**Centre name:** A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.

**Centre ID:** OSV-0003933

**Centre county:** Limerick

**Email address:** deirdre.dillon@lim-docservice.ie

**Type of centre:** Health Act 2004 Section 38 Arrangement

**Registered provider:** Daughters of Charity Disability Support Services Ltd.

**Provider Nominee:** Breda (Bridget) Noonan

**Lead inspector:** Gemma O'Flynn

**Support inspector(s):** Mary Moore

**Type of inspection:** Announced

**Number of residents on the date of inspection:** 17

**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 3 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 June 2014 09:00</td>
<td>24 June 2014 17:15</td>
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<tr>
<td>25 June 2014 09:00</td>
<td>25 June 2014 18:00</td>
</tr>
<tr>
<td>26 June 2014 08:30</td>
<td>26 June 2014 13:00</td>
</tr>
</tbody>
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The table below sets out the outcomes that were inspected against on this inspection.

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

**Summary of findings from this inspection**

This report sets out the findings of the first inspection of this centre to inform a registration decision. The centre is part of the services provided by the Daughters of Charity and provides accommodation for adults with an intellectual disability.

The centre (Group I) is made of three separate bungalows. The centre can accommodate up to 18 residents of mixed genders, in single bedrooms, six per bungalow. The bungalows are set on mature, well maintained grounds and the design and layout meets the needs the residents who currently reside there.
Overall, the inspector found that a very high standard of care and support was delivered to residents by staff who demonstrated commitment, enthusiasm and respect for the residents they supported. Interactions were seen to be respectful, dignified and genuine and residents appeared to be very relaxed in their home and in the care of the staff.

The inspector saw that residents were supported to achieve their best, possible health and to participate in meaningful activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family and friends and the wider community. Residents were consulted in the planning and running of the centre and in decisions regarding their own care.

There was evidence of robust governance within the organisation and there were arrangements in place to monitor and improve key areas in the provision of safe, quality care.

Some areas of non-compliance were identified in the areas of safe premises, health & safety, medication management, safe guarding and the documentation in personal care plans, statement of purpose and contracts of care. These are discussed throughout the report and in the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

## Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

### Theme:
Individualised Supports and Care

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

### Findings:
Overall, the inspector found that residents' rights and dignity were maintained and they were consulted in regards to how the centre was run. Some improvement was required in the documentation of complaints.

Resident house meetings were held on a monthly basis and minutes of these were examined. Each resident had an opportunity to have their say and discuss items that were important to them such as going away overnight or discussing the painting/decorating of the centre. Residents had access to advocacy services and were supported in attending these meetings on a monthly basis. The inspector spoke with a resident who attended the advocacy meeting every month and she spoke of how much she enjoyed the meetings.

There were policies and procedures in place for the management of complaints and these were available in easy to read format. The inspector found that the complaints policy was not stored in an accessible location as it was kept in a folder in the nurses' station, however, house meeting minutes showed that the subject of complaints was discussed at these meetings. Residents were aware of the complaints process and the complaints log evidenced that they were supported in making complaints, however, the documentation did not clearly outline that residents were satisfied with the outcome as required by the Regulations. There was a dedicated complaints officer and a separate person to ensure that complaints were dealt with.

Resident and staff interactions were seen to be friendly and respectful and where decisions were to be made about daily activities of living, the resident's preference was always sought and respect for the individual's choice was apparent. Residents were involved in the development of their own personal plans and care practices respected
residents privacy and dignity, for example, staff knocking before entering a room and asking for consent before proceeding with care.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents could choose what time they got up at and what time they dined at. They could choose to participate in the day to day activities in or outside of the centre or they could spend time privately if they so wished. Residents were supported to ensure involvement in the local community via having lunch out in local establishments or going to the local shops for items for the centre.

Staff confirmed that residents were supported to exercise their political, civil and religious rights. Voting cards were posted to the centre for those residents registered to vote. There was an onsite chapel available to residents who wished to attend Mass.

There was a policy on residents' personal property and records of residents property were observed in their files. Residents could keep control of their own possessions. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished and staff told the inspector of one resident, who regularly handwashed some of their own clothes.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. These included jobs within the centre itself, attending activation therapies such as baking, art and computer work. Residents also engaged in activities in the community such as attending the hairdresser, beautician and bowling.

