents in the running of the centre and ensuring efforts were increased to assess their satisfaction with the care provided. For example, one of the staff members was now the assigned complaints officer, and she had made great efforts to promote the complaints policy, and explain it to residents. A complaint was recorded in the complaints log, along with the subsequent action, which was addressed to the satisfaction of the resident concerned. Other residents had complained, and continued to express dissatisfaction about being interrupted by staff checking upon them during the night. This was in process of being addressed at the time of this inspection, with a multi-disciplinary team having now agreed to stop this process for the majority of residents, and reduce the frequency of nightly checks for others, who had been individually assessed as requiring regular monitoring due to medical conditions.

Residents were consulted on the day to day running of the centre. There were weekly house meetings where residents made decisions and asked for specific supports, such as assistance in accessing the community, or to be more involved in food preparation.

Residents told the inspector about their involvement with their local community. Personal plans also reflected on going achievement in relation to increased access to the community. Some notable improvement included residents accessing art classes, bingo sessions, and religious services, all of which had previously provided by the organisation within the campus.

The organisations chief accountant had developed and reviewed policies to provide guidance to the provider, person in charge and staff on the care of residents' property and finances, as required by the Regulations. The inspector met with this accountant during the course of this inspection, within the organisations' central management offices. It was apparent from this meeting and from meeting with the provider on the issue of finance during the inspection that there were two differing versions of this policy being referred to. The updated versions of both the 'Long Stay Charges Policy' and the 'Patients' Private Property Accounts' had yet to be clearly communicated across the centre. The key informing document referenced within these policies was the 'Patients' Private Property Guidelines' issued by the Health Service Executive (HSE). However, the provider was using an older version of these guidelines, which meant that the policy being followed by the centre in relation to the payment of long stay charges was not as described within the organisations' policy and therefore not guiding practice effectively to all staff and residents.

Additionally, the policies referred to did not provide sufficient protection of residents finances, and there was a lack of transparency in relation to the use of residents' monies. Residents paid a weekly amount from their disability allowance to the everyday costs of running the service. The weekly amount was set out within the long stay charges policy and was also referred to within the individuals' contracts of care. In many cases, this leaves residents with €33 from their disability allowance as 'disposable income' to fund their activities and meet additional day to day expenses such as items for personal care, hair dressing or bedroom re-decoration. However, in addition to the weekly charge, residents' were also expected to meet staff costs such as meals out while on outings. This was not clearly stated in the contract of care. Some guidance was provided in relation to the suggested costs of coffee or dinner out within the Policy, suggesting 'local discretion must play a significant role in determining what is reasonable'. This guidance was quite vague leaving residents prone to varied interpretation of the guidelines. Also, when residents went on holiday trips, staff costs (excluding payroll costs) were charged to residents. Residents or their representatives were not clearly informed of this, or the amounts being included to cover such staff costs.

Records were being kept of how residents were using the balance of their disability allowance each week. The inspector reviewed a number of these and noted transactions were being signed by staff members and countersigned at a later date by the person in charge, to ensure accuracy. The person in charge also had a spread sheet available, documenting each resident's savings, which were held centrally. This spread sheet was updated monthly. Residents did not have individual bank accounts as it was determined that they did not have capacity to manage their financial affairs. However, one resident who had a capacity assessment within their file, was judged to have capacity to be involved in the management of her financial affairs, but was not encouraged to be.

Residents were also supported to take responsibility for minding their own personal items. All personal plans contained a list of residents' personal possessions. Residents' rooms were personalised and residents kept personal possessions within their rooms.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that the person in charge and staff had responded very effectively to the communication support needs of residents. Relevant information was available throughout the centre in accessible formats. For example, pictorial menu planners were available through the centre, many personal plans were provided in pictorial format and each resident had a communication profile to 'help you understand me' which provided a comprehensive yet succinct overview of each resident, highlighting their likes and dislikes, in written and pictorial format.

All residents had access to a telephone and were encouraged to communicate regularly with family. Relatives spoke to the inspector about how the staff within the centre promote communication and contact between residents and relatives. This level of communication was also referred to within many of the relatives' questionnaires, chosen for particular praise. Relatives also commented on the ability of staff to communicate with their non-verbal family member, describing it as highly impressive.

