

**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-0003939
<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>	John O'Callaghan
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	Gemma O'Flynn;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	15
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 3 day(s).

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

From:	To:
01 September 2014 09:00	01 September 2014 17:30
02 September 2014 09:00	02 September 2014 17:00
03 September 2014 08:30	03 September 2014 12:30

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 report sets out the findings of an announced following an application by the provider to register the centre. This was the first inspection of the centre by the Authority.

Inspectors met with residents, staff members, the person in charge, the provider nominee and other members of the management team. The centre comprises three houses in residential community settings. The centre may accommodate a total of 16 residents and there was one vacancy during the inspection.

Inspectors found evidence of good practice across all outcomes. The provider nominee demonstrated a commitment to the regulatory process. The person in charge was a suitably qualified and experienced person. There was evidence of good governance and management in a number of key areas. The provider nominee had completed unannounced visits to each house within the centre and there was evidence that these visits contributed to improving the quality and safety of the service for residents.

Inspectors found evidence of a person-centred approach being promoted that was respectful of the residents' abilities and met the residents' health and social care needs. Residents were supported to pursue educational, training and employment opportunities and their independence was maximised. Staff interacted with residents in an appropriate, warm and friendly manner. Residents confirmed that they felt happy and safe in the centre and that they were involved in any care decisions and in the running of the centre.

Inspectors found that the centre was not in compliance with fire safety legislation; the provider had engaged the services of competent persons in the area of fire safety to complete a risk assessment of each house within the centre and a plan was in place to bring the centre to a level of compliance.

Inspectors found other non-compliances in areas relating to record-keeping and documentation, personal planning, arrangements relating to the absence of the person in charge and medication management which will be outlined both in the body of this report and in the action plan at the end of this report.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Overall, inspectors were satisfied that residents were consulted with and participated in decisions about their care and the organisation of the centre. Some improvements were required in relation to the arrangements for ensuring residents were facilitated to vote, if they so wished.

Residents were consulted as to how the centre was run and minutes of monthly resident house meetings were available to inspectors. Minutes documented that residents were happy in the centre and demonstrated that each resident had an opportunity to contribute to the meeting. Meeting minutes showed evidence that residents were informed of key events such as a change in staff. A number of residents had completed a course in leadership and advocacy in a nearby institute of technology. One resident described how this course assisted her to successfully advocate for herself in relation to securing an additional day service allocation of her choice. Residents had access to an external advocacy service. The person in charge told the inspector that a resident from one of the houses attended regular advocacy committee meetings. A charter of rights was clearly displayed in the centre.

There were policies and procedures in place for the management of complaints and these were also available in an easy to read version. There was evidence that complaints were documented and that complaints were discussed at staff team meetings to ensure all were aware, however, the documentation of complaints did not meet the requirements of the Regulations. For example, whether the complaint was resolved or if the complainant was satisfied was not documented as required by the Regulations.

Inspectors found that staff treated residents with respect and dignity in all interactions. Bedroom doors were kept closed unless the resident requested otherwise.

Residents were facilitated to meet with visitors in private. It was noted on inspection that some residents shared a room in the designated centre. The inspector acknowledges that this had been identified by the provider who recognised the need to reduce occupancy so as to facilitate residents to have their own room. The provider gave examples of how they were working towards this and inspectors were satisfied that the provider was committed to this process.

The centre was managed in such a way so as to maximise residents' capacity to exercise autonomy and choice in their daily lives. Residents were facilitated in exercising their religious rights. However, there was a lack of robust arrangements in place to ensure all residents were given the opportunity to vote as it was not clear if all residents had been registered to vote or if they had been asked about their preference to vote or not.

There was a policy on residents' personal possessions and residents' property was kept safe via appropriate record keeping seen in the residents' personal files. Residents were supported to do their own laundry if they so wished and for some residents the management of laundry had been identified as a life skill to support residents to become more independent or ultimately, to live independently.

**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 residents' communication needs were met and respected.

Staff with whom inspectors spoke were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of residents. There was easy to read versions of organisational literature in place in the house, such as information relating to advocacy, complaints and fire evacuation.