**Judgment:**
Non Compliant - Minor

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector found that the communication abilities of residents were respected and where there were needs, these were met to a high standard and staff were aware of the different systems in place.

The inspector found that residents' personal plans contained comprehensive information regarding residents' communication abilities and information to guide staff to effectively
Communicate with residents. There was evidence of multi-disciplinary team involvement at the annual review of residents' personal care plans and at other times where necessary.

Residents had access to suitable aids to assist communication, for example, residents who were not able to communicate verbally had a pictorial communication system in place. Other residents had developed their own hand sign gestures that were documented to ensure staff were aware of and understood same.

The residents were part of the local community via visits to local pubs and restaurants and other relevant retail businesses. Residents used public transport and had access to local information about the local community through attending Mass on a regular basis.

Residents had access to assistive technology where appropriate such as electronic handheld computer devices, easy read booklets for information such as the Charter of Rights, Complaints, Medication Information and Menu options.

**Judgment:**
Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector found that positive relationships between residents and their family members were supported.

Residents were facilitated to meet family and friends in private. Each resident had their own room and there was an office that residents were welcome to use if they so wished. The inspector found that there was evidence that families were invited to attend annual personal care plan meetings and there were signatures of the family members who had taken part in the review.

Families were kept informed of residents' well-being and questionnaires that were returned to the Authority by family members prior to the inspection spoke very highly of the family, homely feel of the centre and how they were always made feel welcome when visiting the resident. There were no restrictions on visit times and the residents' personal plans set out how family members were involved in the residents' lives. Photographs of the residents and their family members were displayed in the residents'
bedrooms and information regarding deceased family members was available to staff so that they could support the resident in marking the anniversary of their deceased loved one.

**Judgment:**
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
The inspector found that overall residents' admissions were in line with the centre's Statement of Purpose, however improvements were required in regards to contracts of care.

The admissions process considered the wishes, needs and safety of the individual and the safety of other residents living in the centre. There was an admissions, transfer and discharge committee that met with residents prior to admission and involved members of the multi-disciplinary team. Environmental assessments were also carried out prior to a move. Residents were supported in orientation meetings where they could visit the centre to help them decide if they would like to live there and also to meet with the other residents living in the centre. A services review committee was in place to review living arrangements in conjunction with the residents and their family members and there was evidence of a consultation process for residents who wished to or needed to relocate.

There were contracts of care in place in the random selection of files reviewed. These set out the services to be provided and detailed services that required additional charges. However, the contracts did not meet the requirements of the Regulations, as they did not include the fees to be charged. Some files only contained the signature page of the contract and did not include the detail within the contract. The person in charge told the inspector that this issue had already been identified by the provider and plans were in place to rectify these issues.

**Judgment:**
Non Compliant - Moderate
Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found that the residents' wellbeing and welfare was maintained by a high standard of evidence based care and support that was person centred and comprehensive.

The inspector reviewed a random selection of personal care plans from each of the three houses within the centre and found that each resident and/or their representative were actively involved in an assessment to identify their individual needs and choices in regards to health, social and personal care. Where specific needs were identified, there were robust arrangements in place to ensure a timely referral to appropriate multi-disciplinary services such as speech and language therapy, occupational therapy et cetera.

Comprehensive support plans had been developed for residents and included risk assessments, positive behaviour support plans, health plans and intimate care plans. Overall, these plans clearly set out the need and the expected outcome but in some instances not all interventions were clearly identified. For example, a plan for a resident identified that they required support in achieving some health goals but did not clearly set out how the goal would be achieved. For another resident, the interventions to ensure that a resident maintained links with the community were not clearly set out in the plan, however, staff were able to discuss the interventions in detail.

Each resident had access to a written personal plan that detailed their individual needs and choices. This was available to residents in an accessible format, showed evidence of multi-disciplinary input and identified staff who were responsible for ensuring that the resident was appropriately supported in achieving the goals set out in the plan within the specified time-frame. The inspector found that personal plans were reviewed on an annual basis by the multi-disciplinary team and the resident was involved in a meaningful way via maximum participation. There was evidence that family members were invited to attend these review meetings and their input was actively sought. Clear goals were set for the year ahead but did not always include short and longer term wishes. The inspector found that further development was required to ensure that the
interventions required to ensure that long term goals were met were clearly identified.

