

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	OSV-0003745
<b>Centre county:</b>	Dublin 15
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd.
<b>Provider Nominee:</b>	Mary O'Toole
<b>Lead inspector:</b>	Michael Keating
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	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 2 day(s).

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

From:	To:
17 September 2014 09:30	17 September 2014 16:00
18 September 2014 09:30	18 September 2014 15:30

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

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

**Summary of findings from this inspection**

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

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority) and all documents submitted were found to be satisfactory. The

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

A number of relatives' questionnaires were received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, relatives were very complimentary on the manner in which staff delivered care to their relative commenting on how they met specific needs of their relative and how communication with family was constantly maintained.

The centre is purpose built, opened in November 2013 and provides accommodation for up to 6 residents. Each resident had their own apartment which has a sitting room, bathroom and bedroom. The centre is built to cater for the needs of people on the autistic spectrum, and/or who present with other challenges that require significant staffing supports. The overall aim of the centre is to provide a model of care, which aims to provide opportunity for residents to transition to a more community based residential setting, by promoting and teaching independent living and social skills. Conversations with staff and residents, and a review of documentation confirmed significant improvement in residents' lives, as a result of this new living environment, which had provided individual supports around specific needs and choices, examples of which are provided throughout this inspection report.

Overall, evidence of good practice was found across all outcomes and 13 of the 18 outcomes inspected against were found to be fully compliant with the Regulations. These outcomes, found to be fully compliant included meeting the social care needs of residents', healthcare needs, medication management, safe and suitable premises, workforce, records and documentation and maintaining family and personal relationships and links with the community. Some areas of noncompliance with the regulations were identified. The outcomes relating to admission and discharge and safeguarding and protection was found to be moderately noncompliant. The admissions policy for the centre was not in place. Noncompliance in the area of safeguarding and protection related to restrictive practices within the centre. Although there had been significant improvement and reduction in the numbers and frequency of restrictive practices since the last inspection, a number of doors were locked within the centre, which had not been reviewed or considered under the organisations policy of the use of restrictive practices. Three outcomes were deemed to be a minor noncompliance. These related to the recording of complaints, the statement of purpose and within governance and management.

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

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

This outcome was not reviewed during the last monitoring inspection. The inspector found that residents' rights and dignity were supported by the provider and staff. Residents were consulted with and participate in decisions about their care. In essence it was a feature of all care plans that residents steered all elements of their care, at their pace and choosing. The individual nature of staff support accommodated this, where staff who were well known to residents provided their supports on a daily basis. Some improvements were required in the recording and monitoring of complaints, compliments and comments from family members in relation to service provision.

In general, there was a commitment by the provider, person in charge and staff to promote the rights of residents. The person in charge and staff members informed the inspector about recent efforts to inform residents about their rights. Individual staff were identified as complaints officers and they were working with residents on an individual basis to help them to understand their rights. In addition, an 'advocacy sub-committee' was recently established within the centre, and while in its infancy, demonstrated the efforts made to inform residents and assist them to be self-advocates. In addition, the policy within the centre of ensuring key staff, well known to residents who had worked with them for a number of years in previous living environments helped ensure that staff were also effectively able to advocate for residents rights, and assisted them in making choices.

Residents were involved in the development of their support plans and their level of involvement was documented within each support plan. Residents were consulted with and encouraged to make choices in relation in areas such as choosing food from the menu and in their choice of daily activity.

Staff were observed interacting with residents in a respectful manner, consulting with them and encouraging them in a sensitive and polite manner. Staff were also observed knocking on individual apartment doors and seeking permission before entering. At times, this was refused by the resident, and this choice was respected.

As referred to residents' relied heavily upon a continuity of care from staff who knew and understood them. There was a key worker system in operation and all key workers had worked with each resident for a number of years. Staff knowledge and continuity provided a key role in the development of personal goals and preferences in relation to community involvement and daily activity.

The provider had developed a policy to provide guidance to staff on the care of residents' property and finances as required by the regulations. These policies provided clarity to staff and ensured residents finances were protected. Financial capacity assessments were also in place to determine financial capacity in relation to money management. A number of these were reviewed by the inspector, and it was observed that each resident had been assessed as having varying levels of understanding, such as basic understanding and recognition of coins and notes. In each case, there was also a plan in place to further increase their knowledge and understanding, and to involve them more in the management and handling of their own money.