Inspectors were satisfied through observation of staff interactions and the knowledge of staff who spoke with the inspector, that the communication needs of residents were well known to the staff and they were able to discuss the ways in which individual residents

communicated.

Residents were made aware of events that were happening in the local community via the local newspaper and residents had access to radio, television and internet services.

**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:**

Inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community. However, whilst practices were good, improvements were required in documentation.

Positive relationships between the resident and their families and friends were encouraged and supported. Residents told inspectors of how they spoke to their family member on the telephone and how they visited staff that used to support them or their friends in other centres.

There was no written evidence available during the inspection to confirm that family members were invited to participate in the review of personal plan meetings in accordance with the wishes of the resident. This will be further discussed under Outcome 5: Social Care Needs and in the associated action.

There was no restriction on visitors and staff told inspectors that residents could meet with their visitor in the sitting room and/or their own bedroom. Residents were encouraged to maintain links with the wider community. For example, some residents shopped for groceries independently. Residents were also involved in a charity fashion show that was held in a local hotel and some residents frequently met up with friends in a local cafe. As part of the volunteer service; some residents had dedicated volunteers or 'friends', who went out with them to socialise or for a coffee. Residents had access to educational opportunities in local educational establishments and this will be elaborated on further under Outcome 10: General Welfare and Development.

**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:**

Inspectors found that residents' admissions were in line with the centre's Statement of Purpose. The admissions process considered the safety, needs and wishes of the potential resident and also that of those residents already residing in the house. Documentation also confirmed that family were consulted and their wishes were documented and shared with those involved in the admission/transfer process. An admissions, Discharge and Transfer Committee was in place and members of the multi-disciplinary team sat on this committee to ensure that needs of the resident were adequately reviewed prior to admission.

Inspectors were satisfied that admissions and transfers were safe and planned and saw documentation of admission plans for residents to ensure that the transition was smooth and comfortable for the resident. Moves to the centre were planned in a staged manner, for example, one file evidenced how the resident began by visiting the centre for a cup of tea, followed by a sleepover, prior to moving into the centre. The bed for another resident who had moved out of the centre to live independently was kept vacant for a period of time in case the resident chose to return.

Contracts for the provision of services had been issued to residents and whilst a large number had been signed and returned to the provider, some were still outstanding. The inspector was satisfied that the provider was aware of this and was working on ensuring all were returned to him. The contracts were reviewed and they set out the services to be provided and the services that incur additional charges. However, although the fees to be charged were outlined in the organisation's long-stay policy; they were not outlined in the residents' contracts, as required by the Regulations.

**Judgment:**

Non Compliant - Minor



**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:**

Inspectors found that residents' wellbeing and assessed needs were being met and that residents had opportunities to participate in activities that were meaningful to them. Improvements were required in relation to personal planning.

Inspectors reviewed residents' records and found that a comprehensive assessment of needs had been completed for each resident which identified their individual needs and requirements. The assessment of needs included an assessment of the residents' medical and health needs, their spiritual needs, psychological needs and social integration needs. Where multi-disciplinary input was required, it was provided and implemented in practice.

Each resident had a written personal plan. However, personal plans did not fully meet the Regulatory requirements. Information was disjointed and not easy to retrieve for example current and discontinued programmes were filed together. Goals were mainly activity-based instead of outcome-focussed, making it difficult to see how the goal contributed to improving the residents' quality of life. Supports required to assist residents to achieve their goals were often non-specific or not stated. Family involvement in personal planning was not documented, although residents and staff confirmed that family were involved in the process.

The inspectors noted that the provider had identified gaps in relation to personal planning in the report arising from unannounced visits to the designated centre and had taken steps to address such gaps. For example, a new personal plan format based on an accredited model had been selected. The new personal plan was being trialled across the organisation with four individual residents. An information session in relation to the new personal plan had been held for all staff and training was being organised by the CNM3 (Clinical Nurse Manager). The person in charge was also fully aware of the gaps and was involved in the steps being taken to address the deficit.

There was evidence that residents were fully involved in the development and review of their personal plans. Residents described the contents of their own personal plans to inspectors.

The process involving the review of personal plans was clear and formal reviews took place every six months. An annual report of such reviews was completed by the person in charge for the provider. Such reviews included whether goals were being achieved and any challenges to achieving set goals.

