<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003948</td>
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<tr>
<td>Centre county:</td>
<td>Tipperary</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Ltd.</td>
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<tr>
<td>Provider Nominee:</td>
<td>Marie Grimes McGrath</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
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<tr>
<td>Support inspector(s):</td>
<td>Florence Farrelly</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>9</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</tbody>
</table>
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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 19 December 2014 10:30  
To: 19 December 2014 13:30

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

<table>
<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
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<tbody>
<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</table>

**Summary of findings from this inspection**

This inspection was carried out in response to unsolicited information received by the Health Information and Quality Authority (the Authority) on 17 December 2014. The unsolicited information related to allegations of poor practice and practices that could constitute the abuse of residents in specific units. The inspection type was a triggered ‘single-issue’ inspection relating to ‘Outcome 8: Safeguarding and Safety’.

The centre comprises four houses and can accommodate 22 residents; inspectors visited one of these houses. As part of the inspection; inspectors interviewed staff on duty and reviewed documentation pertaining to the areas of concern. Documentation reviewed included daily notes, communication books, personal plans, risk assessments and documentation pertaining to restrictive practices and behaviours that challenge.

Inspectors found that staff members were not able to identify the person in charge. This failing is at the level of major non-compliance as clear lines of accountability and authority are necessary to support and promote the delivery of safe, quality care services. The provider was required to take action to address this failing. A moderate noncompliance was also identified under Outcome 18: Records and Documentation as some documentation pertaining to behaviours that challenge had not been filled out correctly. The actions required to address these failing are outlined 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, 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 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:

Overall the inspectors found that there were measures in place to protect residents from being harmed or suffering abuse. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. It was also found that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. However, some gaps in related documentation were noted by inspectors relating to the recording of incidence and the use of antecedent interventions. This issue is actioned under Outcome 18: Records and documentation.

Inspectors interviewed staff present in the centre on the day of inspection. Inspectors did not find specific evidence to support concerns as outlined to the Authority on the day of inspection.

Residents had comprehensive behavioural support plans in place. These plans considered ways to reduce the likelihood and frequency of challenging behaviour through the use of early intervention and identification of agitation levels of the resident concerned. Staff were trained in intervention techniques and were knowledgeable on the needs of residents in this regard. In general it was found that the plans, which had multi-disciplinary inputs, highlighted a very proactive approach to managing difficult behaviour and described the residents in a very positive manner. Staff had also received training in 'developing behaviour support plans - a person centred approach' delivered by a clinical psychologist employed by the organisation.

One resident’s plan referred to the use of a ‘social story picture book’ used to communicate with the resident and as a way to alleviate the escalation of difficult behaviour. However, while a record was kept of when staff use this story book, the
record had not been filled in since 12 June 2014. In addition, an 'incident recording sheet' indicated that there had been no incident of challenging behaviour since 15 October 2014. However, inspector noted several incidents were recorded in accident/incident report forms since that date.

Residents had detailed personal and intimate care plans in place which were also provided in pictorial format. There were robust practices in place relating to the safeguarding and management of residents’ finances. Daily expenditures were logged and counter-signed and corresponding receipts and bank statement were checked on a regular basis.

**Judgment:**
Compliant

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**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:**
One aspect of this outcome was inspected. Improvements were required to the governance and management of the designated centre. Inspectors found that staff members were not able to identify the person in charge. This failing is at the level of major non-compliance as clear lines of accountability and authority are necessary to support and promote the delivery of safe, quality care services.

**Judgment:**
Non Compliant - Major

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**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:
Not all components of this outcome were considered on this inspection as this inspection was focused upon specific issues identified to the Authority.

As previously identified under Outcome 6: Safeguarding and safety, some records relating to residents had not been filled in relating to incidences of challenging behaviour and with regard to the implementation of intervention and distraction techniques to reduce the likelihood of challenging behaviour.

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
Centre name: A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.

Centre ID: OSV-0003948

Date of Inspection: 19 December 2014

Date of response: 13 February 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 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A clearly defined management structure was not in place; staff were unable to identify the person in charge.

Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**
- The centre has an appointed home manager, with an RNID qualification. This house manager had been in post 1 year prior to this inspection.
- In the absence of the home manager, a staff member will be identified on the roster as being the lead contact person to the centre on each day. This is in place since the 22/12/2014.
- The PIC to the centre has explained this system to all staff in the centre on 09/02/2015.
- In service training regarding the roles of the PICs and PPIMs was delivered to all staff in the centre on 19/01/2015.

**Proposed Timescale:** 09/02/2015

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Some records relating to residents were incomplete as identified within the body of this report. Records relating to residents had not been filled in relating to incidences of challenging behaviour and with regard to the implementation of intervention and distraction techniques to reduce the likelihood of challenging behaviour.

**Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
- Issue was addressed with home managers and PICs at management meeting on 11/02/2015. Memo circulated to all centres on 23/12/2014 re incident reporting guidelines and adhering to same.
- PIC to the centre has completed the training in the management of service users presenting with challenging behaviour, which includes the reporting an recording of incidents, in January 2015. The PIC and home manger will review the training records of all staff and refresher will be arranged as necessary.
- Importance of reporting and recording was explained to all staff at house meeting 09/02/2015 by the PIC. Same recorded in centre meetings minutes.
- All service users MDT meetings have taken place between September 2014 and the end of January 2015, to ensure that intervention and distraction techniques are in place where appropriate for service users. These are recorded in MDT minutes of meetings and in the service users care plans.
- Behaviour support plans in place for all service users, with review dates.
- P.I.C. to audit all documents under Schedule 3 of regulations and will issue report to ACEO by 27/02/2105.

**Proposed Timescale:** 27/02/2015