Care plans included a list of all personal items owned by residents. Residents' apartments were personalised, and residents kept their personal possessions in their rooms.

The centre had a complaints policy as well as a complaints log. However, no complaints had been logged. Staff said they would record any formal complaints and were aware of the procedure for doing so, but no residents or relatives had ever complained. However, three issues were identified within the relatives questionnaires provided to the Authority. These issues had been highlighted by family members previously, and had been resolved to the satisfaction of the complainant. However, the issues were not recorded within the complaints log, as the person in charge had not considered them as formal complaints. In this regard, it was found that complaints were well managed but were not documented as per the complaints' policy.

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was not reviewed during the last monitoring inspection. Generally, the inspector found that the person in charge and staff had responded very effectively to the communication support needs of residents. Relevant information was available throughout the centre in accessible formats. Cognitive and communication assessments were in place for all residents which clearly set out each resident's communication needs and also guided staff both on how the resident communicates and how they should respond and/or communicate with each resident. One resident used Lámh signs and staff assisting her were observed to be fluently communicating with the resident using this form of communication.

All residents had a personal support plan. In addition to the main written document, each resident also had their own version of the support plan which set out the main aspects in an accessible format using plain language with pictures and photographs.

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was not inspected against during the last monitoring inspection. The inspector met with a family member on a date prior to this inspection and this family member had high praise for the service provided to their relative. He also discussed the effort that must go into planning around his visits and how he had noted changes and development in his family member on each visit such as the visit becoming a more positive and social affair with the resident now often making him tea. There was evidence of active and ongoing family engagement and all family visits and contacts were recorded within individual files. Family involvement was evident at key decision making meetings such as initial admissions meetings, multi-disciplinary support team meetings and in the agreement of behavioural support plans and the person centred planning process.

One resident had set a goal of visiting his family home for the first time in several years. This had recently been achieved, and his plan indicated that he had been supported to visit home twice in the past three months. This was achieved by him cycling home with

a staff member. This goal, now achieved, was now being developed to make the visit home more meaningful by planning some activity such as cooking within the family home.

Efforts were made to assess the frequency of community participation for residents. One resident's transitional discharge plan detailed increased opportunities for community participation, such as swimming, shopping and walking within his planned new community.

Families were encouraged to visit at any time without restriction, and were consulted with in relation to personal support planning and any health care issue. Relatives questionnaires provided to the Authority singled out the level of contact from staff for particular praise.

Efforts had also been made to reconnect past relationships and friendships, especially where there was minimal or no family contact. Letters and contact records were read relating to contact with previous foster families and how these contacts had now developed, or were developing into meetings between these individuals.

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was not inspected against during the last monitoring inspection. There was a draft centre specific admissions and discharge policy in place which had yet to be agreed and signed off as agreed. Therefore, the admission and discharge criteria had not been set out within the statement of purpose. This centres' mission statement refers to the overall aim of being a transitional environment 'that promotes opportunities for learning with a strong commitment to promoting independent living skills'. This was described by the person in charge as ensuring that residents were provided an opportunity to be discharged into a more community based living environment, when they were assessed as being ready to do so. This aim was also set out within the draft policy referred to. In the absence of an agreed policy, there was no transparent criteria to ensure that admission and discharge to the centre was timely.

All resident had a 'contract for residential services' as required in the Regulations. This agreement set out the services provided, and provided adequate information in relation to the weekly charges and additional costs to residents.

**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):**

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

**Findings:**

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

Each resident had a personal plan and the inspector reviewed four of these plans. The inspector reviewed two of these plans with the assigned key worker and found that the plans were based on the individual support needs of the resident and there was a regular review and participation of residents in the development of their plans. Each resident was provided with an accessible version of the plan.

The personal plans contained important information about the residents' backgrounds, including family members and other important people in their lives. They also contained information about residents' interests. Individual risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. For example, residents were being supported to complete meaningful tasks and activities associated with everyday living such as, doing their laundry, cookery classes, collecting the meals trolley, cycling, purchasing items in a shop and visiting home. All care plans also had a section on 'skill teaching' which identified key skills of independent living and broke the task down using task analysis and a form

of systematic instruction to help teach the skill.