One resident was being supported to use an iPad to increase her ability to communicate and make choices. This resident demonstrated to the inspector how she was being supported to make choices and be involved in the running of the centre through the use of a pictorial grocery list, a visual timetable of her activities, photographs of exits and assembly points to inform her about evacuation procedures and to listen to music all on her iPad. However, staff spoke about the initial reason for buying the iPad which was to be able to Skype her brother who lives in America. This goal could not be completed to date, as the centre had no Wi-Fi internet access.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Overall, it was clear that residents were supported to develop and maintain personal relationships and families were actively encouraged to be part of the residents lives. The inspector met with family members who spoke about their involvement in the move for residents' from to the bungalows one year ago, and their subsequent involvement since. Families were encouraged to visit, at any time, and were supported to take residents out of the centre. A plan to encourage greater participation of residents in the local community had been developed since the previous inspection, and this documented significant improvement in this area.

The plan to document progress in relation to accessing the wider community now ensured that the actual community based activities of choice were documented for each resident, and the frequency and success of these visits was also documented.

A high percentage of relatives' questionnaires were also returned which were broadly positive and complimentary about the service provided. The commitment and individual contact with staff was singled out for high praise. A recent party had been hosted, to celebrate the first anniversary of the opening of the centre and was attended by a huge number of relatives who travelled from across the country for the celebration. Residents, staff and family members all spoke about this event as being a hugely positive experience for all.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

There was an admissions policy which set out the arrangements for admitting new residents. All residents had moved to the centre within the past year from other parts of the organisation. Personal plans of residents reflected how they had been consulted with during this process, and had been transitioned into the new centre. This process involved keeping residents up to date on the progress of the building, including regular site visits.

The centre is currently open to admissions, with one vacancy current in the centre. While the person in charge had not yet been consulted in relation to a new admission, she was confident she would be fully involved as part of a multi-disciplinary admissions team, and that she would be advocating for the involvement of current residents within this process.

Residents had all been provided with a 'contract for residential services' as required in the Regulations. This agreement sets out the services provided; however, it did not provide adequate information in relation to the weekly charges and additional costs to residents.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

In general the inspector found that residents were involved in the development of their plans and that staff were providing a good quality of social supports to residents. Personal plans reviewed identified goals for each resident which were outcome based rather than solely activity based. The person in charge had also completed an audit of the care planning process following their last inspection and had implemented significant

changes to the care planning process which had been in operation, including the standardisation of all care plans and increased involvement of the residents.

Each resident had a personal plan and the inspector reviewed six of these plans. Residents and staff were found to be fully aware of plans, and in many cases could refer to goals and achievements without referring to the actual documentation.

The personal plans contained important information about the residents' lives including providing information on their backgrounds, including family members and other people important in their lives. Risk assessments were being used to ensure residents could be involved in day to day activities. For examples residents were being supported to be involved in daily living activities appropriate to their needs interests and capacities such as in meal preparation skills, where some residents helped chop vegetables, cook or set the table. Weekly activity plans were also in operation, which identified the activities chosen by the resident for that week. An activity choice folder assisted residents in this regard with pictures of them completing regular activities helping them to choose what they wish to do. Weekly activity plans also fed into daily activity plans, which were used to discuss the daily activities with the ladies at breakfast each morning. This process was observed by the inspector during one of the morning, and a resident also changed her mind her choosing to do something else, as she wanted to spend more time outside in the sunshine.

Personal care plans were also summarised into a small brochure size care plan in an individual format, mostly using pictures to describe the daily activities of residents as well as the goals and outcomes chosen.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was bright and airy, well maintained and adequately met the residents individual and collective needs in a comfortable and homely way. Each resident had their own room and there was sufficient communal space provided within each bungalow. Some residents showed the inspector their bedrooms which were nicely decorated and of suitable size to meet their individual needs. Each room was

personalised, with family pictures framed on walls, and posters reflecting music or sporting preferences of residents.

