| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd. |
| Centre ID: | OSV-0003057 |
| Centre county: | Dublin 15 |
| 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 | Announced |
| Number of residents on the date of inspection: | 2 |
| Number of vacancies on the date of inspection: | 0 |
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:  
26 May 2015 10:00  
27 May 2015 09:30

To:  
26 May 2015 17:00  
27 May 2015 14:00

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

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Summary of findings from this inspection

This was an announced inspection and forms part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, health care records, accident logs and policies and procedures.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application
to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

The designated centre is operated by the Daughters of Charity Services ltd and comprises two community based houses in close proximity to one another in Dublin 15. This centre offers full time, high support, residential care to two residents in two individual community houses. During the course of the inspection the inspector met with staff, observed practice and reviewed documentation. The inspector also observed a resident in the company of staff members. Both residents were reluctant to meet with the inspector in any formal way and this request was respected. In addition, the inspector offered to meet with a parent of both residents. This offer was declined as the parent had met with this inspector during a previous monitoring inspection in September 2014. At the time he expressed complete satisfaction with the service provided. He communicated through the person in charge that on this occasion he had nothing new to add and remained satisfied with the service provided. During this previous monitoring visit the inspector also met one of the residents.

In general the centre was found to be providing a high quality care and support to it's residents. The service was highly individualised and tailored to meet the specific needs and profile of the residents. The inspector found that the residents were being supported to direct the care they received and made significant decisions about their lives. Evidence of this is reflected throughout the report.

Evidence of good practice was found across all outcomes, with 14 outcomes judged to be fully compliant. Two outcomes were found to be moderately non-compliant relating to the maintenance of the premises and general welfare and development. In addition the statement of purpose required minor amendments and systems needed to be put in place for the formal supervision for relief staff working in the centre.

The Action Plan at the end of the report identifies those areas where improvements were required in order to fully compliant with the Regulations and the Authority's Standards.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
In general it was found that residents were consulted with, and participate in, decisions about their care and about the organisation of the centre. It was clear that residents daily lives were structured around their needs and plans changed routinely based upon the wishes of the residents. Rights were clearly respected in the ways that flexibility of routine was accommodated by staff. For example, on the first day of the inspection one resident was being driven to his day service by staff, however, en-route he changed his mind and asked to be taken back to his centre and this was accommodated. The centre operates on a principle of 'follow their lead' in how it operates and from reading daily report notes, it was clear that this was indeed the case. Residents at no point are asked to do something they don't wish to do and their needs and choice of routine is fully respected at all times.

The centre was found to be managed in a way that maximises resident's capacity to exercise personal independence and choice in their living experiences. While one resident thrives on routine, the other resident does not and again, this difference was clearly reflected in their personal plans, activity schedules and also within the way the rota is planned around the specific needs of the residents. For example, it had been identified that a previous practice of having a staff member come on duty at 08:00hrs was a cause of anxiety and distress for one resident, as he was always anxious about who would be coming on duty and driving him to his day service the next morning. This led to the rota being changed to provide for two staff to be on sleepover duty each day. This ensured that the same staff were on duty in the evening, and when the resident was going to bed, and were also there the next morning when he woke up. This was found to have greatly reduced his anxiety levels and reflected the person centred way in
which the centre was managed around the specific needs of each individual.

Comments, concerns and complaints in relation to the service were welcomed and were recorded and responded to comprehensively. There was a complaints policy in place and concerns logged related to issues of concern from members of the public or allied professionals relating to characteristics displayed by the residents which would not be familiar to those people. These concerns were more questioning and well intentioned on behalf of the complainant. However, the professional way in which these were recorded and responded to was found to be effective in addressing any concerns raised, while also promoting the rights and individual ways of the residents.

There was a policy on residents' personal property, personal finances and possessions. Residents personal property including monies were kept safe through appropriate practices and record keeping.

**Judgment:**
Compliant

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**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
This outcome was not inspected against during the previous inspection. The inspector found that person in charge and staff had responded very effectively to the communication support needs of residents. Communication plans were in place for communicating with residents as required. Each individual's communication requirements were reflected in practice. Staff were aware of individual communication requirements of residents. Communication passports and/or 'scripts' were provided within each resident's care plan. These also formed part of residents behavioural support plans. The scripts clearly identified each resident's individual communication style, for example, residents had their own vocal words and sounds and supported these vocalisations with a form of Lámh sign language. The communication scripts then clearly sets out what is actually being communicated as well as the agreed consistent response which staff should give. This was in order to minimise anxiety for each resident and to ensure a clear and consistent response from all staff.

Key information was available throughout the centre in an accessible format. For example, person centred plans, pictorial menus and pictorial rota. Visual schedules were also used to support residents in specific areas such as providing information on their finances. Communication and consultation books were also used to record and track choices and planning around daily activities and supports. For example, to record the
expressed choices at the time they were made, such as in menu choices or getting a haircut.