**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 were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The centre was found to be homely and well-maintained and promoted residents' safety, independence and wellbeing. The premises were free from significant hazards on the day of inspection. There was suitable lighting, heating and ventilation. There were sufficient furnishings, fixtures and fittings and residents' photos and artwork were displayed in the house. The centre was clean and suitably decorated with adequate communal space. As previously discussed in Outcome 1: Residents Rights, Dignity and Consultation; there were a number of shared bedrooms in the centre. The person in charge described how residents agreed private time between themselves where they could each have turns to be in their rooms alone. There was a kitchen in each house that was equipped with the necessary equipment.

There were adequate toilets and showers in each house to meet the needs of residents. Residents with mobility needs slept downstairs and had en-suite facilities.

Residents had access to equipment that promoted independence and comfort such as wheelchairs and shower chairs. The equipment was fit for purpose and documentation confirming they had been serviced as required was available for inspection.

Each house had a pleasant well-maintained garden. Residents told inspectors that they used the outdoor space and described how they enjoyed being involved in the maintenance and upkeep.

**Judgment:**  
Compliant

**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, inspectors found that the health and safety of residents, visitors and staff was promoted and protected.

The centre had an up-to-date safety statement and risk management policy. There were adequate arrangements in place for learning from adverse incidents. An incident report form was completed and the steps required to minimise the possibility of recurrence was recorded by the appropriate staff member. There was evidence that incidents were discussed with staff at house level to ensure that the learning was adequately communicated. There were up-to-date risk assessments in place, however, routine hazard inspections were not being carried out so as to identify new or changing hazards and to ensure that existing controls were being implemented and were adequate.

There was general cleaning guidance and cleaning standards in place. Inspectors spoke with staff who were able to identify hand hygiene as an important means of infection control and were able to identify appropriate moments for hand hygiene. Senior house staff were able to discuss what they would do in the event of outbreak of infectious disease and appropriate equipment was available in the house for the purposes of infection control. Alginate bags were available to launder contaminated clothing and staff were knowledgeable of appropriate temperatures at which to wash contaminated laundry.

The centre was not in compliance with fire safety legislation and the provider showed inspectors a recent fire risk assessment and subsequent recommendations undertaken by persons competent in the area of fire safety. Inspectors were satisfied that the provider was developing a plan to undertake these recommendations. The provider confirmed that works would be completed within a time-frame of three to six months.

Suitable fire equipment was available and service records were available and were found to be up-to-date. There was adequate means of escape and daily checks were undertaken and recorded to ensure that exits were unobstructed. There was a prominently displayed fire evacuation plan displayed in the centre and a personal emergency evacuation plan was displayed adjacent to the evacuation plan.

There was evidence that fire drills were held monthly and the centre had recently introduced a new form to capture learning from these drills. Audits of fire drills were completed by the CNM3.

**Judgment:**  
Non Compliant - Minor

**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:**

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

There were organisational policies in place in relation to the protection of vulnerable adults and behaviour that challenges.

Inspectors viewed training records that confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Inspectors spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Training for volunteers was scheduled, as required by the organisation's volunteer policy.

The inspectors spoke with residents who confirmed that they felt safe in the centre and that knew who to talk to if they needed to report any concerns of abuse.

There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Inspectors found that there were two training programmes in place relating to the management of behaviour that challenges. Although all staff had attended one training programme, this training did not meet the Regulatory requirements as it did not include de-escalation and intervention techniques. This will be further discussed under Outcome

17: Workforce and in the associated action. However, the inspectors noted that where staff were working with residents who had behaviours that challenge; those staff had received additional training that did meet the Regulatory requirements as this second programme did include de-escalation and intervention techniques.

The inspectors reviewed personal plans, plans for support behaviour that challenges and risk assessments and spoke with staff in relation to behaviour that challenges. The inspectors found evidence of a positive approach to behaviour that challenges with supports provided and clear referral systems. Residents were involved in discussions and reviews that had been arranged to support residents to manage their own behaviours and consent was documented for supports in place.

The inspectors found that there was one bed-rail in place in the centre, which had been recommended for use by the occupational therapist and was not a restrictive practice. However, some improvements were required in relation to the documentation pertaining to the use of bed rails, which will be further discussed under Outcome 18: Records and Documentation to be kept at a Designated Centre and in the associated action.

