

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003059
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

From: 10 December 2014 10:00 To: 10 December 2014 16:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

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

The designated centre is operated by the Daughters of Charity Services Ltd and is a community based house. This centre offers full time nurse led residential care to its residents. During the course of the inspection the inspector met with residents and staff, observed practice and reviewed documentation.

Seven outcomes were inspected against as part of this monitoring inspection and five of these outcomes were found to be moderately non compliant. These included outcomes relating to the areas of meeting residents' social care needs, healthcare plans, health safety and risk management, lack of continuity of staffing and inadequate supervision of staff. The outcomes relating to governance and management and medication management were found to be fully compliant. The non compliances are detailed within the main body of the report.

Action plans at the end of the report reflect the outcomes not met in line with the

Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

In general, inspectors found that residents were involved in the development of their personal plans and that staff provided a good quality of social supports to residents. However, some improvements were required to ensure personal plans were outcome focused rather than solely activity based.

Each resident had a personal plan in place and inspectors reviewed three of the plans, including one which was reviewed with the resident and her key worker. They were based on the individual support needs of the resident and there was evidence of regular review and participation of the residents in the development of their personal plans.

The personal plans contained important information about the residents' backgrounds, including details of family members and other people who were important in their lives. They also contained information about residents' interests. Individualised risk assessments were being used to ensure residents could participate in activities with appropriate levels of risk in place. Residents had been supported to attend football matches, and another resident had attended a concert with her family the night before the inspection.

While the personal plans included planned activities such as going on holiday or attending concerts or musicals, they were not focused on outcomes for residents, and it was not possible to use the plans to evaluate whether the activities enhanced the quality of life for residents. Also, staff were not effectively assessing whether goals had been achieved to the satisfaction of the resident concerned.

One resident had chosen to opt out of day services that had been provided to her. As a result, the service had developed a specialist programme to meet her individual needs entitled the 'discovery process'. This involved the training of a number of staff to support this resident including two residential staff from the centre. However, as a result of long term sick leave and redeployment of staff, there were no staff currently working in the centre trained in this process. As a result it was reported that this process had stalled and that a multi-disciplinary support team meeting was planned for the coming weeks in order to get this process started again. The resident herself spoke of being bored in the house a lot of the time, and staff confirmed she spent a lot of time 'sitting around'.

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 it was found that the health and safety of residents, visitors and staff was promoted, however, significant risk was identified in relation to the temperature of hot water in the centre, and in relation to inadequate infection control measures. There were suitable arrangements in place to ensure fire safety procedures met the needs of all residents and staff and that contingency plans were in place in case of emergency.

The water temperature was recorded on the morning of the inspection at 54.3 degrees Celsius at several hot water outlets within the centre including the bathroom sink(s), and shower. When this was highlighted to the nominee provider by phone, she immediately set about contacting a plumbing contractor to remedy this. A plumber arrived while the inspector was present and addressed this issue. The provider also spoke to the inspector about needing to agree a way to ensure that the temperature could not be altered easily, in order to ensure that safe water temperatures were maintained.

While there was an organisational policy on infection control, centre specific control measures had not been identified. The centre catered for the needs of residents who required significant support in health related areas and in the provision of personal and intimate care. However, there were not appropriate controls in place to minimise the risk of infection in place within bathrooms. For example, residents and staff were sharing hand towels and the same bins were used to dispose of incontinence wear and other disposable items in open bins in each bathroom. There was also no hand sanitising

facilities available to staff or residents.

The inspector reviewed the centre specific safety statement and the health and safety policies and procedures including risk assessments. Health and safety checklists were being completed on a monthly basis by the person in charge which were reviewed by the provider and the organisations health and safety committee. These checklists identified actions required and also documented subsequent actions and outcomes.

There were adequate precautions in place against the risk of fire. Comprehensive personal evacuation plans had been developed for all residents. In addition, fire evacuations have taken place on a monthly basis to ensure that all staff who had received training in fire safety were confident and competent in their ability to evacuate the centre. The organisational policy on fire management had also been recently revised and updated in July 2014.

Individual risk assessments had been carried out for all residents to ensure that any risks were identified and proportionally managed. There was evidence that they were regularly being updated by staff following ongoing review. Accidents and incidents reporting forms were also analysed for trends. The last ten incident reports were read by the inspector and related to mainly to minor incidences. Other more significant incidences had been reported to the Authority as required, and had been investigated (or were in the process of being investigated) by the organisation.

The centre had access to a vehicle to provide transport to residents. A vehicle maintenance checklist was maintained.

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:

There were measures in place to protect residents from abuse and keep them safe. All staff had received training in safeguarding vulnerable adults and were knowledgeable on

what constitutes abuse and on reporting procedures. However, inconsistent care practices identified areas of concern.