Residents were supported when moving between services. Residents were consulted when moving within the service or to a new service. The inspector saw evidence of consultation with residents in this regard and the process was transparent and involved the service review group. Conversations between residents and the inspector gave further confirmation of this process. The inspector was satisfied that transfers were carried out in a planned, safe manner.

Judgment:
Non Compliant - Minor

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The inspector found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the residents whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation and overall, the premises were free from significant hazards that could cause injury.

There were sufficient furnishings, fixtures and fittings and the centre was clean and suitably decorated. There was adequate private and communal accommodation and there was access to a kitchen with sufficient cooking facilities and equipment. The centre had an adequate number of toilets, bathrooms and showers to meet the needs of the residents.

Residents had access to appropriate equipment that promoted their independence and comfort such as electric profiling beds, hoists and mobility aids. The equipment was fit for purpose and was appropriately serviced, however, up to date servicing records for electrical profiling beds were not available. Staff were trained to use the equipment provided, however, storage was an issue as one resident's bedroom was used to store a hoist that was used to assist another resident.

Judgment:
Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Overall, the inspector found that there were adequate arrangements in place in regards health, safety and risk management. However, some areas required further development such as hazard inspections and evacuation procedures.

The centre had policies and procedures relating to health and safety. There was a health and safety statement in place, however, this was outside of its review date. There was a risk management policy in place that met the requirements of the Regulations and hazards within the centre had been identified and risk assessed, these risk assessments were seen by the inspector and overall were found to be comprehensive.

The inspector found that there were no formal arrangements in place to ensure that regular hazard inspections were completed to ensure that any new or changing hazards were identified and managed appropriately. The inspector noted that where controls were in place for specific hazards, these had not always been appropriately reviewed to ensure they were adequate. For example, although a risk assessment had been completed for a resident that smoked and some appropriate measures had been taken such as the provision of a fire retardant ash tray/bin, the smoking room did not contain appropriate fire fighting equipment such as a fire blanket. A maintenance requisition book was kept in the centre and maintenance requests were logged and dealt with appropriately.

There was a robust system in place for incident reporting and investigation of same. The inspector reviewed the incident logbook and found that it was completed as required and each incident signed off by a senior member of the nursing team with appropriate actions to minimise recurrence recorded. There was evidence of learning from incidents and audits were completed quarterly by the designated risk and quality officer and a report sent to the person in charge. Staff who spoke with the inspector confirmed that they were informed of audit findings in an informal verbal manner, the inspector found that this practice could be developed further to ensure it was a formal process and thus ensuring that all staff were fully informed of findings pertaining to adverse incidents to further promote and enhance the quality and safety of the service.

There were satisfactory arrangements in place for the prevention and control of infection. Staff had received suitable training and demonstrated good knowledge of appropriate infection control practices such as hand hygiene procedures. The inspector
saw there was adequate personal protective equipment available such as aprons and gloves and observed staff using them at appropriate times. Cleaning schedules were in place and these were completed on an ongoing basis.

Suitable fire equipment was provided and there was an adequate means of escape. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire and residents mobility and cognition had been accounted for in the evacuation procedure. However, full consideration had not been given to all options available to residents with complex mobility needs to ensure a prompt evacuation for these residents.

Daily checks were completed to ensure the fire panel was working properly, however, the arrangements for checking that fire exits were unobstructed were insufficient as checks were completed on a weekly basis only. Staff were trained and demonstrated sound knowledge on what to do in the event of a fire. The inspector reviewed service records and found that the fire alarm had been serviced in February and April of 2014. Fire fighting equipment and emergency lighting records indicated that they were serviced annually. Fire drills were completed at least six monthly and records shown to the inspector indicated that the centre carried out fire drills even more frequently. The inspector found that overall the documentation of fire drills included sufficient information to inform and develop evacuation practices, however, there was some inconsistencies as there was occasions where the time of the drill, the residents present and synopsis of the drill was not recorded fully.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The inspector found that there were measures in place to protect residents from being harmed or suffering abuse and residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted and restrictive practices were well managed.
Some areas of improvement were required in the documentation of practices.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff who spoke with the inspector were able to clearly discuss what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Staff confirmed that the person in charge and the provider were very approachable and they would have no hesitation in reporting any incident if it so occurred. Residents who spoke with the inspector said that they felt safe in the centre and that the staff looked after them well.