The inspector reviewed arrangements in place for managing residents' finances and found a clear and transparent system in place. Residents were involved in the management of their own finances, as far as reasonably practicable. The inspector reviewed a sample of records and found a clear system of logging and tracking of all transactions, with receipts and records and an auditing system in place.

**Judgment:**  
Compliant

### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

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

#### **Findings:**

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

**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):**

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

### **Findings:**

Residents had opportunities for new experiences, social participation, education, training and employment. Continuity of education, training and employment was maintained for residents in transition. Improvements were required to the assessment process.

Although the inspectors found that residents participated in education, training and employment; there were no assessments in the designated centre pertaining to residents' education, training and employment goals.

The organisation had established links with education, training and employment providers including the local university, institute of technology, adult education and colleges of education. As previously mentioned under Outcome 1: Residents Rights, Dignity and Consultation; a number of residents had completed a course in leadership and advocacy in a nearby institute of technology. Some residents were engaged in supported employment. The inspectors spoke with residents who confirmed that they were happy with the options available to them. The inspectors found that the range of opportunities were appropriate to residents' abilities and interests and meaningful to them.

Residents participated in a wide range of activities both within and outside of the centre. Within the centre; each resident had a personal programme that was tailored to them and involved the development of fundamental life skills including setting the table, loading the dishwasher, promoting personal hygiene, setting the house alarm and managing personal finances. Such skills supported residents to become more independent or were part of a programme towards independent living. Other social events within the houses took place including a music session in one house, which was attended by residents from other houses. A resident told inspectors of how much she enjoyed computer work and how she had been involved in typing up informative notices that were displayed for others in the house.

Social activities took place outside of the centre including trips to the cinema, concerts, going to restaurants or shopping. Some residents described how they enjoyed socialising with their friends, family members and partners. Other residents enjoyed music, poetry, reading, exercise, using the computer and watching DVDs.

Residents enjoyed day trips, outings and holidays to various locations within Ireland and some residents had recently been abroad on holiday.

**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:**

Inspectors found that residents were supported on an individual basis to achieve and enjoy good health.

Inspectors reviewed residents' personal plans as they related to healthcare and found that residents had timely access to their own general practitioner (GP) and access to other medical professionals as required. Inspectors found that residents had access to medical treatments where recommended, including ongoing monitoring of blood tests and scans. Inspectors found that residents had access to a range of allied health services and viewed referrals to a speech and language therapist, optician, psychologist, dentist and dietician.

Inspectors found that the health of residents was monitored on an ongoing basis and viewed records of monthly checks completed by staff and forwarded to the CNM. Such checks included monitoring of blood pressure and the weight of residents. Three-monthly breast checks were completed by a staff nurse for female residents.

Inspectors reviewed residents files and found that a record was maintained in relation to intimate care and where any assistance was required, consent was sought and documented. The resident's consent was also documented in relation to other aspects of healthcare including who can give consent to attend medical or hospital appointments and consent by the resident to have bloods taken.

Staff told inspectors that residents had access to appropriate health information including in relation to exercise, healthy eating and protection against illness. Inspectors viewed information relating to healthy eating on the notice-boards. Residents had individual exercise programmes, which were encouraged by staff and which residents confirmed that they enjoyed.

The advice from a dietician and other specialists in relation to managing the specific dietary needs of residents was evidenced in personal plans. Where a resident was losing weight, the resident had been referred to a dietician. Staff were knowledgeable about how to implement dietary plans.

Each house had a kitchen and dining area which were homely, comfortable and clean. Residents were involved in planning for the weekly shop, in preparing the weekly menu, in meal preparation and in other kitchen tasks.

The fridge was well stocked and there was a plentiful supply of fruit and vegetables in the house. Staff were knowledgeable about residents' likes, dislikes and preferences. Residents had access to snacks throughout the day. Any assistance offered was done so discreetly.

An inspector observed a meal that had been prepared for lunch in one house and noted that it appeared nutritious and healthy. Lunch was a sociable and relaxed occasion.