The person in charge had also introduced new ways in which to review and analyse individual plans to ensure effectiveness and to ensure that they were promoting social and meaningful activity. These reviews included three monthly progress reports, monthly activity recording sheets, and a periodic service review focused upon the personal development, skill enhancement and social interaction of each resident which was subsequently reviewed by a multi disciplinary support team.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was not inspected against on the previous inspection. This centre was purpose built, and opened approximately one year ago. The centre provides adequate private accommodation by way of individual apartments built and fitted out to meet the specific needs of individuals. For example, residents' were provided with baths, showers or wet rooms as per their need and preference; and some apartments had cooking facilities to meet individual need.

There is also communal space available within the centre, with a kitchen and a number of other multi-purpose rooms available. Access to these areas was assessed on an individual basis. For example, some residents have open, free access to the communal space referred to, while others required the support of staff to access this communal space. Overall the design and layout of the centre was judged to be suitable for its stated purpose and meets individual and collective needs in a comfortable and homely way. Maintenance records reviewed also confirmed that all maintenance issue were addressed in a prompt fashion.

**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):**

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

**Findings:**

Overall it was found that the health and safety of residents, visitors and staff is promoted and protected, and there were adequate precautions in place against the risk of fire.

The inspector read the centre specific risk and health and safety statement recently updated by the provider, which met all of the requirements of the regulations. Risk assessments of the environment and work practices had been undertaken in the centre and had been reviewed by the organisations health and safety committee.

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

Accidents, incidents and near misses were being recorded in detail and a copy of these reports were submitted to and reviewed by the organisations health and safety committee on a quarterly basis. Incidents were being discussed at regular health and safety committee meetings with a view to learning from them and reducing the risk of recurrence. Many issues highlighted related to incidences of challenging behaviour which sometimes included physical contact with staff. The person in charge audits all of these issues on a monthly basis with a view to identifying actions to minimise potential risk to staff and to identify patterns of behaviour. Individual response plans were also used to provide a debrief to staff, cognisant of the fact that all staff respond differently in these situations, and require differing supports post event.

A certificate of compliance relating to fire safety and building control was submitted to the Authority as part of the registration process. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. A general fire evacuation plan identifying an adequate number of exits was posted in prominent positions throughout the centre. There were regular fire drills and staff and residents participated. Staff and residents were able to tell the inspector what they would do if the alarm went off. All staff had been provided with fire safety training in recent months. The records of the fire drills were detailed and included learning outcomes.

Individual personal evacuation plans were also in place to highlight each resident's

specific plan and associated support needs. The emergency evacuation plan also highlighted the availability of emergency accommodation available within the broader campus, and also recognised the need to keep certain residents separated during this time to minimise the impact of an emergency evacuation on residents should it be required.

There was a policy on and control measures in place to manage any outbreak of infection. Household staff were employed and the premises was clean. Hand washing and sanitising facilities were available throughout the centre.

**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):**

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

**Findings:**

Generally, there were arrangements in place to safeguard residents and protect them from abuse. The policy on the protection of vulnerable adults had been recently updated. Training had been provided to staff in safeguarding vulnerable adults. In addition, staff members spoken with were knowledgeable in relation to what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Further improvement was required in the areas of the management and review of restrictive practices within the centre.

Actions identified within the previous inspection report highlighted a need to review the restrictive procedures operating within the centre. This review while ongoing had provided a significant reduction in the numbers of restrictive practices and procedures in operation. For example the use of CCTV had reduced dramatically from operating on a 24/7 basis, to being used for a total of ten minutes over the previous four months. This was done by reviewing the behavioural support plan in place and only using the camera when an individual resident was in a crisis situation. The procedure for the use of the camera also included a review of any use of the camera by the person in charge. The review of this one incident, highlighted that in fact the camera should only have been used for a two minute period, rather than the ten minutes it was used for. Evidence

within this review also indicated that this information was fed back directly to the staff who had used the camera to influence future practice.