Efforts were made to identify and alleviate the underlying causes of behaviour that challenges and the inspector saw a selection of records maintained such as ABC (antecedent, behaviour, consequence) charts. Personal plans contained details of specialist and/or therapeutic interventions that were put in place following consultation with the resident, relevant members of the multi-disciplinary teams and family members. However, the inspector found that a new template had been implemented and there were some instances whereby there was a delay in ensuring that the finalised approved plan was available in the centre and a delay in obtaining the resident's family member to confirm their involvement. However, staff with whom the inspector spoke were very clear on the plans in place. Although staff demonstrated good knowledge, not all staff had received training on the management of behaviour that challenges as required by the Regulations. The provider was aware of this and plans were in place to ensure that all staff receive training in a timely manner. Training is discussed further in outcome 17.

Where restrictive strategies were deemed necessary, emphasis was placed on staff exhausting positive behavioural supports in the first instance and a rationale for the restraint was recorded. Where restrictive practices were required, a clear system of tracking was in place and this included the date, time, duration and level of restraint used. This information was then used to review the restrictive plans in place to carefully monitor its use and to prevent its abuse and/or overuse. Environmental restrictions were in place in some areas of the centre such as restricted access to the kitchen area. There was clear documentation maintained in this regard to ensure a rationale was documented and these restrictions were also the subject of review to ensure they were proportional to the needs of the residents.

The inspector reviewed a sample selection of files for residents requiring bedside rails and found that a risk assessment had been completed. However, records of nightly checks did not clearly indicate that the checks set out in resident restrictive strategy plans had been fully carried out.

There were robust and transparent arrangements in place for the management of resident finances. A sample selection of records were reviewed and were found to contain receipts, logging and tracking of expenses and a random check of petty cash tallied with records. It was the centre's practice, when a resident had been out with a staff member, for two members of staff to complete a check of the resident's monies and to sign the log book once a wallet was returned to the centre. However, there were occasions whereby the record was signed by only one member of staff, therefore the centre's safeguarding practices were not always fully implemented.
**Judgment:**
Non Compliant - Minor

### Outcome 09: Notification of Incidents
_A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector._

**Theme:**
Safe Services

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

**Findings:**
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided as required.

**Judgment:**
Compliant

### 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

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

**Findings:**
Residents’ opportunities for new experiences, social participation, training and employment were supported. A robust assessment of each residents’ goals relevant to their general welfare and development. Goals were developed in accordance with his/her preferences and to maximise his/her independence.

Residents engaged in social activities internal and external to the centre. For example, where appropriate, some residents had daily tasks to complete in the centre such as ensuring that visitors signed the visitors book when they arrived or completing household jobs such as emptying the dishwasher. External activities were available and
residents participated in range of varied interests such as computer projects, baking, cooking, art therapy and swimming. If residents transitioned from another centre, information pertinent to the resident was obtained to ensure continuity of education/training or activation was maintained.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

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

 Residents' health care needs were met through timely access to GP services and appropriate treatment and therapies. Individual health needs were appropriately assessed and were met to a high standard by the care provided. Residents' files evidenced regular GP reviews and a record was maintained of all referrals/appointments to allied health professionals. The resulting outcome following appointments with allied health professionals such as Speech and Language Therapists, Occupational Therapists, Dieticians, Psychologists and Psychiatrists were all recorded in the residents' notes. The inspector found that input and recommendations made by these professionals was implemented in practice. There was also a wide range of support available through a number of clinical nurse specialists in areas such as health promotion and infection control.

 Residents were actively encouraged to take responsibility for their own health and medical needs. One resident showed the inspector an easy read version of her medication requirements that included information such as the time the medications were prescribed and the potential side effects of medication such as weight gain.

 Residents' nutritional needs were met. Food appeared to be appetising, varied and available in sufficient quantities at times that suited each resident. Pictorial menus were displayed daily and offered different choices to residents. Main meals were prepared in a central kitchen facility and transported to individual centres via a hot trolley. Residents were seen to assist in this process appropriate to their abilities. Snacks were available throughout the day and a suitably equipped kitchen was in place for residents and staff to prepare light meals if necessary. Residents were offered support and enabled to eat
and drink and staff were seen to be encouraging residents to have adequate fluid intake throughout the day. The advice of dieticians and other specialists was implemented in accordance with each resident's personal plans. Meal times were positive and residents were seen to interact socially at these times.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

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

**Findings:**

Overall, the inspector found that each resident was protected by the centre's policies and procedures for medication management, some improvements were required in the administration of PRN (as required) medications.

