

**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-0011620
Centre county:	Dublin 16
Email address:	cnm2bh.stj@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:	Mary Lynch (O'Keefe)
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 July 2014 10:00	02 July 2014 17:00
03 July 2014 10:00	03 July 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 formed 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, relatives and staff members of the centre were also sought.

As part of the application for renewal of 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 Centre's 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.

The centre was established to provide specialist convalescence and palliative care for an ageing population. It aims as identified within the statement of purpose is 'to improve the lives of people whose illness is no longer curable, helping them to live as fully as possible to the end'.

A 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.

Evidence of good practice was found across all outcomes with 15 out of 18 outcomes inspected against deemed to be in substantial compliance with the Regulations. Outcomes judged to be fully complaint included the protection of residents' rights, dignity and consultation, admissions and contracts for the provision of services, health and safety, healthcare needs and medication management. Two outcomes were judged to be moderately non complaint, which related to adequate staffing resources at specific times, and the provision of mandatory training to staff. A minor non compliance was found in relation to residents' social care needs.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Overall it was found that residents' were consulted with and participate in decisions about their care and the running of the centre. Each resident's privacy and dignity was respected by staff that knew each of the residents and understood their needs and preferences. Efforts were made to promote the rights of residents and there was a complaints policy and process operating within the centre.

The provider had developed a number of policies to provide guidance to staff on the care of residents' property and finances, as required by the Regulations. These policies and guidelines also provided transparency in relation to the charges applied to each resident, including their long stay charge as well as any additional costs. These charges were also detailed within each resident's contract for the provision of services. The policies also allowed for a charge to be applied to meet staff costs while out of the centre supporting a resident, such as going for a meal or a coffee. However, staff informed the inspector that they never charged residents for these expenses and there was no evidence within individuals financial records that they had been.

Records were kept of how much savings each individual had, which was held in a central organisational account. All residents had a financial capacity assessment completed, and this had determined that they did not have the ability to manage their own finances and required support to do so. Records were also kept of any additional expenditure for residents. The inspector reviewed a number of these and noted transactions were being signed by two staff members and checked by the person in charge (PIC). The person in charge also checked to ensure that individuals' monies were only used to benefit that

person and not used for any group purchases.

The centre had a complaints procedure that met all of the requirements of the Regulations. There was a complaints log and one issue had been identified and addressed. The deputising person in charge was identified as the complaints officer and she had held one-to-one meetings with each resident monthly which were recorded for the last three months. This was in order to try to identify concerns and promote people's right to have greater choice in their contributions to their daily lifestyle. All residents had complex and differing communication requirements and this level support was required to support decision making in this regard.

The centre had a number of single and multi-occupancy rooms. Each room or personal space was personalised and residents were provided with adequate storage to keep their personal possessions. The inspector viewed lists of residents possessions in each file, and these were updated regularly to ensure that residents' property was accounted for and to prevent items going missing.

Shower trolleys were used to assist in the provision of personal care to residents. These were also used to transport some residents to and from the bathroom to minimise the number of transfers and lifts. Dignity was maintained throughout this process and staff were heard by the inspector providing reassurance to a resident at all times during this practice and explaining each step to the resident.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

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, pictures of each day's meals were provided and the complaints policy as well as the statement of purpose was provided in an easy to read format. The person in charge and staff also acknowledged that more was required, as residents' ability to understand easy to read formats was not known. Therefore, they had begun the process of revising care plans to provide these in a more accessible way to individuals. This had been fully completed for one resident, with the key elements of their care plan now provided in photographs, to increase the involvement of the resident in the process.

The person in charge had arranged regular meetings in the centre as another way of supporting residents to communicate their views. The inspector saw notes of some of these meetings.

Residents had access to a cordless phone as well as access to a number of televisions. In addition, a number of residents attended a 'newspaper group' within the day activation centre where the issues of the day were discussed.

Consistency and continuity of staff was described by the persons in charge as the most essential element in being able to assist residents communicate effectively. This was clearly evidenced by the inspector who witnessed staff pick up on subtle cues from residents' and could clearly understand each resident's method of communication.