In addition fob locks on apartment doors had been removed for two residents leading to freer access throughout the centre for these residents. Each resident's need for a locked apartment had been assessed and evidence based. For example, another resident had had a trial period where the door was unlocked but this had been a negative experience for him. All identified restrictive practices were under constant review and residents were supported with the input of a behavioural support specialist who provided support and reviewed support plans on a regular basis. In addition the behavioural specialist in consultation with the person in charge completed a quarterly update plan on restrictive procedures to assess the impact of the restriction with a view to removing it completely. However, not all communal restrictions, such as fob-locks on all internal doors were being reported/reviewed at local or organisational level, or reported to the Authority as required within the regulations. The person in charge stated that this had been overlooked, and set about remedying the issue immediately. Risk assessments were completed during the inspection, and maintenance staff were brought on site to deactivate the locks to some of the communal areas, such as the multi-purpose rooms and the kitchen. While this issue was addressed promptly it remains noncompliant as other doors remain locked and required full review within the centre.

The frequency of individual behaviours such as aggressive behaviour and episodes of distress were also closely monitored and reviewed. The quarterly reports read by the inspector demonstrated clear reductions in aggressive behaviours which clearly provided reassurance to all staff and families of residents. For example, many residents had been using PRN (as required) medication to help control behaviour in the recent past. At the time of this inspection the inspector found there were no PRN medications used or prescribed for behaviour management for any residents, reflecting the improved behaviour of residents and the success of the positive behaviour support guidelines in place for each resident. These guidelines detailed the significant effort made to identify and alleviate the underlying causes of behaviour that may be challenging for each individual resident.

Training had been provided to all staff in relevant areas such as manual handling and TMAV (Therapeutic Management of Aggression and Violence). TMAV training equips staff with the ability to manage behaviour that is challenging including de-escalation and intervention techniques. Physical restraint was used for one resident, and this was detailed within behaviour support guidelines. The use of this restraint was closely monitored by the person in charge and reported and reviewed by a multi-disciplinary support team. A 'critical analysis recording sheet' must be filled in whenever this intervention was used. This analysis indicated that restraint had been used on this resident four times within the first quarter of 2014 and once within the second quarter. This reduction was considered to be down to the introduction of a new distraction technique introduced after the analysis of the first quarter incidences of restraint. In this regard it was determined by the inspector that physical intervention was used in compliance with evidence based practice, as a last resort and in line with Regulations.

Residents were provided with comprehensive intimate care support plans which provided comprehensive assessment of need as well as clear supports required in order

to provide intimate care as independently as possible. These intimate care plans also considered the residents capacity in relation to developing knowledge, self-awareness, understanding and skills needed for self care and protection.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was not inspected during the last monitoring inspection. The staff were maintaining detailed records of all accidents and incidents in the centre. These were reviewed by the person in charge, the quality and safety manager and the provider.

All incidents that required notification to the Authority as required by the Regulations had been provided. This included the submission of quarterly returns.

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was not inspected against during the last monitoring inspection. In general, the inspector found that residents' general welfare and development was being facilitated.

There was a separate activation unit provided within the broader campus which provided group programmes and activities as well as individual training supports to residents Monday to Friday as required. Residents' dictated their attendance at this, and accessed it on their own terms. For example, one resident told the inspector she was attending later that afternoon to meet link in with 'PETA' services, which brought a pet dog to meet her once a week.

Individuals support plans were reviewed by the inspector in relation to the supports and activities that were provided to the residents. A list of all activities residents participated in was provided within their personal plan. Staff spoken to were very knowledgeable on the needs of residents and maintained good records of the specific supports and activities provided to each resident.

Cognisant of the profile of residents' education and employment was not assessed as a need for residents currently. Personal support plans focused more on skill training and development of residents to support them to live more independent lifestyles, as was detailed previously within this report. This was deemed to be adequate by the inspector as this was the priority aim of the centre as defined within its draft admissions criteria for the centre.

**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):**  
No actions were required from the previous inspection.

**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 had an annual check up and bloods count done by the GP annually as a minimum, although one resident had refused this on a number of times recently, and this right was respected. The resident was still being encouraged to undergo a medical and the GP visited the centre regularly to see if the resident would consent to a check up. However, it was considered by the GP and staff that as all residents were medically well; this was not a priority. 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, asthma, oral hygiene and weight maintenance.