The six bungalows comprising the designated centre were purpose built and future proofed in order to support residents' current or emerging needs, considering the age profile of residents. For example, ceiling hoists were in each bedroom and sluice rooms, although not currently required were in each bungalow also. All matters to be provided within the premises were provided for as per Schedule 6 of the Regulations.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Overall it was found that the health and safety of residents, visitors and staff was promoted and protected. There were suitable arrangements in place to manage and identify risk, ensure fire safety procedures met the needs of all residents and staff and that contingency plans were in place in case of emergency.

The inspector read the centre specific safety statement which was combined with relevant health and safety policies and procedures including risk assessments. In addition, a comprehensive risk register had been developed and implemented throughout the centre which simply and effectively covers the identification of risks, measures in place to control risks and outlined the arrangements in place for identifying, recording and reviewing all risks with a view to minimising any identified risk. A member of staff had also been identified as the organisations health and safety representative, and she was carrying out regular audits to identify and review risks and hazard identification. An organisational health and safety committee meets once every six weeks to review all health and safety related accident and incident report forms. This identified staff member as well as the person in charge, and provider attend this meeting.

Individual risk assessments had been carried out for all residents to ensure that any risks were identified and proportionally managed. There was evidence that they were regularly being updated by staff following ongoing review. Further evidence that staff take a proactive role in the management of risk in the centre.

One resident had two un-witnessed falls in the previous week. The most recent one happened the night prior to inspection, and required first aid and attendance at an

accident and emergency department. This lady was accompanied by staff at all times and was discharged to the organisation on the evening of the first day of this inspection. However, she was discharged to a separate centre within the campus, which provided full nursing support and neurological observations and ongoing supervision. The inspector visited this centre on the morning of day 2 of the inspection accompanied by a deputy person in charge, to review her care plan. This residents had already been visited by a General Practitioner as well as physiotherapist both of whom updated her support needs in relation to her falls risk assessment and her ongoing medical care. It had also been agreed that she would return to her home the following day, should she continue to recover. This centre's focus upon convalescent care was deemed to be providing appropriate short term support to this resident, it was also noteworthy that staff from her centre had continued to visit her and check upon her welfare.

A certificate of compliance relating to fire safety and building control was submitted to the Authority as part of the registration process. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergence lighting. A general fire evacuation plan identifying an adequate number of exits was posted at prominent positions throughout the centre. There were monthly fire drills, which were documented a recorded. Staff told the inspector they were now confident in their ability to evacuate the centre at all times since recent involvement in evacuation drills and the completing of training for all staff within the centre completed in May 2014. All residents also had detailed risk assessments outlining their specific evacuation requirements in the even of an emergency.

There was a policy on and control measures in place to mange any outbreak of infection. Household staff were employed and the premises were clean. Cleaning records were observed by the inspector.

The centre had two vehicles used to provide transport to residents. A recent review of the policy in relation to the use of organisational transport, and a review of the associated procedures had identified gaps in the information on file for some staff members. This review had now ensured that all vehicles used to transport residents, were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained. This was evidenced by the fact that additional training requirements have been identified and are planned for September 2014 within the training plan submitted to the Authority. Some staff had been removed from the list of insured drivers since the review of this policy, again reflecting to success of the review.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspectors found that there were arrangements in place to safeguard residents and protect them from the risk of abuse. A revised and updated policy on the safeguarding and protection of vulnerable had been issued within the organisations which provided clear guidance on guidelines on how any allegations of abuse would be managed. The provider had appointed a senior manager within the organisation as a designated adult protection officer. The responsibilities and contact details for this individual were contained within the policy. All staff had not completed training on the protection of vulnerable adults. Although staff spoken to were clear on what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

Not all staff had up to date training in protection of vulnerable adults. Fourteen staff were due to attend training in July 2014, however there was no plan for the other staff who had not received up to date training in 10 years or more.

Residents were provided with comprehensive intimate care support plans which provided comprehensive assessment of need as well as clear supports required in order to provide intimate care as independently as possible. These intimate care plans also considered the residents capacity in relation to developing knowledge, self-awareness, understanding and skills needed for self care and protection.