**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):**

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

**Findings:**

Overall, inspectors found that residents were protected by safe medication management policies and practices. Improvements were required to the medication management policy and inspectors found that the systems in place to ensure that staff who administered medications were appropriately trained and assessed required further development.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. One aspect of the policy required review: the policy stated that although medicinal products that require refrigeration should be stored in a dedicated fridge, that where there was no separate refrigerator in a house for medicines, it would be acceptable to store medications in a locked cash-box in the kitchen fridge. This is not in line with best practice due to the temperature differences between domestic and medication fridges and the difficulties with accurately monitoring the temperature of a domestic fridge. Inspectors found that in practice; any medicines that required refrigeration in the designated centre were actually stored in a dedicated locked fridge and a log of daily temperature readings was maintained. The need to address this issue at policy-level will be further addressed in Outcome 18: Records and Documentation to be kept at a Designated Centre and in the associated action.



The inspector spoke with nursing staff and found that they were familiar with the guidance as outlined in the policy.

An inspector reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process. Information relating to each resident's medication was maintained in their file in an easy-to-read format.

Prescription charts and administration charts were completed in line with relevant professional guidelines and legislation. All medications were individually prescribed. The inspectors noted that the maximum dosage of PRN ("as required") medications was prescribed and all medications were regularly reviewed by the GP.

There were no residents prescribed controlled medications at the time of inspection.

Residents were supported to manage certain aspects of their own medication, as appropriate to their individual capabilities and wishes. An assessment had been completed for any resident who was involved in managing aspects of their own medication.

Unused and out of date medications were secure and segregated from other medicinal products, as required by the Regulations and a record of returns to pharmacy was maintained.

Audits of every house within the centre were completed at a minimum annually by a CNM and a representative from the pharmacy also completed annual audits. Inspectors reviewed completed audits and found that they were comprehensive and identified actions to be taken. Audit results were reviewed by the Drugs and Therapeutics committee.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**  
Leadership, Governance and Management

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

**Findings:**

The statement of purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services to be provided for residents. The statement of purpose was kept under review and last reviewed in June 2014 and was available to the residents. The inspector found that the statement of purpose was clearly implemented in practice.

Although the statement of purpose contained most of the information required by Schedule 1 of the Regulations, some information was too broad to accurately reflect the services provided by the centre, specifically in relation to the 'specific care and support needs that the designated centre is intended to meet' and the 'type of nursing care provided'. Also, the size of the rooms was not specified, as required by Schedule 1 of the Regulations.

**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):**

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

**Findings:**

Inspectors found that there was an effective management system in place, clearly defined management structures and the person in charge had the required skills, qualifications and experience to manage the designated centre. However, formal deputising arrangements for any notifiable absence of the person in charge from the centre were not in place.

The inspectors found that there was a clearly defined management structure in place in the designated centre. Inspectors spoke with staff and residents and found that staff were clear in relation to lines of authority and residents were able to identify the person in charge.

The person in charge was in a full-time post and was the person in charge for two designated centres. The person in charge had the necessary experience and qualifications, as required by the Regulations. The person in charge was fully aware of

her responsibilities under the Regulations. The person in charge was involved in the day to day running and operation of the centre and visited each house formally weekly and was in contact with the social care leaders within each house informally on a frequent basis and as issues arose.

Residents views were sought and in 2013 all residents were invited to participate in a service satisfaction survey.

The provider nominee had completed unannounced visits to the designated centre and a written report arising from such visits was made available to inspectors, as required by the Regulations. Inspectors found evidence that the unannounced visits contributed to improving the quality and safety of the service as the provider nominee had identified many of the areas that require improvement in the service including key areas for development relating to personal planning. Other audits took place within the service including in relation to medication management, fire safety, health and safety and hygiene. The provider outlined the system in place for carrying out an annual review of the quality and safety of care of the service.

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. House meetings were held every three months and attended by the person in charge. Staff confirmed these meetings took place and inspectors reviewed minutes of such meetings which were very informative. Meetings between social care leaders (who supervise each house on a day to day basis) and the provider took place six times a year. Full service meetings took place three times a year and took the form of an open forum that all staff were encouraged to attend. Weekly management team meetings also took place that included the provider and person in charge.