The management and staff within the centre took great pride in supporting the residents to live within individualised community based homes. The houses were very much part of the wider community; for example relationships had developed with neighbours and the residents availed of community facilities to the extent each resident chose to. For example, one resident chose to avail of community facilities such as the dentist, chiropodist and barbers. The other resident generally chose not to avail of these services within the community, and therefore, each of these services were provided to this resident within his home.

**Judgment:**
Compliant

### Outcome 03: Family and personal relationships and links with the community
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
This outcome was not inspected against during the previous inspection. Overall, it was clear that residents were supported to develop and maintain personal relationships and families were actively encouraged to be part of the resident's life.

Family contact and communication was specifically tailored to meet the needs of and be in the best interests of the residents. Support plans were in place to accommodate meetings between the resident(s) and their next of kin. There was clear documentary evidence that family members were involved in person centred planning meetings and had also been accommodated to meet with senior management up to provider level to discuss additional support requirements for their relative.

Regular meetings took place between the person in charge, social worker and parent of both residents. These meeting took place every six to eight weeks, the main purpose of which was recorded as to provide a general update on the welfare of each resident. Records were maintained of regular phone and email conversations between the person in charge and parent of the residents.

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

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

This outcome was not inspected against during the previous inspection. Each resident had a signed contract of care in place provided to them which detailed the support, care and welfare of each resident. These contracts detailed the services provided to each resident including the fees to be charged.

There was a policy in place relating to admissions, transfers and discharges and the temporary absence of residents. This centre was operated as two separate single living environments the meet the specific needs of each resident. This living environment has been provided following a period of time where both residents lived as part of a group. Group living was found by the provider not to be adequately meeting the needs of each resident. The provider confirmed to the inspector that the plan going forward was to maintain the single living environments for each resident and there were no plan to admit anyone else into the centre.

**Judgment:**

Compliant

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**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):**

No actions were required from the previous inspection.

**Findings:**

The Inspector found that the services provided to support the wellbeing and welfare of
the residents was to a high standard. Each resident was actively involved in their personal plan and in outlining their own social goals. The Inspector reviewed both personal plans with each resident’s key worker.

Residents personal plans were constantly reviewed and adapted along with a practice described as 'activity sampling' where new experiences and activities where trialled for residents. In this regard, as described within Outcome 1; residents were actively involved in and directing their needs and choices in relation to social and personal activity.

Goals of note which appeared to be progressing well and were assessed as being important to the residents included maintaining a pet, feeding birds, shopping (using visual aids), meeting other siblings, preparing snacks, using a pictorial rota, making the garden more attractive and accessible to a resident, being supported to use a ATM card and choosing their own clothes. Many of these goals were developmental and skill enhancing. The use of task analysis and systematic instruction was used to track the progress of each goal.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against during the previous inspection. Overall it was found that the location(s), design and layout of the centre were suitable for its stated purpose and met residents' individual needs in a comfortable and homely way. However, maintenance and decoration work was required in both houses as parts of the centre were poorly maintained and in need of repair. In particular the bathroom in one of the houses and the kitchen of the other house were in need of renovation. The person in charge and the provider nominee were aware of this need and explained the complexity of carrying out this work when the residents were home.

Both houses comprising the designated centre met the needs of each resident and the design and layout promoted residents' safety, dignity, independence and wellbeing. For example, each resident had access to all parts of each of their house. Resident’s bedrooms were accommodated at ground floor level, and this was found to be promoting their independence. For example, it was reported by staff that the residents
would get up at a time of their choosing each morning and generally go to the kitchen and make tea independently before returning to their bedroom where they would relax for awhile before seeking the assistance of staff.

Both residents had access to generous outside space within gardens that were adequately maintained. One garden had been renovated as part of a person centred planning goal to be more attractive to the resident through the provision of brightly painted furniture and sensory elements to encourage this resident to use the outside space more regularly. A sensory room was also provided to one resident in the upstairs of his room which staff reported he availed of freely.

**Judgment:**
Non Compliant - Moderate

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Overall it was found that the health and safety of residents, visitors and staff was promoted and protected.

There were policies and procedures in place for risk management and emergency planning. There was an up to date safety statement and risk register in place. The risk register was found to be implemented throughout the centre and covered the matters set out in Regulation 26, including identification and management of risks, the measures in place to control identified risks and arrangements for identification recording, investigation and learning form serious incidents.

The provider had ensured that there were effective fire safety management procedures in place, and had taken adequate precautions against the risk of fire in the designated centre. There was suitable fire equipment provided which was regularly serviced by a qualified fire consultant. Regular fire evacuation drills were taking place, with drills taking place in each house comprising the designated centre on a monthly basis. Records of each drill were maintained and all staff spoken with was confident in their ability to evacuate the centre safely. Internal doors leading from kitchen area into bedroom (in one house) or from kitchen towards the bedroom were observed to be heavy duty fire retardant doors.

