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

### Centre ID:
OSV-0003928

### Centre county:
Limerick

### Email address:
phil.ocarroll@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:
Julie Hennessy

### Support inspector(s):
None

### Type of inspection
Announced

### Number of residents on the date of inspection:
6

### Number of vacancies on the date of inspection:
0
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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

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

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Summary of findings from this inspection

This was the first inspection of this designated centre carried out by the Authority. As part of the inspection, the inspector met with residents, a relative, management and the staff team. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The centre provides residential accommodation for adults with an intellectual disability, primarily, with a severe to profound intellectual disability.
The centre was made up of one single storey house. The house could accommodate six residents and each resident had their own bedroom. The house was warm, homely, appropriately furnished and well-maintained.

The provider nominee and person in charge demonstrated a commitment to the regulatory process, which was reflected in a high standard of evidence-based practice and person-centred delivery of service and care.

The inspector found that residents' health and social needs were met by staff in the centre. Staff knew the residents well and interacted with residents in an appropriate, respectful and warm manner. Residents appeared well-cared for, happy and content. Residents were supported to participate in meaningful activities, appropriate to their individual preferences and abilities; residents’ independence was maximised and; residents’ were supported to develop and maintain family links. Arrangements were in place to ensure oversight of key areas relevant to the provision of safe, quality care to residents.

Overall, the inspector found a high level of compliance across all outcomes with full compliance achieved in 13 of 18 outcomes including core outcomes such as safeguarding, medication management, meeting the healthcare needs of residents and governance of the centre.

Some non-compliances were identified in the areas of health and safety, personal planning documentation, notification of incidents and deputising arrangements which are detailed in the body of and the action plan at the end of this 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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that residents’ rights, dignity and consultation were supported by staff.

Residents and staff spoken with confirmed that residents views were sought in a number of ways and used to inform the planning and running of the centre. The person in charge had commenced residents meetings and the inspector reviewed minutes of such meetings which included items such as informing residents of the upcoming HIQA inspection and seeking residents views on activities. The organisation had an advocacy steering committee, managed by the CNM3 (Clinical Nurse Manager) and attended by service users who met on a monthly basis.

The inspector observed staff interacting with residents in a respectful, appropriate and warm manner, consulting with them and seeking their response or feedback. A residents’ charter of rights was prominently displayed in the hall of each house in an easy-to-read pictorial format. Information on how to make a complaint was also available in a pictorial format.

Residents and their families were involved in personal planning. Residents could make choices about their daily lives such as when to get up in the morning, what food to eat and what interests they could pursue. Staffing was arranged in a manner to support residents with their individual interests and preferences.

There was a complaints policy in place. As previously mentioned, an easy-to-read version for service users was prominently located in the entrance hall. There was a dedicated complaints officer and an independent nominated person to manage complaints. Staff were able to name the persons responsible for receiving and
overseeing complaints. The inspector viewed the complaints log and observed that verbal complaints and observations were also recorded. Whether the complaint was resolved and the complainant satisfied was documented.

Staff confirmed that residents were supported to exercise their political, civil and religious rights. Residents were supported to attend religious ceremonies of their choice, for example, some residents attended Mass in the chapel. A special Mass at Christmas was also held and family were encouraged to attend.

**Judgment:**
Compliant

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**Outcome 02: Communication**

Resident 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):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector found that staff were aware of the ways in which to communicate with individual residents and that residents' communication needs were met.

The inspector reviewed a sample of residents' files and reviewed communication care plans for residents with communication needs. Care plans outlined specific means of communication and were very informative and included information such as how the resident might express herself if experiencing different emotions. Multi-disciplinary professional input was sought where required, such as, from the speech and language therapist. One care plan, for example, included clear information about the use of Lámh (a manual sign system used by children and adults with intellectual disability and communication needs in Ireland) and a visual schedule that had been devised that contained pictures of activities and items familiar to the resident. This information was specific to and aided communication with the individual resident.

The inspector observed that communication care plans were implemented in practice. Care plans also outlined methods of communication to use to support family contact.

Each resident also had an 'acute hospital communication booklet' that included key information relating to each resident in the event of a resident being transferred to an acute hospital.

