<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-0003057</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 15</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:liz.farrell@docservice.ie">liz.farrell@docservice.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Ltd.</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Lucey-Pender</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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**About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 10 September 2014 09:30  To: 10 September 2014 15:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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</thead>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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</table>

Summary of findings from this inspection
This was the first inspection of this community based residential centre by the Health Information and Quality Authority (the Authority). The inspection was unannounced and the purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

The designated centre is operated by the Daughters of Charity Services ltd and comprises two community based houses in close proximity to one another in Dublin 15. This centre offers full time, high support residential care to two residents in two individual community houses. During the course of the inspection the inspector met with staff, observed practice, reviewed documentation and met with a family member in another location at the request of the residents' and that family member.

Eight outcomes were inspected against as part of this monitoring inspection and six of these outcomes were found to be fully complaint. These included outcomes relating to the areas of meeting residents' social care needs, area of healthcare and medication management, governance and management and health and safety and risk management. Moderate non compliance was identified under two outcomes, namely safeguarding and protection and workforce. These non compliances are detailed within the main body of the report.
Action plans at the end of the report reflect the outcomes not met in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
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 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 the residents' wellbeing and welfare was maintained by a high standard of evidenced based care and support that was person centred and comprehensive.

The inspector reviewed the personal care plans (PCP's) for each resident and found that the residents were involved in the process and that the PCP's ensured that opportunities were provided for residents to participate in meaningful activities, appropriate to their interests and preferences. Developmental goals were identified and monitored for frequency, success and to look for opportunities to further develop the goal and/or associated activity. For example, goals identified or achieved included taking care of a pet, making the garden more suitable to the needs of residents, holidays, picnics', and maintaining relationships of choice. The planning process had also included details on future plans and ideas identified by staff which may be of interest to residents.

Each resident was assigned two key working staff who had the responsibility of ensuring documentation was kept up to date and that agreed activities were happening as planned. The associated PCP documentation was also summarised into a simplified 'all about me' guideline, summarising what staff needed to know about each resident. In addition, large posters were made to provide the details of each resident's PCP in pictorial format.

The residents had also been supported to transition between services as staff had moved residential services with residents previously to assist in the transition by providing consistent staff, familiar to the residents. Additionally one resident was also supported to move day services to a work placement in recent weeks, to what was described by the person in charge as a more community based service, where he could
do gardening and pursue other areas of interest. A staff member also transferred between day services to accommodate this move and provide consistency to the resident.

**Judgment:**
Compliant

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**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:**
Overall, the inspector found that there were adequate arrangements in place with regards to health, safety and risk management to ensure the health and safety of residents, visitors and staff was promoted and protected. There was an up to date health and safety statement in place, as well as risk assessments and risk profiles in place relating to environmental, physical and individual risk.

The person in charge reviewed risk assessments on a monthly basis, and individual risk assessments relating to areas such as challenging behaviour were updated more frequently if required. Risk assessments relating to behaviours that challenge were always linked to positive behavioural support plans which in turn provided evidence that the intensity and frequency of any assessed behaviour had reduced significantly over time.

Records were available to confirm that fire equipment including fire extinguishers, fire blankets, emergency lighting and the alarm panel(s) were serviced annually. All staff had completed fire training in the past year and those spoken with had a clear understanding of what to do in the case of an emergency evacuation. The person in charge had also determined a need to carry out monthly evacuations to ensure that all staff participated in regular drills, and also to ensure that drills were viewed as routine, considering the profile of the residents.

**Judgment:**
Compliant
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:
In general, 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 there was evidence that restrictive practices had reduced significantly over time. The living environment had also been changed to provide single occupancy accommodation to reduce the amount of restrictions and provide a more individualised living experience for the residents. However, not all restrictive practices had been regularly reviewed to assess their impact, or to clearly identify its purpose.

An alarm was used on a bedroom door to indicate to staff that the resident was out of bed during the night. This had been in use for the past four years. Staff spoken with stated that this resident generally slept well, and would often get up in the early hours of the morning to use the bathroom, before returning back to bed. This would set off the alarm and staff would get out of bed to observe him going back to his room. The need for this alarm was not clear, as there was no identified reason to observe this resident going back to his room. It was described as being required for behaviours which were no longer presenting. However, there was documentary evidence available indication that this practice was due to be reviewed at an upcoming multi-disciplinary team meeting.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse however, not all staff had received the related training course.

Efforts were made to identify and alleviate the underlying causes of behaviour that challenges and the inspector read a selection of records maintained such as ABC (Antecedent, Behavioural, Consequence) charts. Personal plans contained details of specialist and therapeutic supports that were put in place following consultation with the resident, multi-disciplinary support teams and family members. Staff spoken with were very clear on the plans in place and staff had received training on the management of behaviour that challenges as required by the Regulations.
Positive behaviour support plans identified three levels of support required for residents providing clear guidance to staff on supports required at times when residents were relaxed and content (Level 1), anxious or tense (Level 2) or distressed (Level 3). Each level clearly identified precursors and interventions as required. Overall these strategies placed an emphasis on staff exhausting all positive supports in the first instance. While physical restraint was not used, chemical restraint was used as an intervention of last resort. When this intervention was required, a clear system of tracking was used and this included the reviewing and monitoring of the practice to prevent its abuse or overuse.

Judgment:
Non Compliant - Moderate

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

Residents' health care needs were met through timely access to General Practitioner (GP) services and appropriate treatment and therapies. Residents also had monthly reviews by an organisational psychiatrist. Residents’ files evidenced regular medical reviews and records were maintained on all referrals and appointments including clinical consultations.