Residents' nutritional needs were met; weight management plans were in place including weight loss and weight gain programmes, which had both documented success, these plans were drawn up and reviewed with the support of a dietician. Meals were prepared centrally for residents although staff tried to involve residents as much as possible in food choices and all likes and dislikes were listed within their care plans. Some residents did cook within the centre at times, and snacks were also available at all times within the centre. One resident also cooked a meal in the centre with the support of his mother once a week.

**Judgment:**

Compliant

**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):**

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

**Findings:**

The inspector found that the provider and person in charge had put arrangements in place to protect residents in relation to medication management. The provider had developed a detailed and informative policy on the management of medication. All staff who administer medication were registered nurses who followed An Bord Altranais agus Cnáimhseachais na hÉireann safe medication guidelines and practices.

There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. Comprehensive audits were in place for reviewing and monitoring safe medication practices. These audits and reviews also provided evidence of the regular review of medication by the prescribing doctors and subsequent significant reduction in medication for many residents, such as the discontinuation of all PRN (as required) medication for behaviours for all residents.

Opportunities had also been provided for residents to meet with the pharmacist to discuss their medications and consider possible side effects.

**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):**

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

**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 most 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 2009. However, there was no information provided on the criteria used for the admission and discharge to the designated centre, including the centre's policy and procedure (if any) for emergency admissions.

This noncompliance was identified within the last inspection report and remains outstanding.

**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):**

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

implemented.

**Findings:**

The provider, person in charge and others persons participating in management had undertaken a number of audits and reviews of the safety and quality of the service. There was a regular review of risk management arrangements and incidents and accidents. The inspector read a number of audits recently undertaken including audits of medication management practice and a number of reports on the safety and quality of care and support provided in the centre. The reviews of safety and quality of care and support provided within the centre had been carried out on three separate occasions recently, by three different people. The Regulations (23.2) seeks that the registered provider, or person nominated on behalf of the provider carries out an unannounced inspection of the centre at least once every six months. However, the process of using different people, as well as differing inspection templates, was causing some confusion as there was a lack of consistency within some of the findings leaving staff unclear on the subsequent action required.

Staffing levels had also recently been reviewed with the person in charge meeting with the director of human resources to agree the whole-time equivalent and to ensure there were adequate staffing supports to meet the assessed needs of residents.

The provider had established a clear management structure, and the roles of all managers and staff were clearly set out and understood. The structures included supports for the person in charge to assist her to deliver a good quality service. These supports included regular meetings with the nominated provider as well as a safety and quality manager and nurse managers as well as the behavioural support specialist.

The inspector found that the person in charge as well as her supporting person participating in management (PPIM) had sufficient experience in supervision and management of the delivery of a designated centre of this type and size. Furthermore, throughout the inspection the person in charge was knowledgeable about the requirements of the Regulations and Standards and had clear knowledge about the support needs and personal plans of each resident. She was suitably qualified and committed to continued professional development.

**Judgment:**

Non Compliant - Minor

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> This outcome was not inspected against during the last monitoring inspection. The inspector found that satisfactory arrangements were in place though the availability of another experienced staff member to cover any absences of the person in charge. There was a deputising arrangement in place and when neither person in charge or person participating in the management of the centre were on duty a staff nurse was identified on the roster as being the lead on that shift.</p> <p>The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of any prolonged absence.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p><b>Theme:</b> Use of Resources</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> This outcome was not inspected against on the last inspection. The inspector found that sufficient resources were provided to meet the needs of residents. As detailed previously a staffing review had been completed to ensure that the assessed needs of all residents were being met. The person in charge used staffing resources flexibly to meet the support needs of residents. Each resident was assigned their own key staff to meet their individually assessed needs on a daily basis.</p> <p>Vehicles were also provided to support the needs of residents in relation to travel and use of the community.</p>
<p><b>Judgment:</b> Compliant</p>

**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):**

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

**Findings:**

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. Staff files, held centrally in the organisations central services were not reviewed on this inspection, but had been reviewed and found to be compliant in the centres' previous inspection in March 2014. In addition, this centre forms part of a campus hosting seven designated centres' and staff files have been reviewed for all of these centres' and were found to be compliant. The inspector has met with the director of human resources who has confirmed that she had instigated a 'HIQA Audit' of all staff files across the organisation, upon commencement of the regulations. The subsequent reviews of staff files have confirmed this to be the case.