Other information was available in pictorial format to aid the provision of information to residents and communication with residents. For example, fire evacuation procedures...
were available in pictorial format in a resident's bedroom, different foods and drinks were presented in pictorial format in the kitchen to aid residents’ choice and posters promoting hand hygiene were available in resident's toilets.

Residents had access to television, DVD players, radio, social media and phones.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

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

Family links were supported in the centre by a variety of means. There was an open door visiting policy in each house and family and friends were welcome to visit. Family contact was supported as appropriate to each resident, including through the use of phone contact. Residents were supported to go to the family home on weekends, holidays and on day visits.

Special occasions were celebrated and marked. Family were encouraged to attend birthdays and other special occasions. The inspector spoke with a relative who described how she enjoyed attending a Mass that was held at Christmas each year, followed by a social gathering in the centre. Staff described how they facilitate visitors who may wish to take residents out for shopping, for a meal or other event.

There was evidence of family links in personal plans and of specific plans to increase family links where applicable. Families were contacted by a named nurse in advance of the review of an individual resident’s personal plan and invited to attend the review meeting. Where family were unable to travel to the centre, meetings were held in other locations to facilitate family participation.

Residents were supported to ensure involvement with their local community. This included the use of local amenities such as cafes, shopping centres, restaurants, hairdressing, and going on drives and walks. Residents went on day trips and attended events in the community such as concerts in the nearby university. Day trips and activities in the local community were organised by both centre staff and day services.
staff for different residents. The person in charge discussed plans for arranging an overnight outing for residents in September. An art therapist visited the centre regularly and a hair dresser also visited.

There was a volunteer programme within the service, overseen by the volunteer coordinator, and a volunteer was scheduled to commence shortly in the centre.

**Judgment:**
Compliant

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**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):**

This was the centre’s first inspection by the Authority.

**Findings:**

The inspector found that admissions were in line with the Statement of Purpose and there were written contracts for the provision of services in place.

Contracts of care set out the service to be provided and the fees to be charged in the designated centre. Contracts of care were signed by the parents of residents, where appropriate.

There was a ‘services review committee’ within the service that met with residents and their families and reviewed current living arrangements and any wishes in relation to any changes or moves. There was evidence that moves were planned for in a safe manner with transfers overseen by an 'admissions, transfers and discharges committee', pre-planning meetings, consultation with residents and family and multi-disciplinary team input.

The inspector reviewed a sample of the contracts of care. The contracts of care clearly set out the services to be provided for the residents and the fees to be charged. Each contract of care reviewed had been signed by a resident, by a service provider representative and by a relative.

**Judgment:**
Compliant
Outcome 05: Social Care Needs

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that residents’ wellbeing and welfare was maintained by a high standard of evidence-based care and support and the arrangements to meet each resident’s assessed needs were set out in a personal plan that reflected his/her needs, interests and capacities. Overall, the personal plan and review process was very comprehensive and person-centred, although improvements were required to the personal planning documentation which are outlined below.

The inspector reviewed a sample number of residents’ files in the designated centre:

A specific tool was used to document each residents' assessment of their health, personal and social care needs, abilities and wishes. The information contained in the tool was informed by multi-disciplinary input where required. Where needs, supports or risks were identified, other specific plans had been completed including health plans, risk assessments, behaviour intervention plans and intimate care plans.

Each resident had a written personal plan, in an accessible format. Personal plans were individual and person-centred and contained information such as the residents' family tree, special events, a record of family visits, likes and dislikes and activities the resident participates in and enjoys.

The personal plans were reviewed annually by the multi-disciplinary team and maximum participation of the resident was ensured. Review meetings were documented. Family members were given formal advance notification of the review meetings and invited to attend. Review meetings were held in other locations to facilitate family attendance where family had difficulty travelling to the centre. Each resident had a named advocate, who attended review meetings. The inspector spoke with a relative who confirmed that family attended review meetings and were fully involved in decisions made during such meetings.

Review meetings included a full evaluation of the residents’ health and social needs, wishes and abilities and a review of any skills development or day services in which the resident participated and whether goals had been met for the previous year.
Documentation also included a written family report and a personal statement by the resident. Goals were set for the following year at such meetings. The person responsible for pursuing objectives in the plan within specific time-frames was clearly documented.