The provider told inspectors that staff appraisals were completed on an annual basis and this was confirmed by staff. Records of staff appraisal were maintained on staff files.

**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 not been any occasions where the person in charge was absent for 28 days or more from the centre.

There were support structures and staff in place for times that the person in charge was not in the centre, including support by a social care leader in each house, a CNM3 dedicated to oversee the centre and a CNM3 on call for the service outside of normal working hours.

However, formal arrangements were not in place that identified a specific deputising arrangement for any notifiable absence of the person in charge. This was discussed with the person in charge and the provider during the inspection.

**Judgment:**

Non Compliant - Minor

**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:**

Inspectors found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. Facilities and services available in the designated centre reflected the Statement of Purpose. There was sufficient transparency in the planning and deployment of resources.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

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

Inspectors found that there was an accurate staffing roster showing staff on duty which included the times that all staff were on duty. and found that over the course of the inspection, staffing levels were adequate to meet the needs of the residents. The provider outlined how protected hours for social care leaders of three hours per week had been introduced in the preceding weeks to support the person in charge in meeting regulatory requirements, particularly in relation to the need to improve residents' personal plans.

There was a training plan in place for 2014. The annual staff appraisal system facilitated the identification of staff training needs. Inspectors spoke with staff who confirmed what training they had received and records of training were reviewed. As previously mentioned, the inspector found that not all mandatory training had been provided in accordance with the Regulations, specifically in relation to behaviour that challenges. Training for volunteers in relation to the protection of vulnerable adults was scheduled to take place. Also, the person in charge and CNM3 confirmed that staff required training and refresher training in relation to medication management. Training in first aid was also scheduled.

Staff had completed other training or instruction relevant to their roles and responsibilities including in relation to hand hygiene, safe moving and handling, food safety and specific topics such as ageing and intellectual disability, the management of diabetes and the identification and management of dysphagia.

Staff were aware of the Regulations and Standards. Inspectors noted that the organisation had held information and training sessions for staff and management in relation to the Regulations and Standards, in accordance with their roles and responsibilities.

There was a system in place for the management of volunteers within the organisation, which was overseen by the volunteer coordinator. There was a volunteer policy in place which clearly set out the roles and responsibilities of volunteers in writing; all volunteers provided a vetting disclosure; volunteers were interviewed prior to commencing as a volunteer; three references were sought for each volunteer and; there was a clear training and supervision system in place.

Staff appraisals were completed on an annual basis and staff confirmed that such appraisals took place.

Staff files were not reviewed on this inspection however, files were reviewed a number of occasions in recent months and the Authority were satisfied that there was a robust system and audit procedure in place to ensure completeness of files as required in Schedule 2 of the Regulations.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

At organisational level, significant work had taken place in relation to policies required under Schedule 5 of the Regulations in the preceding months. Improvements were required to records and documentation 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. The centre was adequately insured against accidents to residents, staff and visitors.

A record of residents' assessment of need and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. However, residents' files were not fully complete as some information was held with their day service. This was previously addressed under Outcome 5: Social Care Needs in the context of personal plans and in the associated action.

Improvements were required in relation to documentation of the use of bedrails; risk assessments had not been completed nor were there any monitoring records relating to

its usage, as required by relevant national policy.

Records relating to money or valuables, other personal possessions, notifications and staff rotas were maintained, stored securely and were easily retrievable.

A significant amount of work had taken place in relation to the development of policies at organisational level in the preceding months. The majority of policies required under Schedule 5 of the Regulations were in place. The two outstanding Schedule 5 policies were in draft format; 'communication with residents' and 'access to education, training and development'.

As previously discussed under Outcome 12 Medication Management; one aspect of the medication management policy required amendment. The policy stated that although medicinal products that require refrigeration should be stored in a dedicated fridge, that where there was no fridge in a house it would be acceptable to store medications in a locked cash-box in the kitchen fridge. This is not in line with best practice due to the temperature differences between domestic and medication fridges and the difficulties with accurately monitoring the temperature of a domestic fridge.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Julie Hennessy  
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-0003939
<b>Date of Inspection:</b>	1 September 2014
<b>Date of response:</b>	3 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:**

Clear procedures were not in place to ensure that the residents' wish to vote had been identified.