Residents were also provided with comprehensive positive behavioural support plans. These plans clearly identified triggers or 'flags' to staff to help them identify times of stress for residents, as well as outlining things residents liked to speak about and in what areas they were trying to develop independence skill enhancement. There staff had also developed a communication passport as an introduction to the resident which again summarised key positive behaviour support requirements. These plans were being reviewed on a regular basis from the perspective of assessing them for effectiveness. These reviews showed significant decreases in the numbers of challenging behaviours since residents moved into this environment. In some cases, these reviews also led to the removal of positive behaviour support plans as residents were no longer presenting with any behaviours considered challenging.

There were no physical restrictive practices operating within the centre as confirmed by the person in charge and provider.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The staff were maintaining detailed records of all accidents and incidents in the centre. They were reviewed by the person in charge, the provider and the governing health and safety committee.

Notifications have been received by the Authority as required by the Regulations. The person in charge and deputising person's in charge were very knowledgeable about the requirements in the regulations. They had prepared a NF03 in relation to a resident who had been was currently in the accident and emergency department of a local acute hospital, and were awaiting the outcome of this visit before completing the form. The inspector subsequently received and reviewed this notification before completing this inspection report, which had been completed appropriately.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Resident's opportunities for new experiences, social participation and skill maintenance and enhancement had increased significantly since the previous inspection. Residents personal plans identified opportunities for residents to develop their skills and maintain levels of independence appropriate to the assessed needs and request of residents.

Cognisant of the age profile of residents with the majority of the residents aged between their mid 60's and 70's training and support plans were primarily focused upon maintaining and developing skills in the areas of self care and protection, knowledge in relation to their rights and daily living tasks. Residents were observed folding laundry independently and taking it to their rooms. Other residents were observed being assisted in this regard in very sensitive and unobtrusive ways. Residents were also each provided with a day to help prepare meals within the centre. Some residents described their level of involvement in this, including being involved in going out and purchasing the ingredients in local shops and butchers. Other care plans reflected the assessed choice of others as wanting to be present while staff prepared meals, with one resident stating she considers herself 'retired' from cooking, choosing instead to set the table for the meal.

There was a separate building provided on the grounds of the campus which provided group programmes and activities as well as individual training supports to residents Monday to Friday. Separate staff were assigned to this activation unit. Individual support plans were reviewed by the inspector in relation to the supports that were provided to the residents in this regard. A list of all activities residents participated in was provided within their personal plan within the residential centre.

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy best possible health.

The inspector reviewed a number of residents' health care plans, records and documentation and found that residents had good and frequent access to allied health professionals. The inspector noted access to a general practitioner, speech and language therapy, psychology, social work, occupational therapy, ophthalmology, physiotherapy and physical therapy. Specific issues had been comprehensively provided for such as epilepsy and diabetes, and their health care plans provided details of regular consultation with appropriate professionals.

One resident had recently been transferred to another centre within the same campus which specialises in the provision of palliative care. This person had been frequently

assessed prior to her transfer, and was eventually assessed as requiring constant nursing care and continuous oxygen. A multi-disciplinary support team was involved in all assessment, and the residents' family was included in all decisions up to and including her transfer. Assessment of emerging needs was also documented in each resident's personal plan relating to medical or health care needs to reduce possibility of reoccurrence. For example, elimination difficulties were recorded for residents as required, outlining preventative measures such as exercise, diet and PRN laxative as required. In addition, the recent introduction of sleep charts to identify sleep patterns for residents had reduced the use of sleeping tablets prescribed to residents.

Residents had become more involved in food preparation and planning since the previous inspection. Personal plans and activity plans identified when each resident had planned to assist with food preparation, and been involved in choosing their meal of choice. While some meals were prepared centrally and delivered to the centres, as often as possible residents assist in purchasing food for their own bungalow and help prepare it. The inspector observed a number of groups of residents and staff enjoying meals together, and the food was always very well presented. The inspector also sat with a number of residents and enjoyed a meal which was a lively and sociable affair. This increased involvement of residents in food preparation was well reflected within one resident's health care plan who had previously been on a dietary supplement to maintain weight. Since being more involved in shopping for groceries and identifying food in the supermarket she was now eating a more balanced diet to the point where a dietician had now assessed her as no longer requiring dietary supplements.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspector found an appropriate system regarding medication management whereby residents were protected by the designated centres policies, procedures and practices.