Documentation relating to how goals will be achieved, whether goals are short- or long-term and any challenges to meeting goals was maintained for each resident.

While staff and the person in charge were able to describe the supports required to meet each resident’s goals and how goals contributed to improving the quality of life of the resident, improvements were required to some personal planning documentation to reflect such information and to ensure that goals were consistently outcome-focussed instead of activity-based.

The inspector reviewed files relating to residents who had been transferred to the designated centre and found that there were robust systems in place. A comprehensive multi-disciplinary assessment of each resident and their suitability for a placement had been carried out by a ‘service user group’ and ‘admissions, transfers and discharges committee’ prior to any planned move. This system ensured that there were adequate supports in place; that placements were appropriate and; that transfers were planned for in a safe manner. The inspector spoke with a relative who confirmed that family had been consulted and involved in the transfer process and had visited the centre prior to the move. There was written evidence that residents’ views had been sought in relation to moves and evidence of on-going review that residents were happy with where they were living.

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that the centre was designed and laid out in a way that was suitable for its’ stated purpose. The centre met the individual and collective needs of residents and there was appropriate and suitable equipment provided which was in good condition. Improvements were required in relation to the servicing of equipment.
The inspector found that the centre was clean, warm and domestic in nature. The rooms were bright and spacious. Bedrooms were personalised. The centre was accessible to residents. Facilities and services were consistent with those described in the centres’ Statement of Purpose and Residents’ Guide.

Areas where hazards were present were restricted as appropriate, including the laundry room, sluice room and storage rooms and medicines and chemicals were securely locked away. Access to other areas was restricted to ensure the safety of individual residents and following risk assessment and included the kitchen.

The inspector observed that the centre was free from significant hazards which could cause injury to residents and was well-maintained. Flooring was intact throughout the centre. Assessments had been completed and identified measures which were required in the centre to prevent accidents and included handrails in circulation areas, grab-rails and a shower chair. The inspector reviewed the maintenance log that demonstrated that items that were faulty or broken were repaired or replaced in a timely manner.

The inspector observed that there were sufficient toilets, bathrooms and showers to meet the needs of residents. There was adequate storage in the centre for equipment including wheelchairs and for extra supplies.

The inspector observed that equipment was appropriate to meet the needs of residents and to support and promote the full capacities of the residents. This included adjustable beds, an assisted bath and a motorised wheelchair.

The inspector reviewed the servicing records relating to equipment, aids and appliances and found that they were mostly in order. Although the person in charge confirmed that any problems relating to wheelchairs were addressed without delay by the occupational therapy department, no clear system was in place to ensure the preventative maintenance of wheelchairs.

The inspector reviewed documentation pertaining to the management of waste and found that it was in order including; a waste license and collection permit, a written contract with a reputable contractor and documentation pertaining to the transportation of specimens.

**Judgment:**
Non Compliant - Minor

**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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that the health and safety of residents, staff and visitors was promoted and protected. Improvements were required in relation to hazard inspections, the maintenance of documentation and awareness of all aspects of hand hygiene.

The inspector reviewed the risk management policy, which included the risks specifically required by the Regulations and the arrangements in place to control named risks. The arrangement involved the completion of a risk assessment for each risk named in the Regulations at centre-level. The inspector found that such risk assessments had been completed in the designated centre.

There was a safety statement in place and an incident management policy in place that were both up to date.

Although there was a system in place to log any maintenance issues, the inspector found that there was no system in place to complete regular hazard inspections, which is necessary to identify new or changing hazards.

A system was in place to complete risk assessments. A range of risk assessments for different work activities and work areas had been completed, including manual handling, trips and falls, hot water, infection control, absence without notice and medication management. Risk assessments had also been completed as relevant to individual residents. With the exception of the manual handling risk assessment, risk assessments provided adequate guidance for staff in relation to what measures and actions were in place to control risks in the centre. The manual handling risk assessment however was generic and did not adequately identify the hazards or address the risks associated with manual handling activities in the centre. This was addressed by the person in charge during the inspection and a new satisfactory risk assessment was completed.

Incidents were being recorded and reported and there was evidence of learning from incidents.

The inspector found that there were a range of fire safety arrangements in place and that significant work had recently taken place across the service. For example in the centre: all rostered staff had received fire safety training; fire marshal training had taken place and a new fire folder had been introduced which allowed for the documentation of all necessary checks and servicing of fire and emergency equipment. The inspector found that all of the required checks and services were in order.