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:

Findings:

The inspector had the opportunity to meet with family members during this inspection and they were highly complementary of the care provided to their relative. There was a lot of evidence of active family involvement. Relatives told the inspector that they could visit at any time and some residents were also supported to visit family homes also. Notes in resident' files recorded regular meetings and correspondence with family members. These included notes of discussions with family members of the residents' personal plans.

Reflective of the fact that the centre provided palliative care to residents, advanced care plans also detailed involvement of family at all stages and the family's wishes in relation to end of life care and support and funeral arrangements were known. In addition, a family room was available throughout the night, with a pull out bed and bathroom facilities. Ten people had passed away in the centre within the past year. In all cases, residents' who died had been provided with a single room as they approached end of life.

The inspector received a number of completed relative questionnaires from family members. The replies were complementary of the service being provided to the residents and included such comments as relatives being "very pleased" with the way

residents' needs were being met and that they seemed "very happy in the centre".

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a centre specific admission and discharge policy and it set out the arrangements for admitting new residents. This was detailed and ensured that residents admitted to the centre for short term convalescence were discharged back to their own homes at the earliest possible opportunity. The admission and discharge log provided evidence that this process was being carried out efficiently.

The admission policy for long term palliative care was very descriptive in relation to the types of need which could be supported. This had helped ensure that a recent admission to the centre had been assessed as being not suited to the environment and admitted to different specialist centre in a very timely fashion, ensuring minimal disruption to all residents' as well as to the person who had been inappropriately placed. This admission and discharge process included the input of a full multi-disciplinary support team, including the provider and person in charge as well as the clinical director of services.

Each resident was also provided with a contract for the provision of services which detailed the support, care and welfare of each resident and included the details of the services to be provided for that resident and the fees to be charges. Residents' representatives were also provided with a copy of this contract.

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:

Non Compliant - Minor

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 personal plans and that staff provided a good quality of support to residents. However, some improvement was required to ensure the assessed needs identified within residents' person centred plans were accommodated.

Each resident had a personal plan and the inspector reviewed five of these plans. They were based upon the individual support needs of each resident and there was evidence of regular review and participation of residents in the development of their plans. Some residents had photographs to depict the information in their folder.

The personal plans contained important information about the residents' backgrounds, including detail of family members and other people who were important in their lives. They also contained information about residents' interests. Cognisant of the fact that residents were in receipt of palliative care and were often too unwell to be able to leave the centre for prolonged periods, assessed needs identified as important to the resident were not often met. For example, many resident's plans highlighted a wish to shop or go for a drive as infrequently as once a month. For some residents this had not been provided for a number of months and as a result had not left the centre or grounds of the larger campus in that period of time.

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 warm, well maintained and homely. The physical layout and design of the centre was deemed to be suitable to meet the needs of the 11 residents. There was personal private space available to each resident. There were also large communal spaces accessible to residents, including a large sitting and dining room area which was the focal point of the centre. Residents also had access to outside space and a resident was observed on the day relaxing for a time on an outside swinging chair.

The main entrance to the centre was accessible and led into a really appealing porch area and nicely decorated hall. It was reported that this entrance was rarely used, with resident's staff and visitors using the back entrance, through corridors leading from the older main building.

There was sufficient storage in residents' bedrooms for their clothes and other personal items. There was also sufficient storage in the centre for other general items. A bathroom that was no longer used for toileting or personal care was used to store hoists and other equipment. Each bedroom also had hand washing facilities as well as disinfectant hand gel dispensers.

There was also a separate laundry room where household staff were employed to launder residents clothes. Household staff also kept the premises clean and tidy and cleaning records were available to review.

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 arrangements in place to manage risk and adequate precautions against the risk of fire.

There was a health and safety statement in place which had recently been reviewed and updated by the provider. There was also a detailed risk management policy and associated risk register identifying environmental and individual risk for residents. Individual risk assessments were used to influence practice such as being considered as part of the admissions and discharge procedures.

Accidents, incidents and near misses were being recorded in detail and copies of the

reports were submitted to the organisation quality and risk officer for review as well as to the organisations health and safety committee. A member of staff had recently been nominated health and safety officer in the centre, and had begun the process of using a health and safety incident measurement tool to allow her complete monthly audits which were then presented to the health and safety committee. There was also an emergency plan in place to guide staff in the event of such emergencies as power outages or flooding. An internal hygiene audit was also carried out on behalf of the provider on an annual basis.