There were newly implemented, written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Staff who spoke with the inspector confirmed they were familiar with the policies and that they found them 'user friendly'. The processes in place for handling of medicines were safe and in accordance with current professional guidelines and legislation. The inspector found that overall staff adhered to appropriate medication management practices but the procedures for the supply and administration of PRN medications did not ensure that the prescribed medication was administered to, and only to, the resident for whom it was prescribed. This was discussed with the provider and person in charge on the day.

There were appropriate procedures in place for the handling and disposal of unused and out of date medicines and formal records were maintained for all returns to the pharmacy. At the time of the inspection, staff spoken with confirmed that no resident had been assessed as having the capacity to safely manage their own medication or was liaising directly with the pharmacist but the inspector saw that each resident was provided with information on their medication regime in a format that was appropriate to their abilities and needs.

There were robust systems in place for reviewing and monitoring safe medication management practices. The GP was available to the centre on a daily basis and prescriptions demonstrated medication review in line with the resident’s changing needs; nursing staff monitored the usage of each PRN medication and this information was collated and provided to the psychiatrist and the drugs and therapeutics committee. The
recorded use of PRN medications as seen by the inspector reflected this robust oversight, as usage was infrequent and episodic. There were two registered nurse prescribers on site who described the procedures for monitoring any near misses or medication errors through the critical incident reporting system and the action taken in response including responsive staff training. This was reflected in the records seen by the inspector and by staff spoken with.

**Judgment:**
Non Compliant - Moderate

### Outcome 13: Statement of Purpose

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which were to be provided for residents.

The statement of purpose contained all of the information required by Schedule 1 of the Regulations, however, the information provided regarding age range and gender reflected the residents that were currently residing in the centre as opposed to the age range and gender of the residents for whom it is intended that accommodation should be provided. This was discussed with the provider on the day of inspection.

The statement of purpose was kept under review and last reviewed in April 2014 and was available to the residents in an accessible format. The inspector found that the statement of purpose was clearly implemented in practice.

**Judgment:**
Non Compliant - Minor

### Outcome 14: Governance and Management

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and
responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Overall, the inspector found that the quality of care and experience of the residents was monitored and developed on an ongoing basis.

There were effective management systems in place to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. The provider had put in place a formal system for carrying out a bi-annual unannounced visit of the designated centre as required by the Regulations and such a visit had recently taken place. A copy of the visit was made available to the inspector when requested. The provider confirmed that an annual review of the quality and safety of care in the designated centre would be completed within the required timeframe of November 2014 as per the Regulations.

The provider outlined the types of arrangements in place relevant to the designated centre that ensured staff were facilitated to discuss issues relating to safety and quality of care and that staff could exercise their responsibility for the quality and safety of the services that they delivered. These included monthly staff nurse meetings and monthly household meetings. The inspector reviewed minutes that confirmed that such meetings took place and the relevance of such meetings.

Systems were in place to ensure that feedback from residents and relatives was sought and led to improvements. Family satisfaction survey and service user satisfaction survey reports were produced in June and September 2013 (respectively) and publicly displayed on the organisations’ website.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Staff who spoke with the inspector were able to demonstrate a good awareness of the management and told inspectors that those involved in the management of the centre were responsive and approachable.

The post of person in charge was full time and filled by a nurse with the relevant qualifications and experience required by the Regulations. She was able to demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge was in the centre five days per week and was engaged in the governance, operational management and administration of the centre on a consistent basis. She demonstrated an in-depth knowledge of the residents in the centre. She was committed to her own professional development and had completed many courses to enhance her knowledge, including a course in management. She had also identified additional areas that she planned to complete training on to further develop her skills. Staff were supportive of her as a leader and residents were able to identify her.
Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
There had been no instances where the person in charge had been absent for 28 days or more. There were suitable deputising arrangements in place whereby the clinical nurse manager 1 (CNM1) would act for the person in charge if required. The CNM1 was able to demonstrate an awareness of the additional duties she would be responsible for at those times and demonstrated an understanding of the legislation governing the centre.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

The provider told the inspector that the person in charge was consulted regularly to conduct a review of resources in the designated centre. The inspector spoke with the person in charge and staff members who confirmed that activities and routines were not
adversely affected or determined by the availability of resources.