There was a prominently displayed evacuation plan in place. Inspectors viewed documentation of regular fire drills, which were carried out on a regular basis. The inspector spoke with staff and found that they were knowledgeable about what to do in the event of a fire.

Suitable fire equipment was provided. Fire exits were unobstructed and there were adequate means of escape. The inspector viewed servicing records and found that the
A fire alarm was serviced on a quarterly basis and fire safety equipment and emergency lighting was serviced as required on an annual basis.

Two areas were identified that required improvement in relation to fire safety. First, a record of a recent drill was not held in the centre and an issue that had arisen during the drill had not been documented. Such records are necessary to ensure the person in charge can follow up on any issues that were identified during practice drills in the centre. Second, although the evacuation plan did consider the mobility status of each resident, it did not contain sufficient information in relation to the cognitive or mobility needs of each resident. Such information is required to ensure that staff know exactly how to evacuate residents in the event of an emergency, such as a fire. The person in charge made the required changes to the evacuation plan during the inspection.

The inspector found that overall there were satisfactory arrangements in place for the prevention and control of the spread of infection although the inspector identified one area for improvement:

The inspector spoke with nursing, care and household staff who were aware of the principles of infection prevention and control, for example, the correct use and disposal of gloves and aprons, segregation and disposal of waste and the management of potentially contaminated laundry. Although staff had received training in infection control including hand hygiene; staff were not fully aware of all key aspects of hand hygiene in that no staff member with whom the inspector spoke was able to describe the recommended length of time to wash their hands. Cleaning schedules were in place and were being completed. Infection control audits were carried out. The inspector reviewed audit findings and found that the audits contributed to improving practice, with actions identified and followed up on.

The inspector found that, while information about incidents and infection control audit findings was communicated to staff in different ways, a formal process for communicating the findings of incident analysis and infection control audits was required.

There were systems in place to ensure oversight of health and safety and fire safety within the organisation, including a health and safety and fire safety committee. The organisation has competent persons in the areas of quality and safety, risk management, fire safety and infection prevention and control.

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted.

Relevant policies were in place, including in relation to the protection of vulnerable adults, behaviours that challenge, the provision of personal intimate care and residents' personal finances and possessions. A policy in relation to the use of restrictive practices was signed off by the CEO during the course of the inspection.

The inspector viewed training records and found that some staff required training in relation to responding to incidents, suspicions or allegations of abuse. This was addressed by the person in charge during the inspection and any staff who had not yet received such training were be scheduled on a relevant course. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

The inspector spoke with a resident who confirmed that she felt safe in the centre. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Not all staff had received training in the management of behaviour that challenges including de-escalation and intervention techniques. This was addressed by the person in charge during the inspection and any staff who had not yet received such training were scheduled on a relevant course.

The inspector reviewed personal plans, plans to support behaviour that challenges and risk assessments and spoke with staff in relation to behaviour that challenges. The inspector found evidence of a positive approach to behaviour that challenges with supports provided to manage behaviour that challenges. There were clear referral systems in place and input from relevant professionals was documented and clearly informed practice. Residents were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour and consent and family
consultation was documented.

The inspector observed that some environmental restrictions were in place including; restricted access to the kitchen, window restrictors, motion sensors and keypad systems. The inspector found that for any restrictions in place, a clear rationale was provided that was for the safety of one or more residents, risk assessments had been completed, alternatives had been considered, restrictions were applied for the least time possible and in the least restrictive manner. All restrictive practices had been approved by the organisation's 'restrictive practice committee' and were carefully documented and closely monitored and reviewed. There were no bedrails in use in the centre.

The inspector reviewed arrangements in place for managing residents' finances and found a clear and transparent system in place. The inspector reviewed a sample of records and found a clear system of logging and tracking of all transactions and an auditing system in place.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**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. Although a clear record of environmental restrictions was maintained in the centre, this information was not contained in the quarterly reports as required.

**Judgment:**
Non Compliant - Minor
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):
This was the centre’s first inspection by the Authority.

Findings:
Residents’ opportunities for new experiences, social participation and skills development were supported. Continuity of services was maintained for residents in transition.

