

**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-0003935
<b>Centre county:</b>	Limerick
<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>	Breda (Bridget) Noonan
<b>Lead inspector:</b>	Gemma O'Flynn
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	18
<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 3 day(s).

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

From:	To:
22 July 2014 09:00	22 July 2014 18:00
23 July 2014 08:30	23 July 2014 18:05
24 July 2014 08:30	24 July 2014 11:00

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

The centre is made up of three separate bungalows which can accommodate up to 18 residents of mixed genders, six residents per bungalow. The bungalows are set on mature, well maintained grounds and the design and layout, overall, meets the needs the residents who currently reside there.

The inspector found that a very high standard of care and support was delivered to residents by staff who demonstrated commitment, enthusiasm and respect for the residents they supported. Interactions were seen to be respectful, dignified and genuine and residents appeared to be very relaxed in their home and in the care of the staff.

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

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

Some areas of non-compliance were identified in the areas of safe premises, health and safety, medication management, safe guarding and in the documentation of personal care plans. These are discussed throughout the report and in the action plan at the end of the report.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that overall residents were consulted with and participated in decisions about their care and about the organisation of the centre. Residents had access to advocacy services and information about their rights. Some improvements were required in regards to complaints and the arrangements for providing personal care to ensure maximum dignity was maintained at all times.

The person in charge told the inspector that monthly house meetings were held with residents to give them an opportunity to express matters that were important to them, such as the décor of their bedrooms and discussing hobbies that interested them; minutes of these meetings were provided to the inspector. Residents had access to external advocacy services and evidence was seen for this. The person in charge told the inspector that they were in the process of setting up their own advocacy committee where they were planning on holding monthly meetings for residents who were interested in participating.

There was policies and procedures in place for the management of complaints. In one house, the inspector found that the complaints process was not stored in an accessible location as it was stored high upon the wall. The complaint log book was maintained and there was evidence that residents and/or their representative were supported in making complaints, however, some changes were required in the documentation of complaints to ensure the outcome of the investigation and whether or not the resident was satisfied was documented as per the Regulations.

The inspector observed interactions between staff and residents and found that all exchanges were respectful, dignified and friendly. Staff were seen to knock on doors before entering a room and ask for permission to enter. It was evident throughout the

inspection that the resident's preference was sought at all times and their choice respected, be it a decision regarding clothing or what movie they would like to watch. The inspector found that the centre was managed to optimise residents' autonomy and maximise independence, for example, residents could choose what time they got up and had breakfast.

Personal care practices respected residents' privacy and dignity, however, due to some limitations in the design of the bathroom, there were occasions where dignity may be compromised. In each of the houses, the inspector found that the bathroom space was quite confining where mobility needs were high. This meant that not all personal care needs could be addressed in the bathroom area after a shower or a bath, this was an issue in two houses in particular. The inspector found that staff had adapted their practices to ensure that this had the least possible impact on the dignity of the resident. This finding is discussed further in outcome six.

Residents were enabled to have opportunities similar to their peers and on the final day of inspection, most residents were planning on attending a barbeque on the grounds of the centre. The inspector found that residents were enabled to take risks within their day to day lives, for example, where a health condition was present, suitable supports were put in place to enable a resident to participate in activities of daily living as independently as possible.

There was a policy on residents' personal property and possessions and records of belongings were seen in residents' files. Residents could retain control over their own possessions and the laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished and the person in charge told the inspector of residents who involved themselves in the laundry process by putting away their own clothes once laundered.

Residents had opportunities to participate in activities that were meaningful and purposeful to them. These included attending activation therapies such as woodwork, horticulture, art and computer work. Residents also engaged in activities in the community such as attending the hairdresser and participated in outings. One resident discussed a recent trip to a wildlife park in another county which they particularly enjoyed.

**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):**

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

**Findings:**

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

Staff who spoke with the inspector demonstrated a very good awareness of the different communication needs of residents and there were robust systems in place to meet the diverse needs of all residents. There was evidence of referrals to appropriate external professionals such as speech and language therapists to ensure adequate input was sought to ensure communication needs were met.