The person in charge and staff also confirmed that there had not been instances where they were unable to meet residents’ goals, as outlined in their personal plan, due to lack of resources.

The inspector found that the facilities and services available in the designated centre reflected the Statement of Purpose.

**Judgment:**
Compliant

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**Outcome 17: Workforce**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

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

**Findings:**
There were sufficient staff with the right skills, qualifications and experience to meet the needs of residents at all times. Staffing levels reflected the statement of purpose and size and layout of the building. An actual and planned staff rota was maintained. Household staff were also in place, however, the provider acknowledged there were difficulties in maintaining household staffing levels due to long-term sick leave. A number of staff of different grades said that the requirement to complete all household duties on days household staff were not available had an impact either on the time they had to spend with residents or on completing necessary care-related documentation.

On the day of the inspection, the inspector observed staff supporting residents in a timely and safe manner and all interactions were seen to be respectful, dignified and warm.

Overall, staff had access to education and training that enabled them to provide care that reflected contemporary evidence based practice, however, as discussed earlier, not all staff had received mandatory training in the management of behaviour that challenges. Whilst most staff had received training in the protection of vulnerable adults, volunteers had not yet received training in same. The inspector noted that staff were involved in some level of food preparation, however, not all staff had received training in food safety. Staff were aware of policies and procedures and were able to tell inspectors
where copies of the Regulations and Standards were kept in the centre.

A random selection of staff files were reviewed and overall, they met the requirements of Schedule 2 of the Regulations. However, some staff files did not have evidence of qualifications attained, however, professional registration was up to date and available for inspection.

Staff were supervised appropriate to their role. All staff, including the person in charge, underwent annual appraisals to review performance and identify training needs.

The centre had a volunteer programme in place and this was overseen by the volunteer co-ordinator. There was a policy in place to guide practices and supervision arrangements, whereby a volunteer was assigned a mentor were in place. There was evidence of written agreements that set out the roles and responsibilities of volunteers and vetting disclosures had been completed. Volunteers provided three references and a robust interview process was in place. As discussed above, volunteers had not received training in the protection of vulnerable adults, therefore the inspector found that the centre’s policy was not fully implemented.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
Overall records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, some non compliances were identified in regards to the maintenance of policies.

A directory of residents was maintained in the centre and this contained all of the items required by the Regulations. A record of residents' assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and
medical care provided to the resident including any treatment or intervention was maintained. Resident's files were found to be complete and were kept accurately and up to date. For example, a record was maintained of all referrals/appointments and resident notes were updated accordingly with the outcome of the appointment. A record was maintained of any occasion on which restrictive procedures were used in respect of the resident and included the reasons for its use, the nature of the restraint and its duration.

Records relating to communication needs, money or valuables, complaints, notifications, fire safety and rotas were maintained, stored securely and were easily retrievable.

The inspector noted that the organisation had recently reviewed and updated many of their policies. Whilst there were centre-specific policies in place, not all of the policies required under Schedule 5 of the Regulations were available such as, The Use of Restrictive Procedures, The Monitoring and Documentation of Nutritional Intake and The Provision of Information to Residents. The inspector acknowledges that a draft copy for The Use of Restrictive Procedures was available and was told that it was almost ready to be signed off and implemented.

Judgment:
Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Gemma O'Flynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003933</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>24 June 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>31 July 2014</td>
</tr>
</tbody>
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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: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy was not displayed in a prominent location.

Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
The Complaints Policy and Easy Read version of same is now displayed in the resident’s living area and accessible to all residents and visitors to the centre.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 30/06/2014  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Residents satisfaction with the outcome of a complaint was not always recorded.

**Action Required:**  
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**  
The Service will implement a duplicate recording book system for complaints which will include a section of resident’s satisfaction with outcomes. This system will be piloted in the centre prior to approval as a final document. In the interim, the complainant’s satisfaction with outcomes will be logged onto the current format.

**Proposed Timescale:** 31/12/2014

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**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:**  
Details of the fees to be charge were not included in the contract of care. Some files contained only the signature page of the contract and did not include the content of the contract.

**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:**  
An appendix to the existing Contracts of Care will be circulated to all residents and their families which will clearly outline the Long Stay Charge to be applied. The contracts will be signed by a Service representative.

**Proposed Timescale:** 31/08/2014
### Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In some instances, the interventions required to effectively support residents and fully implement their plans of care were not clearly documented.