Care practices identified issues in relation to safeguarding resident's privacy and dignity. For example, staff reported they were carrying out hourly checks on all residents throughout the night. This was not identified as an assessed need for all but one of the residents. Most residents' assessments for care supports during the night stated that they would call staff if they needed them. There was a general lack of clarity from staff on whether staff were entering bedrooms at night time, or on how frequently they were doing so. In addition, as detailed under Outcome 17: Workforce, there was a lack of consistency in supports provided due to the over reliance upon relief and agency staff. This was particularly evident at night time, where a continuity of staffing was not provided. For example, a review of the staff rota showed that eleven different staff had worked the 'waking night' shift over a period of seventeen days. These staff were all relief or agency staff and the provider confirmed that some of the agency staff used were not regular staff, or familiar to or with the residents.

In addition, the staff rota for the following three weeks (from Friday 12th December) did not identify which staff would be covering these shifts, as it was not known who would be working these shifts. This lack of continuity of care was particularly concerning when considered in conjunction with the lack of consistency in relation to staff practices in relation to entering bedrooms at night-time.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults which provided clear guidance to staff. Residents spoken with said they felt safe and could tell the inspector who they would speak to if they felt unsafe needed particular support. The provider confirmed restrictive practices were not used within the centre. Personal and intimate care plans were also in place and provided comprehensive guidance to staff ensuring a consistency in the personal care provided to residents. Generally it was found these plans focused very much on supporting residents to be as independent as possible in this area.

Residents were also provided with comprehensive positive behavioural support plans (as required). These plans clearly identified triggers or 'flags' to staff to help them identify times of stress for residents, as well as outlining things residents liked to speak about and in what areas they were trying to develop independence skill enhancement.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy best possible health. However, there were deficiencies identified in documentation relating to specific needs and wishes relating to one health care plan. This issue was presented and discussed in detail during feedback.

The inspector reviewed a number of residents' health care plans, records and documentation and found that residents had access to allied health professionals as required. The inspector noted frequent access to a general practitioner (GP), speech and language therapy, psychology, social work, occupational therapy, ophthalmology and physiotherapy. Specific issues had being comprehensively provided for with access to appropriate consultations and services.

Residents were involved in food preparation and planning. Residents spoke with the inspector about being involved in food shopping and meal preparation. A variety of meals was provided on a daily basis to meets the specific choices and needs of residents. Resident's diets were also fortified as required in line with speech and language assessments and dietary requirements.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Overall the inspector found that residents were protected by safe medication management policies and practices. All residents were supported in the administration of their medication by qualified nursing staff. Staff were also supported by being able to call upon the advice of a clinical nurse manger at all times.

The receipt of medication was being recorded and medication was being stored in a locked press in the house. The prescribing and administration of all medication was in compliance with the Regulations and in line with best practice guidelines. Drug errors

were recorded and reported using the organisation incident reporting sheets and reporting mechanism. Evidence of learning from errors was also available, for example, nursing staff had been provided with specific training in medication assessment and auditing practices had been improved.

Separately packaged medication was also provided by the pharmacy for residents who go to stay with family on a regular basis, in order to promote safe medication practices for residents when they are not in the centre.

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, it was found that were effective management systems in place and that the quality of care was monitored and developed on an ongoing basis. However, not all components of this outcome were inspected against on this inspection as the person in charge was on sick leave and this was an unannounced inspection.

The roster did identify who was in charge at any given time who was usually a staff nurse. On the day of inspection, a staff nurse was in charge however, given that she was relevantly new to the centre her knowledge of governance and management issues was limited. However, the nominee provider and/or a clinical nurse manager ('Nurse on Call') was available to support staff at all times. In this regard, the inspector sought the assistance of the nominee provider in order to complete the inspection process. The provider was also assisted in this regard by another clinical nurse manager (CNM). The nominee provider has been met with on a number of previous occasions on inspections of other designated centres for which she is nominee provider. At all times, she had been highly responsive to any non compliance's identified and has demonstrated her fitness to carry out the role effectively. This was also found to be the case during this inspection as evidenced by the immediacy of her actions in addressing the issue of the water temperature as identified under Outcome 7: Health, Safety and Risk.

There was also clear evidence that the quality of care and experience of residents were monitored and that systems were in place that supported and promoted the delivery of safe, quality care services. For example, a report of an unannounced inspection carried out by the provider was available to the inspector and this report had evidence of agreed actions and outcomes. However, issues of concern in relation to the supervision of residents and the lack of consistency of staff have been raised and actioned elsewhere in this report. During discussion of these concerns with the nominee provider and the CNM they agreed that these issues were of concern to them and they were identifying ways in which to address these non compliances.

A number of notifications and follow up investigations were also discussed with the nominee provider to establish how any investigations were being conducted and how they were progressing. Staff meetings were taking place on a monthly basis which were minuted and actioned.