The inspector found that the person in charge had systems in place to support staff in protecting residents in relation to medication management. The inspector found a medication management policy and person centred medication management assessments for capacity to self medicate.

In addition to this, the inspector noted:

- medication prescription and administration protocols were in place
- medication checks, counts and recording systems were in place
- Information on all drugs used within the centre was available
- Drug disposal protocols were in place with evidence of pharmacy deliveries/disposal taking place monthly

Residents/ medication was stored and secured in the staff office in a safe and hygienic manner. Each resident's medication was stored clearly and separately. The medication keys were kept with the 'nurse in charge. All residents' medication administration records reviewed were appropriately signed and had photographic identification and all relevant prescribing and administering information in place. Staff to whom the inspector spoke with demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. The inspector observed medication administered in a safe and respectful manner by a competent staff member.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The statement of purpose contained all of the information required by the Regulations, and accurately described the service provided in the centre.

The statement of purpose was on display in the centre, and made available to residents and their families.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found effective management systems in place and a clearly defined management structure that met the requirements of the Regulations.

The inspector found a suitably qualified and experienced person in charge who was appropriately involved in the governance, operational management and administration of the designated centre. The person in charge is recognised as the manager of the centre by all staff and residents and has relevant qualifications in both Nursing and Management. The inspector found the person in charge to be knowledgeable in relation to all of the residents and their support requirements, and was also familiar with her responsibilities in meeting the requirements of the Regulations.

The inspector found a clearly defined management structure within the designated centre that identified lines of authority and accountability. The inspector found sufficient levels of contact between the person in charge, the provider and other persons involved in management within the designated centre. The inspector reviewed meeting minutes including multi-disciplinary governance meetings, and supervision records and found appropriate levels of supervision contact were taking place.

The inspector found audits and reviews taking place within the centre regarding a number of areas. For example, the person in charge reviewed staff training schedules, residents person centred plans, health and safety audits and residents financial records on a regular basis. The provider had also nominated the organisations quality and safety officer to carry out an inspection of the service in relation to the quality and safety of the service provided as required within the Regulations. All of these steps taken, had been reflected in the high number of compliant outcomes reviewed during this inspection.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that satisfactory arrangements were in place for the management of the centre during the absence of the person in charge.

At the time of inspection, there were two deputising person's in charge assisting with the governance and management of the centre. The inspector met with both of these persons during the course of the inspection, and found them to be extremely competent in their roles. The person in charge had also assigned key responsibilities to these staff acknowledging their competence and experience. For example, on the first morning of the inspection, the inspector met with both deputising persons in charge before they presented at a multi disciplinary team in relation to their proposal to reduce the intrusive practice of staff entering all bedrooms on an hourly basis during the night. This issue was highlighted at a previous inspection. They had sleep charts, risk assessments and individual care plans of residents reflecting their preferences which allowed to prepare a very clear information which led to a successful outcome for residents.

As the designated comprises six separate bungalows, a 'house lead' has also been identified for each house. Again, they had been given additional responsibility across the centre, with specific roles assigned such as health and safety officer and complaints officer.

The person in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to meet the needs of residents to ensure the effective delivery of care and support in accordance with the

statement of purpose.

The agreed staffing levels were judged to support residents to adequately support residents to achieve their individual personal plans. However, within one of the bungalows a reduction of 30 hours a week in staffing supports for the past 4/5 months had led to a situation where there was minimal opportunities for staff to meet the assessed needs of the residents of that bungalow as identified within their personal plans, as there were long periods of the day when only one staff member was on duty. This non compliance is actioned under Outcome 17: Workforce.

Overall though in terms of the critical components of this outcome it was deemed that the facilities and services reflect the statement of purpose.

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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that there were not sufficient staff on duty at all times to meet the assessed needs of residents within one part of the centre. One of the six bungalows had its staffing levels reduced by 30 hours a week as a staff member had been moved to a different centre since February 2014. The person in charge said she had continually sought to reallocation of these hours but did not know when or if this would happen.