An assessment of each residents’ goals relevant to their general welfare and development had been completed as part of a more comprehensive assessment of each residents’ needs, wishes and abilities. Goals were developed in accordance with his/her preferences and to maximise his/her independence.

Residents engaged in activities that suited their individual needs and capacities. Residents attended day services on-campus including activation and skills development programs. Activation was also run in the centre and the inspector observed specific individually tailored activities including art, tabletop activities, music and hand massage. An activities sheet was written for each resident. Residents engaged in other activities such as swimming in the pool on campus and hill-walking, which was organised by the gym staff.

The inspector reviewed the file of a resident who had moved to the service and found that day services had been maintained for that resident while in transition and following the move.

Education, training and employment was not identified as an area of need for the residents and the inspector was satisfied that the focus on activation and skills development programs reflected the abilities of the residents, was meaningful to the residents and was enjoyed by the residents.

The provider outlined the organisation’s vision with respect to access to education, training and employment for residents, as outlined in their draft policy, which includes the creation of an individual training and education plan for each resident and the promotion of community inclusion using a person-centered approach.

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspectors found that residents overall healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services.

The inspector reviewed residents’ files and there was evidence of timely and frequent access to their GP. Residents had access to other medical professionals and appointments were organised as required. Records of referrals and reports were maintained in residents' files.

Residents had access to a MDT team, including occupational therapy (OT), physiotherapy, dietetics, speech and language therapy (SALT), psychology and psychiatry. A number of clinical nurse specialists were also available in the service, including in areas such as health promotion, food and nutrition, tissue viability and infection control.

Input from medical and allied health professionals was documented in residents' care plans and the inspector found that such input informed practice.

Residents were consulted about and involved in the meeting of their own health and medical needs. The inspector spoke with a relative who confirmed that relatives were involved in care decisions also.

The inspector found that residents’ nutritional needs were met:

Main meals were prepared in a central kitchen and this was overseen by the catering manager. Meals were distributed to the centre via hot trolleys. The inspector observed meals which were served hot and appeared appetising and well-presented. Breakfast, tea and snacks were prepared in each house. The centre had a suitably equipped kitchen and separate dining area, which were spacious and homely. The fridges and cupboards were well-stocked with a variety of drinks and foods including fresh fruit and vegetables. The inspector observed meals and found that they were relaxed and unhurried occasions. Any assistance required was offered discreetly.

Advice relating to dietary needs was sought from the dietician and speech and language therapist as required and recommendations were reflected in residents care plans. Some residents required specialised and modified consistency diets and these nutritional needs were met, documented, and this information was available in each kitchen. Different
Foods and drinks were presented in pictorial format in each kitchen to aid residents’ choice. The inspector observed that residents had access to snacks and drinks throughout the day and that choice was facilitated.

Residents were supported to make healthy living choices. For example, some residents had been supported in relation to healthy eating and weight reducing diets and hand hygiene was promoted amongst all residents and aided by posters in pictorial format.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that residents were protected by safe medication management policies and practices.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. The inspector spoke with nursing staff and found that they were familiar with the guidance as outlined in the policy.

The inspector reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process.

Prescription charts and administration charts were completed in line with relevant professional guidelines and legislation.

All medications were individually prescribed including medications that were required to be crushed. The inspectors noted that the maximum dosage of PRN (“as required”) medications were also prescribed and all PRN medications were regularly reviewed by the GP. There were no residents prescribed controlled medications at the time of inspection.

The inspector observed practices relating to the safe administration of medication and found that they were effective and reflective of policy.
There were no residents who chose to self-administer at the time of inspection. There were no medications that required refrigeration at the time of inspection and a secure fridge was available in the event of a resident being prescribed a medicinal product that required refrigeration. A daily log of temperature readings was being maintained.

Unused and out of date medications were not fully segregated from other medicinal products, as required by the Regulations, although this was rectified by the nursing staff during the inspection. A record of returns to pharmacy was maintained.

Any changes, updates or medication errors were captured in a centralised system. Medication management audits included all steps in the medication management cycle. The inspector reviewed the most recent audit findings from an audit on 5/7/2014 and found that they contributed to learning in that any issues identified during the audit had since been rectified.