Residents were actively supported to take responsibility for their own health and medical needs. Residents had health care interventions in place in areas such as epilepsy management, gastric issues, oral hygiene and weight maintenance. Staff and residents also had access to a 24 hour nurse on call system.

Residents' nutritional needs were met; staff cooked for residents within the centre and tried to involve residents as much as possible in food choice and preparation. Residents were also supported to make food choices by bringing them food shopping in specific supermarket and at specific times in order to suit the specific needs and choices of the residents.
 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:**
Overall the inspector found that residents were protected by safe medication management policies and practices. All residents were supported in the administration of their medication by social care staff who had been appropriately trained in the safe administration of medication and were also supported through a 24 hour nurse on call service. The organisation policy on the safe administration of medication identified the need to have all staff trained in a two day course of the administration of medication. However, a training needs analysis completed by the person in charge identified the fact that two staff had not received this training. This non compliance is actioned under Outcome 17: Workforce.

The receipt of medication was being recorded and medication was being stored in a doubled locked press in each house. The prescribing and administration of all medication was in compliance with the Regulations and in line with best practice guidelines. Drug errors were recorded and reported using the organisation accidents and incident sheets and reporting mechanism. A monthly 'MPARS' audit was carried out by the person in charge to assess the effectiveness of the MPARS system which is the system used for prescribing and administering of medication.

A medication systems review carried out by person in charge, CNM3, and Quality & Risk Officer highlighted a number of drug errors in recent months which has been believed to be caused the high number of staff administering medication, including regular relief staff and agency staff upon occasions. This resulted in the trial use of pre-packed blister medication. Additional audits and checks were then put in place to minimise any additional potential errors as a result of using pre-packed medication. This included the delivery of medication on a weekly basis in order to limit the amount of stock on the premises, and a detailed check of all medication upon receipt with a check list detailing the colour, code, shape and name of each tablet checked. This information was also available on the administration sheet for staff to help staff ensure they were administering the correct medication.

**Judgment:**
Compliant
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:
A copy of the statement of purpose was provided to the inspector upon request. It included the detail of all of the facilities and services provided. It contained all of the information as required within Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

A copy of the statement of purpose was available to residents and their representative.

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:
There was a clearly identified management structure in place and staff were familiar with the reporting mechanisms. The centre was managed by a suitably qualified, skilled and experienced social care leader with authority, accountability and responsibility for the provision of the service. She was the named person in charge and was provided with supernumerary hours to manage the centre. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she managed the
roster and had to sign off on any changes made to it. She had been working with the residents for many years and was well known to them and their family who the inspector met with during the course of the inspection.

During the inspection the person in charge demonstrated a clear knowledge of her statutory responsibilities under the legislation. She was committed to her own professional development and was supported in her role within the centre by a team of social care workers. She reported directly to a line manager who in-turn reported to the nominee provider. She had regular minuted meetings with both the line manager and nominee provider.

The nominee provider had also carried out an unannounced inspection of the centre as required within the Regulations and this report was made available to the inspector upon request. This report identified areas for improvement, and it was also noticed that all of these areas had since been addressed in a very timely fashion.

Staff were supported by duty clinical nurse managers (CNM's) at all times by phone for advice and support as required. The CNM's referred to had a good knowledge of all residents and of issues discussed during the feedback provided at the end of the inspection.

The roster(s) identify a staff member as in charge at all times and the inspector met with one of these staff members during the inspection. They were knowledgeable in relation to the needs of residents, and were also clearly well knew the residents very well.

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

**Findings:**
Not all components of this outcome were considered as part of this inspection. Staff files, held centrally in the organisations central services were not reviewed on this inspection, and will be reviewed as part of the subsequent registration process. The
provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults.

The inspector had limited opportunity to meet with staff on the day of the inspection as this inspection was unannounced and staff on duty were required to meet the complex needs of the residents'. However, the person in charge was available to the inspector for the day at short notice and also provided suitable opportunity to meet a resident, observe staff and also to interview one staff member. Staff were knowledgeable in relation to the supports required for the residents. Staff also engaged very well in the inspection process and were well informed on the requirements of the Authority.

Staff had been provided with training in areas such as fire safety, food safety, manual handling and the therapeutic management of aggression and violence (TMAV). However, some training needs identified within the training needs analysis provided by the person in charge remained outstanding as referred to previously in this report. The need for additional more specific training had also been identified by the person in charge to ensure staff were adequately meeting the needs of residents. She had identified a need to link 'Autistic Spectrum Disorder' training more specifically to the residents they supported, and this had been provided using expertise within the broader organisation.

Staff were appropriately supervised in their role and spoke about the support received from the person in charge as well as the line manager(s). Regular staff meeting had taken place and these meeting were all recorded.

Residents were provided with staff support on a 24 hour basis in both locations. This included the use of waking staff (in one house) and sleepover staff (in the other). It was determined that that the staff numbers and skills of staff adequately met the needs of the residents.

Judgment:
Non Compliant - Moderate
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:

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

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<tr>
<td>Date of Inspection:</td>
<td>10 September 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23 September 2014</td>
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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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

There was no evidence or plan in place to identify efforts to reduce and/or remove restriction identified as the alarmed bedroom door.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
Following MDT meeting 15th Sept 2014 a plan was devised to phase out the use of the door sensor starting by switching off the sensor on Sept 15th 2014 with a view to removing restriction completely by next MDT Jan 19th 2015.

**Proposed Timescale:** 19/01/2015

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**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 had been provided with up to date training in the areas of safeguarding vulnerable adults and the safe administration of medication.

**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:**
The local training department has been contacted and provided with a list of staff names be put on the next available courses for training and refresher training in the areas of safeguarding vulnerable adults and the safe administration of medication.

**Proposed Timescale:** 22/09/2014