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:

Not all components of this outcome were considered as part of this inspection. Staff files, held centrally in the organisations central services were not reviewed on this inspection, and will be reviewed as part of the subsequent registration process.

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. However, there was an over-reliance upon agency staff that were not employed directly by the organisation and therefore were not subject to the same recruitment process. Concerns in relation to this have been raised elsewhere in this report. Overall it was found that there was inadequate supervision of unfamiliar staff who were working alone in the centre.

The inspector was provided with suitable opportunity to meet with residents, observe staff and also to talk to staff members. Staff were knowledgeable in relation to the

general supports required for the residents. Staff also engaged very well in the inspection process and were well informed on the requirements of the Authority.

Staff had been provided with training in areas such as fire safety, food safety, manual handling, safeguarding vulnerable adults, challenging behaviour and the therapeutic management of aggression and violence (TMAV). There was also a plan in place to provide refresher training to staff as required in the coming months. Regular staff meeting had taken place and these meeting were all recorded.

Residents were provided with staff support on a 24 hour basis and the skill mix included nursing, social care and care staff to meet the assessed needs of residents. There was a minimal of two staff available to residents at all times. At night time residents were supported by a waking night staff member (nursing staff) as well as a staff member on 'sleeper' who was available to residents should they be required.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003059
Date of Inspection:	10 December 2014
Date of response:	7 January 2015

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, Health Act 2007 (Registration of 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 05: Social Care Needs

Theme: Effective Services

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

The social and recreational needs were not being met for some residents.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

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

An MDT meeting was held on 16/12/14 to discuss the re-establishment of the Social Role Valorisation process for service users in January 2015 with all 4 staff who are trained in the process involved. Long and short term goals will be put in place with the service user offering her choice of activities on a daily basis.
The redeployed staff will return to the designated centre on 6/1/15.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Residents' personal plans tended to be activity based rather than outcome based and it was not possible to assess or demonstrate the effectiveness of each plan.

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:

Each service users plan will be reviewed with them and outcome based goals will be established with a focus on increased independence, new experiences. Goals will be broken down in to measureable steps. Goals will be reviewed monthly by the identified key worker.

Proposed Timescale: 31/03/2015

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:

Hazard identification/risk assessment had not identified the risk associated with excessive water temperatures at all hot water points within the centre.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The maintenance contractor regulated the temperature of the hot water at the source (boiler) on 10/12/14. On 11/12/14 this was clearly marked on the boiler not to be adjusted.

A risk assessment has been carried out indicating that hot water needs to be regulated at each hot tap throughout the house. A plumber had been engaged to put regulators on all hot taps in January 2015

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

Open bins and a lack of adequate hand washing and sanitising facilities were not found to be providing adequate protection to staff and residents in minimising the risk of associated infections.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Additional bins have been purchased for each bathroom. One bin in each bathroom is labelled and used for pads/incontinence wear only. Hand sanitizer gels are in place in bathrooms and kitchen.

An infection control audit will be carried out by 31/1/15

Proposed Timescale: 31/01/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

While no form of abuse was identified by the inspector, inconsistent care practices and ineffective supervision of staff working at night time could not ensure the protection and privacy of residents at all times.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

A thorough hand over will continue to be given to all staff. A structured handover will be given to new/agency staff detailing the service user needs/ care interventions.

A handover document has been created to facilitate this.

Regular staff will be used to cover night shifts as far as possible

Regular agency staff will be requested to cover night shifts.

All staff on night duty will be made familiar with the protocols for night checks for each service user in their care plan.

There will be a familiar staff on the sleepover shift with the waking night staff.

The nominee provider will continue to liaise with HR in relation to relief panels and recruitment of permanent staff.

Proposed Timescale: 31/01/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Residents and their representatives' wishes in relation to their ongoing medical treatment, and decisions in relation to how this was to progress had not been adequately documented in order to provide clarity and continuity to all staff and medical professionals dealing with specific medical conditions.

Action Required:

Under Regulation 06 (2) (c) you are required to: Respect and document each resident's right to refuse treatment and bring the matter to the attention of the resident's medical practitioner.

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

The Person in Charge has spoken to family member in relation to developing an end of life plan and family are happy to be involved in this.

An MDT meeting to be arranged to discuss an end of life plan in line with the wishes of the service user and her family.

The Chaplin will also be invited to be involved in this process.

Proposed Timescale: 06/03/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was an over-reliance upon relief and agency staff which was resulting in lack of continuity provided to residents.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The nominee provider will meet with Director of HR and Director of Client Services to discuss the reliance on agency/relief staff.

One redeployed staff is returning to designated centre on 6/1/15

As far as possible regular relief and agency staff will be identified to cover the shifts.

Proposed Timescale: 31/01/2015