Communication needs were addressed in the residents' personal plans and information was adequate, however, the inspector found that there were some gaps in documentation. This is discussed in more detail in outcome five. Whilst some documentation gaps were identified, the inspector was satisfied that the staff knew residents well and the communication needs of residents were fully met in practice. Pictorial methods of communication were seen to be utilised in the centre and information such as residents' rights and emergency information were all available in an easy read version that was stored in an accessible location.

The inspector saw that the centre was part of the local community and residents regularly conducted errands in local businesses. Residents had access to radio, television and newsletters from their local parish.

**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):**

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

**Findings:**

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

Residents were facilitated to meet family and friends in private. Each resident had their own room and there was an office that residents were welcome to use if they so wished.

The inspector found that there was evidence that families were invited to attend annual personal care plan meetings.

Families were kept informed of residents' well-being and questionnaires that were returned to the Authority by family members prior to the inspection spoke highly of the centre. There were no restrictions on visit times. Photographs of the residents and their family members were displayed in the residents' bedrooms and within their personal plans. Staff were able to demonstrate an in-depth knowledge of residents' links with their family members, however, there was some gaps in the documentation of family links within residents' personal plans, this is discussed under outcome five.

Residents were supported to develop links with the wider community and the person in charge had recently completed a specific course to assist her in developing meaningful roles and activities for residents within the community. There were examples of very good plans in place for some residents to enable them to fully achieve their potential within the community setting.

**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):**

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

**Findings:**

The inspector found that overall residents' admissions were in line with the centre's Statement of Purpose, and contracts of care as per the Regulations were in place.

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

There were contracts of care in place in the random selection of files reviewed. These set out the services to be provided and detailed services that required additional charges and included the fees to be charged as per the Regulations.

**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:**

Overall, the inspector found that each resident's wellbeing and welfare was maintained by a high standard of evidence based care and support and that each resident had opportunities to participate in meaningful activities appropriate to their interests and preference. However, Improvements were required in the documentation of practices.

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

Each resident had a written personal plan and the centre was in the process of reviewing the format that these plans would take. Overall, the personal plans contained very good information that was person-centred and informative, however, in some cases, personal plans required streamlining to ensure that the information was easily retrievable and that the interventions clearly set out what was required to meet the identified need. For example, for one resident, it was clear they enjoyed going out for dinner, however the intervention didn't clearly specify how this would be achieved. There were three risk assessments relating to behaviour that challenges for one resident but the most recent risk assessment did not include relevant information relating to social outings that was contained in an earlier assessment. This meant the information was not easily retrievable, however, again staff were able to demonstrate a knowledge

of same.

Documentation that detailed contact with family needed to be more robust and in one instance some key information regarding specific ways to communicate with a resident was absent from the file. However, staff with whom the inspector spoke and practices observed, confirmed that staff were very aware of the needs of all the residents to whom they provided support. In some plans, whilst health needs had been robustly addressed, some further development of the social aspect of the plan was required. The inspector was satisfied that each plan was fully implemented and improved outcomes for residents.

Each plan was subject to at least an annual review, however, one plan viewed by the inspector was outside of its annual review date. It was evident, that the resident for whom that plan had not been reviewed had had significant access to the multi-disciplinary team throughout the year and the person in charge had a date scheduled for the impending person plan review. There was evidence that residents and their representatives were consulted and involved in the review process.

Clear goals were set for the year ahead but did not always include short and longer term wishes. The inspector found that further development was required to ensure that the interventions required to ensure that long term goals were met were clearly identified. Some good practices were observed in monthly written updates which provided information on how the resident was meeting these goals.

Residents were supported when moving between services. Residents were consulted when moving within the service or to a new service. The inspector saw that the process was transparent and involved the service review group. The inspector was satisfied that transfers were carried out in a planned, safe manner.

**Judgment:**

Non Compliant - Moderate

**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:**

Overall, the location, design and layout of the centre was suitable for its stated purpose

and met the needs of the individual and collective needs of the residents in a comfortable and homely way. However, some issues were identified in regards to adequate storage and whilst the facilities met the needs of each resident, there were times where dignity was compromised due to the layout of the bathroom facilities.