**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:**
Each resident’s personal plans will now outline the supports required to enable each resident to achieve their short and long term goals as outlined in their personal plan. All goals will have a holistic approach, be reviewed with fixed dates and supporting document attached to track/monitor goal status.

**Proposed Timescale:** 30/09/2014

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Service records were not available for all equipment in the centre, such as, electrical profiling beds.

**Action Required:**
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

**Please state the actions you have taken or are planning to take:**
Service records will be available for all electrical profiling beds.

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was inadequate storage facilities for equipment such as hoists.

**Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
Storage facilities will be purchased for the storage of resident’s equipment, in particular, such as ‘stand-by’ hoist.

**Proposed Timescale:** 30/09/2014

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**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no formal arrangements in place for routine hazard inspections to identify new or changing hazards. Some controls had not been adequately reviewed to ensure that they sufficiently managed the potential risk.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
Existing Hazard Risk assessments will be updated to reflect shorter review dates to ensure that new or changing hazards and any additional control measures are being identified and implemented in a timely and prompt manner. A member of the health and safety committee and the PIC will review the risk register for the designated centre regularly as well as the environment to identify any new or changing hazards

**Proposed Timescale:** 31/10/2014

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**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Fire exits were not checked on a daily basis to ensure they were unobstructed.

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

**Please state the actions you have taken or are planning to take:**
Fire Exits are now checked on a daily basis to ensure they are not obstructed. A document to record these checks is now in place and completed by staff daily.
Proposed Timescale: 30/06/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The evacuation procedures for residents with complex mobility needs did not consider all options to ensure a safe and prompt evacuation.

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

Please state the actions you have taken or are planning to take:
Risk Assessments have been reviewed and amended to ensure that residents with complex mobility needs are safely and promptly evacuated.

Proposed Timescale: 31/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The is failing to comply with a regulatory requirement in the following respect:
In some instances there was a delay in the formal restrictive strategy plan being made available in the centre. Some restrictive strategy plans had not been signed by the resident’s representative confirming their involvement, as was the centre’s practice.

Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
All staff will receive training in Challenging Behaviour Guidelines. This training has recommenced within the service week beginning 7th of July 2014. Also currently, all restrictive strategy plans are being signed by resident’s representatives.

Proposed Timescale: 31/12/2014

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Financial safeguards were not always fully implemented in that two signatures were not always recorded when a residents wallet was returned to the centre.

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure that all staff adhere to the guidelines around having two staff signatures when recording resident’s expenditure. All accounts will continue to be audited locally and also centrally by the Provider.

**Proposed Timescale:** 14/07/2014

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**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The procedures for the supply and administration of PRN medications did not ensure that the prescribed medication was administered to, and only to, the resident for whom it was prescribed.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
The centre has taken measures to address this issue; each individual resident is now prescribed their own supply of PRN medications. These medications will only be administered to the individual named on the prescription. In this centre, the PRN medications referred to in this statement are Paracetemol and Buccal Midazolam only.

**Proposed Timescale:** 31/07/2014

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not clearly set out the age range and gender for whom it was intended that accommodation should be provided.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been amended to set out the age range and gender for whom the centre is intended.

Proposed Timescale: 30/06/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff files had evidence of qualifications attained.

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

Please state the actions you have taken or are planning to take:
Findings noted and shared with the Daughters of Charity HR Department to address and ensure compliance. Currently all nursing personnel have this NMBI registration on file indicating their qualifications. The PIC is collating copies of all nursing certificates from personnel in her centre.

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training appropriate to their role for example, training in the management of behaviour that challenges and food safety. Volunteers had not received training in 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 receive relevant training as highlighted by 31st December 2014 and records will be updated and maintained to reflect this action. Volunteers will receive training in
Protection of Vulnerable Adults by 30th September 2014.

Proposed Timescale: 31/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all the policies required under Schedule 5 of the Regulations were in place. The centre’s safety statement was outside of its review date.

Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Outstanding Policies listed under schedule 5 will be completed and circulated to all areas. These include the use of restrictive practice which is in final draft stage ready for sign off, monitoring and documentation of nutritional intake is in its final draft stage and the provision of information to residents is contained in the DOCS 061 Staff Communication Policy.
While the centre safety statement has been reviewed yearly the DOCS 005 Service Safety Statement will be reviewed and updated in line with relevant regulations.

Proposed Timescale: 30/09/2014