This bungalow was effectively resourced by one staff member on duty for the majority of the day, with an average three hour overlap between staff coming off and on sleepover duty between the hours of 11am and 2pm. The residents within this bungalow had significant support needs. For example, two residents are non ambulant and require two staff to operate their hoist. The staff member on duty reported that she calls one of the other houses for support in hoisting residents but that they are often kept waiting. A resident also complained to the inspector in relation to the lack of staff. Personal plans reflect the wishes of residents to be accessing the community, and this can only currently take place during this three hour overlap of staff.

Each bungalow has a separate roster, which helps to assign responsibility to each

bungalow and ensure the key worker system operates effectively. However, the roster for the bungalow concerned reflects a higher staff presence in the bungalow that is actually present. For example, one of the deputising persons in charge was listed as on duty in this bungalow, but is not actually assigned to that bungalow. The person in charge informed the inspector that this was only because he was 'cost based' to that bungalow.

The inspector, the provider, the person in charge and the deputising person in charge explored the issue overall in detail such as looking at staffing levels, personal plans and related health and safety issues in detail. The management of the centre committed to review the staffing needs in totality reflecting the changing needs of residents including the fact that the majority of residents have now been assessed as requiring constant overnight support.

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. Seven staff files were reviewed and contained all of the documentation as required by the Regulations. Training records were held which outlined planned and actual training for all staff. The inspector had identified the areas of safeguarding training as required more urgently for some staff as detailed under Outcome 8: Safeguarding and Safety.

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider had completed a recent audit and review of all policies and procedures across the broader organisation, as well as addressing the deficits in relation to outdated policies identified during the last inspection of this centre. All of the policies and procedures as requested within Schedule 5 of the Regulations had been developed.

The residents were also provided with a residents guide, and efforts were made to

provide this in an accessible format. Some residents had a box in their bedrooms with an individualised version of the residents guide, and their individualised person plan in it, and there was a plan in place to provide this to all residents. The provider had also developed a directory of residents with all of the information as required within the Regulations.

The inspector reviewed a copy of the insurance certificate which confirmed that there was up to date cover in the centre.

Records were being maintained in a secure and safe manner. Staff records were stored within the organisations central management office which were viewed by the inspector on Day 2 of the inspection. Resident's records were kept in locked offices in each of the bungalows. All records reviewed were accurate and up to date. Records were made available to the inspector as required during the inspection.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Michael Keating
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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	ORG-0011629
Date of Inspection:	17 June 2014
Date of response:	14 July 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

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

The residents did not have access to personal bank accounts even where deemed to have the capacity to manage their financial affairs.

Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

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

Have completed guidelines on managing service user's accounts. This includes a financial capacity assessment and detailed listings of all costs associated with Service charges and personal items costing's. Where a resident has been deemed to have capacity to manage their own finances additional supports have been explored.

Proposed Timescale: 31/10/2014

Theme: DCAD10 Individualised Supports and Care

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

There was insufficient support provided to residents to manage their financial affairs. There was a lack of transparency and clarity around the use of residents' money to cover certain staff costs.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Have completed guidelines on managing service user's accounts. This includes a financial capacity assessment and detailed listings of all costs associated with Service charges and personal items costing's. Service users will be informed of all costs.

Proposed Timescale: 30/09/2014

Outcome 02: Communication

Theme: DCAD10 Individualised Supports and Care

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

Internet access was not provided to residents within the centre.

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:

WIFI connectivity will be available to residents by August 31st 2014.

Proposed Timescale: 31/08/2014

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:

The contract for the provision of services did not provide detail in relation to the fees charged to residents.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All service users will be informed of detailed listings of all costs associated with Service charges and personal items costing's.

Proposed Timescale: 30/09/2014

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:

Some staff had not received training in the safeguarding and protection of vulnerable adults.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All staff will have completed training in the safeguarding and protection of vulnerable adults by the 29th July.

Proposed Timescale: 29/07/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Residents in one bungalow were not being provided with the adequate supports to meet their assessed needs during large parts of the day.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Additional staffing hours has been secured. To support service users that have high support needs in one house, A 30 hours additional staff has been re-instated on the 14th July 2014.

Proposed Timescale: 14/07/2014

Theme: Responsive Workforce

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

The roster(s) were not reflecting the actual daily staffing allocation to each of the bungalows making up the designated centre.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Assistant managers are now on a separate roster as they have responsibility over designated centre.

Proposed Timescale: 08/07/2014