The inspector found that the centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the residents whilst promoting safety, independence and wellbeing. The premises had suitable heating, lighting and ventilation and overall, the premises were free from significant hazards that could cause injury. There were sufficient furnishings, fixtures and fittings and the centre was clean and suitably decorated. There was adequate private and communal accommodation and there was access to a kitchen with sufficient cooking facilities and equipment.

The centre had an adequate number of toilets, bathrooms and showers to meet the needs of the residents, however, due to the mobility needs of some residents, the bathroom space was quite confining and meant that not all personal care needs could be addressed in the bathroom area after a shower or a bath. This was an issue in two houses in particular. The inspector found that this meant that the dignity of some residents was compromised although staff had adapted their practices to ensure that this had the least possible impact on the resident.

Residents had access to appropriate equipment that promoted their independence and comfort such as electric profiling beds, hoists and mobility aids. The equipment was fit for purpose and was appropriately serviced or was in the process of being serviced. However, storage was an issue in each house and hoists were seen to be stored in sluice rooms which blocked access to equipment and stored next to a resident's bed which detracted from the homely environment. The provider told the inspector of plans that were being considered to alleviate this issue.

**Judgment:**

Non Compliant - Moderate

**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 in regards health, safety and risk management. However, some areas required further development such as hazard inspections and evacuation procedures.

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

The inspector found that there were no formal arrangements in place to ensure that regular hazard inspections were completed to ensure that any new or changing hazards were identified and managed appropriately or that current controls were appropriately implemented. For example, on the day of inspection, one of the cleaning store rooms was unlocked despite the control in the risk assessment stating it should be locked, therefore controls were not fully implemented.

There was a robust system in place for incident reporting and investigation of same. The inspector reviewed the incident logbook and found that it was completed as required and each incident signed off by a senior member of the nursing team. However, there were occasions whereby the section requiring information pertinent to actions taken to minimise a recurrence was not adequately completed and contained information relating to further action taken at the time of the incident. This was discussed with the person in charge on the day and she was discussed in detail the appropriate steps that had been taken following these incidents.

There was evidence of learning from incidents and audits were completed quarterly by the designated risk and quality officer and a report sent to the person in charge. The inspector found that this practice could be developed further to ensure there was a formal process ensuring that all staff were fully informed of findings relating to adverse incidents to further promote and enhance the quality and safety of the service.

There was evidence that not all staff were up to date with people moving and handling training. The inspector found that this lack of training had the potential to put residents at risk due to level of their mobility needs. This was discussed with the provider prior to the closing of the inspection and plans were in place to ensure that staff who were awaiting training were assigned a date as soon as possible.

There were satisfactory arrangements in place for the prevention and control of infection. Staff had received suitable training and there was adequate facilities for hand hygiene and were able to demonstrate sufficient knowledge regarding hand hygiene procedures such as the appropriate moments for hand hygiene. The inspector saw there was adequate personal protective equipment available such as aprons and gloves and observed staff using them at appropriate times. Robust cleaning schedules were in place and these were completed on an ongoing basis.

Suitable fire equipment was provided and there was an adequate means of escape. Records showed that all staff had received fire safety training. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire and fire records indicated that fire exits were checked for obstructions on a daily basis. Residents mobility and cognition had been accounted for in the evacuation procedure. However, advice from a competent person had not been sought and therefore full

consideration had not been given to all options available to residents with complex mobility needs to ensure a prompt evacuation for these residents. The provider told the inspector that this was being addressed at an organisation level.

Fire drills were completed at least six monthly and records shown to the inspector indicated that the centre carried out fire drills even more frequently. The inspector found that overall the documentation of fire drills included sufficient information to inform and develop evacuation practices, however, the time of the drill was not recorded and where issues had been identified during a drill that impacted safe evacuation, the documentation did not show what action had been taken. The person in charge was able to discuss in detail, the action that had been taken and the issue was not present on inspection.