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



**Action Required:**

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

Information and template sent out to each House along with easy read for residents in relation to right to vote. Also highlighted at full staff meeting on 10th September.

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

**Theme:** Individualised Supports and Care

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

The documentation of complaints 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:**

Highlighted to all PIC's and to all staff at full staff meeting the need to ensure that all complaints are logged and that the outcomes are documented. In particular it needs to be documented that the person making the complaint is satisfied with the outcome and documented on the current complaint log.

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

**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:**

The fees to be charged were not included in the contract for the provision of services.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The fees paid by residents in all Community Residential Houses has been presented and distributed to all families along with the Contract of Care.

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

**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:**

Personal plans did not fully meet the Regulatory requirements. For example, goals were mainly activity-based instead of outcome-focussed, making it difficult to see how the goal contributed to improving the residents' quality of life. Supports required to assist residents to achieve their goals were often non-specific or not stated.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Highlighted this to all staff at full staff meeting. New Personal Plan to be piloted by each House Manager. Meeting arranged for 01 October to pilot this with House Managers. This process to be reviewed by end of November 2014 with a view to rolling it out over a 6/8 month period.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

Family involvement in personal planning was not documented.

**Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Highlighted this action to all PIC's and to all staff at full staff meeting on 10th September. Family contact sheet to be included in new Personal Plan. All family involvement and PCP goals to be circulated between Residential and Day Service.

**Proposed Timescale: 14/10/2014**

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

**Theme: Effective Services**

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

Routine hazard inspections were not taking place so as to identify new or changing hazards in the centre.

**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:**

Since the inspection a template to complete hazard inspections to identify new or changing hazards in the centre has been drafted and given to house managers to trial and feedback by the end of October 2014.

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

**Theme: Effective Services**

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

The centre was not in compliance with fire safety legislation.

**Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Service Engineer and Health & Safety Officer, working in consultation with a qualified Fire Consultant, has identified priority works to be completed to ensure all houses are fire compliant. The plan of works needs to be costed by 30th November 2014 and a proposed timescale to address this to be completed within the following six month period.

**Proposed Timescale: 31/05/2015**

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not fully meet the requirements of Schedule 1 of the Regulations, for example, information pertaining to the 'specific care and support needs that the designated centre is intended to meet' and the 'type of nursing care provided' was too broad and the size of the rooms were not specified.

**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:**

PIC's discussed this action and the need to be more specific around care and support needs that the centre is intended to meet including the type of nursing care provided. Floor Plans to include room sizes to be included in the Statement of Purpose also.

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

### Outcome 15: Absence of the person in charge

**Theme:** Leadership, Governance and Management

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

Formal arrangements were not in place that identified a specific deputising arrangement for any notifiable absence of the person in charge.

**Action Required:**

Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

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

During the absence of the person in charge the person nominated to manage the centre during the absence is the CNM3.

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

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Not all mandatory training had been provided in accordance with the Regulations, specifically in relation to behaviour that challenges. Some staff required training and refresher training in relation to medication management.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The content of the Challenging Behaviour Mandatory Training for staff has been amended to include de-escalation and intervention techniques. Training dates for staff have been set for 16th October, 27th November, and 4th December. Two training sessions for staff in relation to management of medication appropriate to their roles has been arranged for 22nd October 2014.

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

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

One aspect of the medication management policy required amendment to reflect guidance by relevant professional bodies that all medicinal products requiring refrigeration should be stored in a dedicated refrigerator that is not used for any other purpose, accessible and reliable and capable of being secured.

**Action Required:**

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

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

Medication Management Policy to be amended to reflect that medication required to be stored will be done so in a dedicated refrigerator that is not used for any other purpose and is accessible, reliable and capable of being secured. One such refrigerator has been located in one Community House and available to any house that requires it.

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

**Theme:** Use of Information

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

Improvements were required in relation to documentation of the use of bedrails; risk assessments had not been completed nor were there any monitoring records relating to its usage, as required by relevant national policy.

**Action Required:**

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

Since the inspection monitoring records and risk assessments have been completed in the designated centre. Since the inspection staff will monitor the resident and the bed rails every 30 minutes when occupied by the resident and when staff are on waking duty.

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