Oversight of medication management, including PRN and psychotropic medications, was by the Drugs and Therapeutics committee.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**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 was 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 day facilities reflected the residents that were currently residing in the centre as opposed to for whom it is intended that accommodation should be provided. This was addressed by the person in charge during the course of the inspection.

The inspector found that the Statement of Purpose was clearly implemented in practice.
**Judgment:**
Compliant

**Outcome 14: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Overall, inspectors found that there was an effective management system in place, clearly defined management structures and the persons in charge had the required skills, qualifications and experience to manage the designated centre.

The inspector found that there was a clearly defined management structure in place in the designated centre. The inspector spoke with staff and found that they were clear in relation to lines of authority. Staff confirmed that they were well-supported by management, including the person in charge and the provider. The inspector spoke with a resident and a relative who were able to identify the person in charge. However, a formal deputising arrangement for the notifiable absence of the person in charge was not in place.

Although there were support structures and staff in place for times that the person in charge was not in the centre, including support by a CNM3 and senior nursing staff in the centre; formal arrangements were not in place that identified a specific deputising arrangement for any notifiable absence of the person in charge. This was discussed with the person in charge and the provider and a possible suitable deputising arrangement was identified during the inspection.

The post of the person in charge was full-time. The inspector interviewed the person in charge and found that she had the necessary experience, skills and qualifications, as required by the Regulations. The person in charge was a registered nurse in intellectual disability nursing and held a management qualification. The person in charge had also completed a range of recent training and education courses relevant to her role, for example, in relation to personal planning, malnutrition, human resource management, food safety and HIQA Regulations. The person in charge demonstrated commitment to the regulatory process and had developed a number of processes and systems in preparation for this registration inspection.
There were systems in place to support the role of the person in charge. The person in charge reported to the CNM3, whom she meets on a one-to-one basis every four to six weeks. The provider outlined how she visits the centre regularly on an informal basis and is available every week day. The provider formally visits the designated centre at a minimum, every six weeks. In addition, the provider and persons in charge meet monthly at CNM2 meetings. The person in charge confirmed such arrangements were in place and that she was well supported by the provider and CNM3.

There were a range of audits in place to monitor the quality and safety of the service in the designated centre. These included audits of infection control/hygiene, medication management, care plans, finances and handover reporting.

The provider had put in place a formal system for carrying out a bi-annual unannounced visit of the designated centre and there was evidence that a visit had taken place in the centre. The provider confirmed that an annual review of the quality and safety of care in the designated centre would be completed within the required time-frame of November 2014.

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 regular team meetings. The inspector reviewed minutes that confirmed that such meetings took place and spoke with nursing, care and household staff who confirmed the relevance of such meetings. Staff annual appraisals also took place which facilitated staff to identify any training or development needs they may have.

Systems were in place to ensure that feedback from residents and relative 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 were arrangements in place to ensure oversight of key areas relevant to the provision of safe, quality care to residents. These included; a health and safety committee and fire committee, drugs and therapeutics committee, advocacy committee and restrictive practices committee.

**Judgment:**
Non Compliant - Minor

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**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):
This was the centre’s first inspection by the Authority.

Findings:
There had not been any instance where the person in charge had been absent for 28 days or more. The provider was aware of the requirement to notify the Authority of any expected absence or absence as the result of an emergency as outlined in the Regulations.

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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose.

The provider told the inspector that a regular review of resources in the designated centre takes place in consultation with the person in charge.

The inspector found that the facilities and services available in the designated centre reflected the Statement of Purpose. Staff confirmed that there was a household budget that could be used to meet the day-to-day running costs of the centre and that any extra requirements were met by management.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.
**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors found that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents and that the staff rota was properly maintained.

The inspector found that there was an accurate staffing roster showing staff on duty which included the times that all staff were on duty. Over the course of the inspection, staffing levels were adequate and met the needs of the residents.

The inspector spoke with the person in charge and staff members who confirmed that the provision of day services, in particular to two residents, had been adversely affected by challenges relating to staff shortages due to staff on medium- to long-term leave. The provider outlined steps that the organisation had taken to minimise the impact on residents, including the submission of a business case to the HSE, the re-arrangement of how day services are spread between residents in different parts of the service and the creation of new and development posts for school leavers which it is hoped will in turn increase available hours in day services.