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

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

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

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

The inspector reviewed a sample selection of files for residents requiring bedside rails and found that a comprehensive needs assessment had been completed by appropriate professionals, however, documentary evidence of a risk assessment determining the suitability of beds rails was not available. Records of checks clearly indicated that the checks set out in resident restrictive strategy plans had been fully carried out.

There were robust and transparent arrangements in place for the management of resident finances which were easy to follow and provided a good oversight of financial transactions in the centre. A sample selection of records were reviewed and were found to contain receipts, logging and tracking of expenses and a random check of petty cash tallied with records and there was two signatures by staff for all ingoings and outgoing as per the centre's policy.

**Judgment:**

Non Compliant - Minor

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

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

**Findings:**

A record was maintained of all incidents occurring in the centre and notifiable incidents were notified within the timeframe required by the Authority. Whilst a quarterly return had been submitted as required, it was incomplete as some information as per the Regulations had not been included for example, environmental restraints used in the centre were not included and the number of bed rails used in the centre was not accurately reflected. The inspector was satisfied that robust records were maintained in the centre.

**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, training and employment were supported. Goals were developed in accordance with each resident's preferences and to maximise his/her independence.

Residents engaged in social activities internal and external to the centre. For example, where appropriate, external activities were available such as outings to historical places of interest and wildlife parks and residents participated in range of varied interests such as woodwork, painting, horticulture, social outings, Tai Chi and swimming. If residents transitioned from another centre, information pertinent to the resident was obtained to ensure continuity of education/training or activation was maintained.

As discussed previously, the person in charge had recently completed a specific course that would enable residents to participate in meaningful activities in the local community. Residents who spoke with the inspector told of their experiences in the vocational training centre and of the activities they enjoyed most.

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

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

There was strong links with the local community hospice team and appropriate referrals were made for residents who required such input.

Residents were actively encouraged to take responsibility for their own health and medical needs. For example, residents who smoked were given education regarding the health impact of smoking and medication booklets had been devised for residents which outlined the reason for the medication, the time it had to be taken and the side effects of such medications.

Residents' nutritional needs were met. Food appeared to be appetising, varied and available in sufficient quantities at times that suited each resident. Menus were displayed daily and pictorial menus were available to residents also and these offered different choices to residents. Main meals were prepared in a central kitchen facility and transported to individual centres via a hot trolley. Snacks were available throughout the day and a suitably equipped kitchen was in place for residents and staff to prepare light meals if necessary. Residents were offered support and enabled to eat and drink and

staff were seen to be encouraging residents to have adequate fluid intake throughout the day and assistance given to residents was done so with dignity and was at a pace set by the resident. The advice of dieticians and other specialists was implemented in accordance with each resident's personal plans. Meal times were positive and residents were seen to interact socially at these times.

**Judgment:**

Non Compliant - Minor

**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 each resident was protected by the centre's policies and procedures for medication management but some improvements were required in a number of areas such as: when an error/change was identified in a prescription, the documentation of checking medications in once received from the pharmacy, in the management of PRN (as required) medications and the storage of out of date or unwanted medications.

There were newly implemented, written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Staff who spoke with the inspector confirmed they were familiar with the policies.

The processes in place for the handling of medicines were safe and in accordance with current professional guidelines and legislation but there was gaps in documentation when medications were checked in as being correct when received from the pharmacy. For example, it was the centre's practice to sign the drugs requisition book and record the numbers of medications received but the documentation of this practice was not always implemented. The inspector found that where a change was required to a prescription following review of medication, the practice for ensuring that this was amended by the appropriate person was not in line with safe practices or professional guidelines. Local protocols were required for residents who did not reside full time in the centre to ensure that safe practices were adhered to by all staff in the event of any issues arising in the management of medication.

The inspector also found that PRN (as required) medication was not subject to three monthly reviews as was the centre's practice, therefore prescriptions were not current and there was instances where PRN medication was not in stock for the resident from

whom it was prescribed.

There were appropriate procedures in place for the handling and disposal of unused and out of date medicines and formal records were maintained for all returns to the pharmacy, however, as required by the Regulations unwanted or out of date medications were not stored separately from current medications. The person in charge informed the inspector at the feedback meeting that this had been addressed.