The inspector met with a number of staff on the day of the inspection. Staff were knowledgeable in relation to the supports required for the residents. Staff spoke about their previous experiences of working with specific residents before they moved into this centre. In all cases, they were able to highlight significant positive changes to the residents' lives, since moving into this centre. As referred to previously, there was a comprehensive induction process in place for staff, inducting staff into each resident individually, a process that could take months, evidenced by the fact that all staff were not yet inducted into all resident's one year after its opening. All staff were also recruited based upon their previous experience of working with one of the residents. This was considered to be an essential competency, given the complex support needs of each resident and their need for a consistent staffing approach. 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). 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.

It was determined that that the staff numbers and skills of staff adequately met the needs of the residents.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

This outcome was not considered within the previous monitoring inspection. The provider had completed a recent audit and review of all policies and procedures across the broader organisation, and had just recently re-issued revised versions of a number of policies including safeguarding of vulnerable adults and the provision of intimate care. Many changes within the centre since the last inspection such as intimate care planning and the reporting procedures relating to abuse were now reflected within these policies. All of the policies and procedures as requested by Schedule 5 of the Regulations had been developed.

The residents were also provided with a residents' guide, and efforts had been made to provide this in a accessible manner, using a simple to read and pictorial format.

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

Records were been maintained in a secure and safe manner. Residents' records were kept in a locked press in the staff office in the centre. All records reviewed were accurate and up to date. Residents' care planning records layout and format had all been changed since the last inspection. The documentation was now simple to understand, easy to follow with all key guidelines and documentation well linked and related, such as behavioural support plans, person centred plans, support interventions and intimate care guidelines. These efforts ensured that residents were being protected against the risk of unsafe or inappropriate care by the completeness and accuracy of the records maintained in the centre.

**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:***

Michael Keating  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	OSV-0003745
<b>Date of Inspection:</b>	17 September 2014
<b>Date of response:</b>	09 October 2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 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:**

Complaints were not being properly recorded as per Regulation or in line with the organisational complaints policy.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

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:**

All complaints made by service users and/or their family members will be recorded as per complaints policy. The outcome of the complaint will be documented and the time frame in which the complaint was resolved will be outlined

**Proposed Timescale:** 09/10/2014

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

**Theme:** Effective Services

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

Transparent criteria for admission and discharge not available as the admissions policy was not in place.

**Action Required:**

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

On the 4th Sept 2014 a draft admission and discharge policy for the Grange apartments was sent to the Clinical Director of the Dublin Service to be reviewed and agreed by the organisations Admissions, Discharge and Transfer Committee. This committee reviewed the document on the 6th Oct 2014. Following sign off by the CEO, the document will be published.

**Proposed Timescale:** 24/10/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Not all restrictive practices relating to locked doors within the centre were identified, recorded and reviewed as a restrictive practice.

**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:**

All locked internal doors within communal areas of the Grange Apartments have been identified and notified to the Authority as per regulations. Reduction on the restrictive practices have commenced since 17th Sept 2014 with 3 doors in communal areas being unlocked. All restrictive practices will be reviewed and a three monthly basis.

**Proposed Timescale:** 09/10/2014

### **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 criteria used for admission and discharge to the centre was not identified as required within Schedule 1 of the Regulations.

**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:**

Once agreed and published, the admissions and discharge criteria for the Grange Apartments will be included in the Statement of Purpose.

**Proposed Timescale:** 24/10/2014

### **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:**

While unannounced inspection were being carried out on a regular basis and reported upon, there was a lack of clarity provided to the person in charge and staff due to a lack of a consistent approach used in the inspection methodology.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Six monthly inspections will be carried out by a nominated person identified by the nominee provider. The written report will include clear actions required to ensure safety and quality care provisions are adhered to. Feedback meeting to take place with the

PIC/PPIM following the inspection and follow up meeting to be scheduled to review action plans if required. This will commence at the next unannounced inspection.

**Proposed Timescale:** 09/03/2014