Records reviewed by the inspector indicated that fire safety training had been provided to all staff since the last inspection in March 2014. There was a comprehensive fire evacuation plan in place and staff were knowledgeable in relation to this. The evacuation plan was posted clearly at all main exits. There were regular fire drills and staff were able to tell the inspector about what they would do if the fire alarm went off. The records of the fire drills were detailed and included learning outcomes. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting.

There were infection control measures in place to manage any outbreak of infection. A wall had recently been installed to provide a partition between the laundry area and the sluice area to separate these rooms. There was also a new industrial washing machine recently purchased which had a sluice cycle on it. Alginate bags were used to launder soiled clothes and linen. There were no bed pans currently in use, but disposable bed pans were available should they be required. Incontinence waste was collected three times a week by an external waste disposal contractor to minimise any infection control issues.

There was an emergency evacuation plan in place to guide staff in the event of such emergencies as power outages or flooding. An emergency pack was also available with blankets, torches, high visibility jackets and rain wear should it be required.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Generally, there were arrangements in place to safeguard residents and protect them from the risk of abuse. There was a policy in place which had been reviewed and updated in May 2014 which provided guidance to staff on how to manage and report any concerns in relation to the protection of vulnerable adults. Staff spoken with were competent in their knowledge regarding reporting mechanisms within the centre and in how they would deal with any incidence of abuse. However, not all staff had completed training in the area of adult protection. Training records indicated that two staff were due to complete this training in July 2014 however, for other staff who have not had training as far back as 2003 there was no plan in place to provide revised and updated training for this group. This non compliance is actioned under Outcome 17: Workforce.

A restraint free environment was promoted within the centre. Any possible restrictions had been recorded and risk assessed and the use of any interventions to reduce likelihood of injury to any resident had been reviewed and reduced. For example, the use of lap straps and padded bed rails had been risk assessed and protocols were in place in care plans regarding the use of slings and hoists, bed transfers and pressure ulcer prevention. Risk assessments included the rationale behind the use of the restrictions identified, such as increased seizure activity identified as the need to use padded bed rails for one resident.

Intimate care plans were implemented for each resident and had been reviewed in May 2014. These considered all relevant areas of personal care including the level of ability to self care, communication preferences, medical needs, equipment required and social and environment issues.

Positive behaviour support plans were in place for those who required it. These plans used a traffic light system to indicate the supports required for residents. 'Red' identified a crisis situation with interventions used such as pro re nata (PRN) or as required medication. However upon review of care plans and medication administration sheets for two residents there was no record of PRN medication being used since 2011. These care plans also provided progress reports as well as review by a psychologist every three months. These records indicated that staff had considered removing the need for chemical restraint completely from the support plans, but this was considered unwise by the psychologist. There was no record of physical restraint within any care plans and the person in charge confirmed that this was not used.

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. These were reviewed by the person in charge and health and safety committee. All incidents had also been submitted to the Authority as required by the Regulations. Quarterly reports had also been submitted as requested and copies of all notifications were maintained by the provider.

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:

No actions were required from the previous inspection.

Findings:

The inspector found that residents' general welfare and development was being facilitated. All of the residents attended a day activation centre within the campus, or were supported by staff from the activation unit and residential staff within their centre if they were unable to attend. Services provided to residents in this way included music therapy, art, Reiki, colonic massage, reflexology, spirituality groups, walks and bedside therapy's. A clinical nurse specialist in complementary therapies was available to support staff and residents in this regard.

Considering the primary focus of the centre in meeting convalescent and palliative care supports to residents, it was judged that residents were involved in activities deemed important to them.

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:

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to access health care services relevant to their needs. The inspector reviewed the health care plans and medical folders for a number of residents and found that they had access to significant multi-disciplinary supports including a general practitioner (GP) who visited on a daily basis. Other clinical supports included dietician and nutritional input, speech and language, psychiatry, psychology, clinical behavioural specialists and dementia care specialists. An outreach service was also provided from an acute hospital for neurology and epilepsy management. Close links were maintained with a local hospice, in relation to developing end of life and palliative care supports.