At the time of the inspection, staff spoken with confirmed that no resident had been assessed as having the capacity to safely manage their own medication or was liaising directly with the pharmacist but the inspector saw that each resident was provided with information on their medication regime in a format that was appropriate to their abilities and needs.

There was evidence that a recent audit had been undertaken for medication management, however, the issues outlined above had not been identified.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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 were to be provided for residents.

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

The statement of purpose was kept under review and was available to the residents, staff and visitors in the centre. 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, the inspector found that the quality of care and experience of the residents was monitored and developed on an ongoing basis.

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

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

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

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

The post of person in charge was full time and filled by a nurse with the relevant qualifications and experience required by the Regulations. She was able to demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge was in the centre 39 hours per week and was engaged in the governance, operational management and administration of the centre on a consistent basis. She demonstrated an in-depth knowledge of the residents in the centre. She was committed to her own professional development and told the inspector she had completed courses in venepuncture, palliative care and a valorisation course. She had also identified additional areas that she planned to complete training on to further develop her skills. Staff were very supportive of her as a leader and residents were able to identify her.

**Judgment:**

Compliant

**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 been no instances where the person in charge had been absent for 28 days or more. There were suitable deputising arrangements in place whereby the clinical nurse manager 1 (CNM1) would act for the person in charge if required. The CNM1 was new to the centre since May 2014 and was in the process of familiarising herself with all that the centre entailed. She was able to demonstrate an awareness of the additional duties she would be responsible for at times where she would deputise and demonstrated an understanding of the legislation governing the centre. The person in charge told the inspector that she had a robust induction and support strategy planned.

**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 sufficient resources were provided to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

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

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

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

**Judgment:**

Compliant

**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:**

There were sufficient staff with the right skills, qualifications and experience to meet the needs of residents at all times. Staffing levels reflected the statement of purpose and size and layout of the building. An actual and planned staff rota was maintained. Household staff were also in place, however, the provider acknowledged there were difficulties in maintaining household staffing levels due to long-term sick leave.

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

warm. When staff spoke of residents to the inspector, it was done so with the utmost respect for that individual.

Overall, staff had access to education and training that enabled them to provide care that reflected contemporary evidence based practice, however, as discussed earlier, not all staff had received mandatory training in the management of behaviour that challenges. Most staff had received training in the protection of vulnerable adults and dates had been set for those who were awaiting same. The inspector acknowledges that the provider was aware that mandatory training was outstanding for some staff and was able to discuss a plan that was in place to ensure that mandatory training would be delivered in a timely fashion. As discussed in outcome seven, not all staff were up to date with people moving and handling, the provider told the inspector at the feedback meeting that dates to complete this training had been allocated to most staff that were awaiting same. Staff were aware of policies and procedures and were able to tell inspectors where copies of the Regulations and Standards were kept in the centre.

A random selection of staff files were reviewed and they met the requirements of Schedule 2 of the Regulations.

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

The centre had a volunteer programme in place and this was overseen by the volunteer co-ordinator. There was a policy in place to guide practices and supervision arrangements, whereby a volunteer was assigned a mentor were in place. The person in charge told the inspector that the services of volunteers were carefully managed and if they were deemed inappropriate for any of the houses in the centre, then appropriate steps were taken.

**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):**

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

**Findings:**

Overall records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

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

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

The inspector noted that the organisation had recently reviewed and updated many of their policies. A small number of policies required by Schedule 5 of the Regulations were outstanding but the inspector was shown evidence that these were in draft and there was a commitment by the provider to ensure completion of these as soon as possible.

**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:***

Gemma O'Flynn  
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-0003935
<b>Date of Inspection:</b>	22 July 2014
<b>Date of response:</b>	08 September 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:**

In one instance, the complaints procedure was inaccessible as it was stored out of reach on the wall in the foyer.

**Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints

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

procedure in a prominent position in the designated centre.

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

The complaints Policy and Easy Read version of same is now displayed lower on the wall in the foyer and accessible to all residents and visitors to the centre.