There was a training plan in place for 2014. The annual staff appraisal system facilitated the identification of staff training needs. Inspectors spoke with staff who confirmed what training they had received and records of training were reviewed. As previously mentioned, the inspector found that not all mandatory training required by the Regulations had been provided, including in relation to behaviour that challenges and the protection of vulnerable adults as required. Also, one staff member required refresher training in moving and handling, as required under relevant health and safety legislation. The person in charge addressed this during the course of the inspection and scheduled all staff who required training to attend relevant training courses.

Staff had completed other training or instruction relevant to their roles and responsibilities including in relation to hand hygiene, medication management, personal care planning, first aid, and specific topics such as autistic spectrum disorder and epilepsy and the identification and management of dysphagia.

There was a system in place for the management of volunteers within the organisation, which was overseen by the volunteer coordinator. There was a volunteer policy in place which clearly set out the roles and responsibilities of volunteers in writing; all volunteers provided a vetting disclosure; volunteers were interviewed prior to commencing as a volunteer; three references were sought for each volunteer and; there was a clear training and supervision system in place. There was no volunteer in the centre at the time of inspection.
Staff appraisals were completed on an annual basis and staff confirmed that such appraisals took place.

Staff files were held centrally in the organisation's Dublin office. An inspector reviewed a sample of staff files and found that they met the requirements of Schedule 2 of the Regulations.

**Judgment:**
Compliant

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**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):**
This was the centre's first inspection by the Authority.

**Findings:**
Records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. At organisational level, significant work had taken place in relation to policies required under Schedule 5 of the Regulations.

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 need 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 log 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.
A significant amount of work had taken place in relation to the development of policies at organisational level in the preceding months including in relation to: risk management; the protection of vulnerable adults; the management of behaviour that challenges; medication management; the monitoring and documentation of nutritional intake and; the provision of information to residents. A policy in relation to the use of restrictive procedures was approved by the CEO during the course of the inspection. The remaining outstanding Schedule 5 policy relating to access to training, development and education was in draft format and a copy was viewed by the inspector.

**Judgment:**
Compliant

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003928</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>22 July 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>11 September 2014</td>
</tr>
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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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The specific supports required to meet each resident’s goals and how each goal contributed to improving the resident’s quality of life were not always clearly outlined.

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

Please state the actions you have taken or are planning to take:
The personal plan template has been amended to reflect the assessment and review of each plan, indicating changes and new developments where they arise.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The personal plans will be reviewed as per review dates; if goals in place are not being achieved actions will be put in place to attain their achievement.

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

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

No clear system was in place to ensure the preventative maintenance of wheelchairs.

**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:**

The nominee provider and person in charge will ensure that the wheelchairs in the centre will have annual servicing. The servicing will commence in September 2014.

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

### 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 was no system was in place to complete regular hazard inspections.

**Action Required:**

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

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

A member of the health and safety committee and the PIC will review The risk register for the designated centre as well as the environment to identify any new or changing hazards.

There will be a hazard inspection check weekly of the centre by the PIC. Hazards identified will be addressed and reported to the Nominee Provider and the Health and Safety committee.
The weekly hazard inspection will be audited by a member of the Health and Safety committee and monitoring will be through the Health and Safety Committee.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record of a recent drill was not held in the centre and an issue that had arisen during the drill had not been documented.

**Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
All residents will be support to recognise what a fire drill is and the purpose of same. Currently there is one resident in the centre who refuses to respond to the fire drills. The services of speech and language therapist will be utilised for the support of this resident to understand the purpose of a fire drill.

This is included and the support measures needed to evacuate this resident are documented in the resident’s emergency evacuation risk assessment.

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

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Quarterly reports did not detail the environmental restrictions in place in the centre.

**Action Required:**
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:
Quarterly report submitted in August for the second quarter including details of the environmental restrictions in place in the centre, future quarterly reports will include this detail of environmental restrictions in place.
Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Formal arrangements were not in place that identified a specific deputising arrangement for any notifiable absence of the person in charge.

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

Please state the actions you have taken or are planning to take:
Staff nurse with 5 yrs experience and knowledge of the centre will deputise in the absence of the PIC due to annual leave or notifiable absences.

Proposed Timescale: 08/09/2014