A number of policies existed to provide guidance to staff on death and dying and care of the dying. However, the person in charge had identified a need to consolidate these policies and also to clearly demonstrate to staff the ways in which staff actually cared for someone who was dying. The local hospice provided guidance to the person in charge on developing a revised policy and the PIC then lead a team to develop a new policy entitled 'Recognising Dying; Symptom Management and Care of the Dying'. This policy was now completed and was in the process of being published. This policy was also reflected in residents advanced care plans which identified the needs of residents approaching end of life support requirements including pain management, how far to go with treatments or interventions and treatment of the resident during and after death. A spiral symbol was used to symbolise imminent death and a ward alter was available for use. Funeral and memorial planning was also documented within the advanced care plan.

All residents' care plans had long and short term nursing goals identified. Emerging needs were documented considering specific health care issues such as epilepsy and diabetic care.

Residents' dietary and nutritional needs, as well as food preferences were also detailed in their health care plans. These were used to inform the catering staff of dietary and menu requirements. Residents were provided with modified consistency diets and most residents required the assistance of staff to eat their meals. Staff were observed providing this support in a discreet and sensitive manner, engaging with the resident at all times. One resident had a percutaneous gastrostomy feeding tube (PEG) in place and staff were competent in the use of this. Weight loss charts were used to monitor the weight of all residents and residents were regularly reviewed by a dietician. Residents, food was fortified through the use of added butter or cream and supplements were also prescribed as required to assistance residents' maintain weight.

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 that residents were protected by safe medication management policies and practices. All residents were supported in the administration of their medication by qualified nursing staff.

The receipt of medication was being recorded and medication was being stored in a locked trolley in the staff office. The prescribing and administration of all medication was in compliance with the Regulations and in line with best practice guidelines. A pharmacist was available on site to provide guidance as required and also to audit medication. All unused medication was returned to this pharmacist in a prompt fashion. Drug errors were recorded and reported using the organisation accidents and incident sheets and reporting mechanism. No drug errors had been identified over the previous 6 months. A fridge was available to store medication that needed to be temperature controlled and this fridge was kept locked with daily temperature checks recorded.

Controlled drugs were checked twice a day at each staff change over. Prescribed controlled drugs on the premises included a analgesia patch for arthritic pain management as well as a crisis pack comprising morphine and midazolam clearly documented within an advanced care plan for use in a major bleed specific to one resident.

Specific and specialist training has been provided to staff as required such as syringe driver training and subcutaneous injection training. In addition, the person in charge had encouraged all staff nurses to complete a number of on line modules provided by the Health Services Executive (HSE) including modules in safe medication management and epilepsy management.

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:

There was a written statement of purpose that accurately described the service provided in the centre. It also included all of the information as required in Schedule 1 of the Regulations. The statement of purpose had also been provided to residents and their representatives and there was a easy to read version of it on display on the main hall in the centre.

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:

There were effective management systems in place which clearly outlined the lines of authority and accountability. The provider had undertaken a number of audits and reviews of the quality and safety of the service. There were regular reviews of risk management arrangements and incidents and accidents. The inspector read a report of an unannounced inspection of the centre carried out on behalf of the provider which is a requirement of the Regulations. This report highlighted progress in relation to the last inspection carried out by the Authority, as well as identifying areas for improvement independently.

A review of policies had also been carried out and a number of policies have now been updated or replaced including the policy of providing intimate care, safeguarding of vulnerable adults and end of life care and support.

The provider had established a clear management structure, and the roles of managers

and staff were clearly set out and understood. The structure includes supports for the person in charge to assist her to deliver a good quality service. These supports included a service manager, clinical nurse managers and medical specialists. The nominee provider visits the centre regularly and was knowledgeable about the service. The person in charge also meets with the nominee provider and others participating in management on a weekly basis, and these meetings were recorded and minuted.

The inspector found that the person in charge and the deputising person in charge of the centre were appropriately qualified and had continued their professional development with ongoing training as identified previously. In addition, the person in charge was also being supported to pursue a MA in Palliative Care, due to commence in September 2014. Both persons in charge also demonstrated an intimate knowledge of each of the residents and were clear on their responsibilities in relation to the requirements of the Regulations.

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 adequate arrangements were in place through the appointment of a deputising person in charge who was an experienced clinical nurse manager. In addition, the roster clearly identified a staff nurse as being in charge on occasions when neither person in charge was on duty.