**Proposed Timescale:** 05/09/2014

**Theme:** Individualised Supports and Care

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

Whilst details of complaints were logged, the documentation did not fully meet the requirements of the Regulations.

**Action Required:**

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

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

The service will implement a duplicate recording book system for complaints which will include a section of resident's satisfaction with outcomes. This system will be piloted in the centre prior to approval as a final document. In the interim, the complainant's satisfaction with outcomes will be logged on to the current format.

**Proposed Timescale:** 31/01/2015

**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:**

In some instances, the interventions required to effectively support residents and fully implement their plans of care and goals were not clearly documented. Personal care plans and individual risk assessments required streamlining to ensure that the information was easily retrievable and up to date. Some plans required further development regarding the documentation of the social aspect of care.

**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.

**Proposed Timescale:** 30/10/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Whilst bathrooms were equipped with assistive devices, the bathroom spaces did not allow for all personal care needs to be met within that space. Suitable storage was not available.

**Action Required:**

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

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

The Director of Logistics will review the bathrooms and the storage space in centre J. He will complete this review by the end of September 2014 and examine means to address this issue. The Director of Logistics will then develop a plan to address these issues which he will present to the PIC, nominee provider and CEO. Where structural changes are required/recommended planning process will need to be followed.

**Proposed Timescale:** 30/07/2015

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

**Theme:** Effective Services

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

There were no formal arrangements in place for routine hazard inspections to identify new or changing hazards. Some controls were not fully implemented.

**Action Required:**

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

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

Existing Hazard Risk Assessments will be updated to reflect shorter review dates to ensure that new or changing hazards and any additional control measures are being identified and implemented in a timely manner. A member of the health and safety

committee and the PIC will review the risk register for the designated centre regularly as well as the environment to identify any new or changing hazards.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

The evacuation procedures for residents with complex mobility needs did not consider all options to ensure a safe and prompt evacuation.

Where an issue had been identified in a drill, documentation was not available regarding the appropriate action that was taken to ensure that the issue had been resolved.

**Action Required:**

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

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

Assessments are in place for each individual indicating their support needs and evacuation measures in the event of an emergency. For individuals with complex needs ski sheets are ordered and training will be provided around their use.

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

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

In some instances there was a delay in the formal restrictive strategy plan being made available in the centre.

**Action Required:**

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

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

Staff are currently undergoing training in the management of service users who present with challenging behaviour. Staff are also receiving training in therapeutic management of aggression and violence.

**Proposed Timescale:** 30/12/2014

**Theme:** Safe Services

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

Some restrictive strategy plans had not been signed by the resident's representative confirming their involvement, as was the centre's practice.

**Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

All are in place in the residents person centred plan and signed by next of kin.

**Proposed Timescale:** 30/08/2014

**Theme:** Safe Services

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

Documentary evidence of risk assessments determining the suitability of beds rails for residents was not available.

**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:**

Assessments determining the need and suitability of bed rails for residents will be completed for all residents with bedrails in place on their beds.

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

**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:**

All the information required by the Regulations was not included in the quarterly returns.

**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:**

Same submitted in August for the 2nd quarter.

Every quarter the written report will be submitted.

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

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

There was gaps in documentation to evidence that a resident had monthly weight checks as per their personal plan.

**Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

All weights for the residents will be recorded monthly and documented in the resident's personal plan.

**Proposed Timescale:** 30/08/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Appropriate and suitable practices were not in place in relation to:

1. Documentation of medications checked as being correct when received from the pharmacy,
2. ensuring changes to prescriptions were amended by the appropriate person in line with safe practices or professional guidelines,
3. PRN (as required) medication,
4. Medication protocols for residents who did not reside full time in the centre.

**Action Required:**

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

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

The PIC and nominee provider have put measures in place to ensure each individual resident is prescribed their own supply of medications every month. These medications will only be administered to the individual named on the prescription.

All staff will receive training in medication management from the nurse prescribers to ensure that all ordering, receipt, prescribing, storing, disposal and administration of medications is adhering to the service policy and best practice.

**Proposed Timescale:** 30/10/2014