The person in charge had not been absent for a prolonged period since commencement and there had been no requirement to notify the Authority of any such absence. The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that there were insufficient resources provided to meet the assessed needs of residents' at specific times of the day. There were not sufficient staff on duty between 18:00hrs and 20:00hrs each evening and there was no clear rationale available as to why numbers of staff reduced dramatically at 18:00hrs.

The provider had identified the need for having six staff on duty from 08:00hrs to 18:00hrs everyday. However, this dropped to two staff on duty between the hours of 18:00hrs and 20:00hrs before increasing again to 3 staff from 20:00hrs to 23:00hrs. Staffing was again then reduced to two during the night when residents were in bed which was deemed suitable to meet support requirements during night time hours. The provider had completed an assessment of staffing needs in August 2013 and again in 2014, this assessment was measured against the assessed needs of residents. However, there were no outcomes of findings provided within these reports and the person in charge was not aware of the outcome. Therefore, the inspector judged that there was not sufficient transparency in the planning and deployment of staffing resources in the centre to demonstrate resources were appropriately managed to meet priority need. A number of staff spoken to by the inspector expressed concern in relation to having only two staff on duty during this time. In addition, it was highlighted that the household member of staff finishes work at 18:30hrs further increasing the pressure on the two remaining staff, as household tasks would often have to be completed by the care assistant during this time.

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 - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with adults with disabilities.

Six staff files were reviewed subsequent to the inspection within the organisation central management offices and were found to contain all of the documentation as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Training records were held both centrally within staff files as well as locally within the centre. Training records provided by the person in charge identified that all staff had completed mandatory training in the areas of fire safety and manual handling. However, not all staff had completed up to date safeguarding of vulnerable adult training and there was no training plan to provide this to all staff who required it.

The inspector reviewed the proposed and actual rosters for the previous month and all staff were identified on the roster. The roster also clearly identified who was in charge at any given time.

It was found at the time of inspection that staffing levels were not appropriate to meet the needs of residents at specific times and this non compliance has been actioned under Outcome 16: Use of Resources.

Staff employed in the centre, observed and spoken to during the course of the inspection demonstrated an intimate knowledge of the residents they support. Residents were supported by two key working staff and the staff who were spoken to were familiar with the personal plans and goals set for their key clients.

Continuity of staffing was seen as key considering the profile of the resident group, as has been detailed previously within this report. Staff spoken to felt well supported and loved working in the centre. Additional support and training was provided to staff including bereavement and loss counselling, palliative and end of life care and communication.

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 and had just recently re-issued revised versions of a number of policies including safeguarding of vulnerable adults and the provision of intimate care. Many changes within the centre since the last inspection such as intimate care planning and the reporting procedures relating to abuse were now reflected within these policies. All of the policies and procedures as required by Schedule 5 of the Regulations had been developed.

The residents were also provided with a residents' guide, and efforts had begun to provide this in an accessible format. The provider had also developed a directory of residents with all of the information as required within the Regulations.

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

Records were been maintained in a secure and safe manner. Staff records were stored within the organisations head offices which were provided to the inspector by a member of human resource staff. Residents' records were kept in the staff office in the centre. 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-0011620
Date of Inspection:	02 July 2014
Date of response:	24 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 05: Social Care Needs

Theme: Effective Services

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

The assessed social needs of resident's were not being met in some cases.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Due to the nature of the environment and the specialised care required by each Service User the assessed needs change frequently. In relation to social needs these will require PCP goals being reviewed monthly. This may in some cases require a risk

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

assessment for some activations and the impact/ outcome of the activity being clearly identified.

Proposed Timescale: 30/09/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

There was insufficient transparency in relation to the deployment of staffing resources in the centre, and specific concerns in relation to the reduction in staffing numbers between 6pm and 8pm.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Currently we are looking at adjusting the roster between 18.00 and 20.00 from within our own resources to best meet the needs of the residents. A unit meeting to be held with staff to discuss this issue.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Most staff required refresher training in the protection of vulnerable adults.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff will be trained in protection and welfare by 29/07/2014. Staff requiring refresher training have been wait listed with the education department. While awaiting refresher training an induction to the new policy on Protection and Welfare for all staff is being facilitated by our Social Worker. (17/07/2014, 23/07/2014 and 30/08/2014)

Proposed Timescale: 31/12/2014