Vehicles used to transport residents were roadworthy and suitable equipped. Checklists were used to carry out regular checks on the vehicles, including daily checks given the daily mileage and reliance upon the vehicle that one resident in particular expressed. Service records for the vehicles were also maintained and a person was assigned the
responsibility that regular servicing and maintenance was carried out as required.

There was a health and safety committee operating within the broader grouping of community residential services where health and safety issues relating to the residential services were discussed and shared. The minutes of the last two meetings were read by the inspector. It was noteworthy that a resident's advocacy group had raised a health and safety issue relating to staff and/or residents leaving mobile phone chargers plugged in. The advocate group had asked that this practice be raised at the health and safety committee meeting in order for it to cease.

Judgment:
Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.* Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were measures in place to protect residents from abuse and keep them safe. All staff had received training in safeguarding vulnerable adults and staff spoken with were knowledgeable on what constituted abuse and on the reporting procedures.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff. Environmental restraint, namely the use of an alarm on a residents bedroom door to highlight when the resident was out of bed had been phased out and removed since the previous inspection. A restraint-free environment was promoted and the person in charge reported that physical restraint or holds were not used or allowed within the centre. A crisis intervention plan was in place in the event of a serious escalation of behaviour where staff were directed to withdraw and leave the premises if required. The plan was revised on a regular basis by the multi-disciplinary support team and behavioural specialist. For example, this procedure was suspended on March 2014 as it had not been required in more than a year. However, it was reinstated again following review of an incidence of challenging behaviour in April 2015.

Residents were provided with comprehensive positive behavioural support plans. 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. Significant efforts
were made to identify and alleviate the underlying cause of behaviour. Behaviour support plans were written in a very person centred and positive way, and focused upon the correct supports to offer each resident to ensure best possible outcomes for each resident. The behaviour plans were set out under three levels, which distinguished between the approaches required from staff when residents were relaxed (Level 1) agitated or stressed (Level 2) or distressed (Level 3). Each level clearly identified precursors and interventions as required. Overall these strategies placed an emphasis on staff exhausting all positive support interventions in the first instance. Level 3 included interventions such as the crisis intervention plan referred to above, and also the use of psychotropic medication to alter behaviour. However, a comprehensive protocol was in place in relation to the use of this intervention and records viewed by the inspector ensured each use of this intervention was appropriately recorded and monitored the protocol was followed and that this intervention was in the best interest of the resident concerned.

Staff were appropriately trained in managing behaviour that is challenging. Staff received training in the Therapeutic Management of Aggression and Violence (TMAV) which includes de-escalation and intervention techniques.

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.

Judgment: Compliant

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<tr>
<th>Outcome 09: Notification of Incidents</th>
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<td>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</td>
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| Theme: |
| Safe Services |

| Outstanding requirement(s) from previous inspection(s): |
| No actions were required from the previous inspection. |

| Findings: |
| A record of all incidents occurring in the designated centre was maintained and where required notified to the Authority. |

| Judgment: |
| Compliant |
Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against during the previous inspection. Opportunities for traditional forms of education or employment was not considered a priority for residents and for this reason, emphasis was placed upon community and social participation, as well as maintaining and enhancing daily living skills. Day services were provided for residents separate to their residential service. Outcome 1; residents rights, dignity and consultation has already detailed the way in which one resident chooses when he attends his day service.

The other resident's day service has been assessed as being hugely important to him. Staff referred to the fact that he would attend day service 'seven days a week if he could'. Documentation read by the inspector highlights increased anxiety levels when day service is not available to this resident. For example, a review of incidences of challenging behaviour and the related administration of psychotropic medication demonstrates a spike in his behaviour during the month of August, when his day service is closed. This resident refers to his day service as his 'work' and his daily report notes reflect ongoing anxiety levels around him seeking assurance that he is going to work and indeed who will be bringing him there. In this regard, the decision to provide him with a 'social day off' every Wednesday; meaning he has three days 'off' per week could not be judged as being in his best interests. In addition the decision to close his opportunity to attend his 'work' (day service) for periods of up to four weeks at a time were found to be significantly increasing his levels of anxiety and distress during these times.

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):
No actions were required from the previous inspection.

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

The inspector reviewed the residents' health care plans and documentation and found that residents had good and frequent access to allied health professionals. The inspector noted access to a general practitioner (GP), psychology, social work, chiropody, ophthalmology, dental and a dietician. Residents and staff were also supported with access to the organisations 24 hour nurse on call system. Residents were also supported with access to a behaviour support specialist.

The menu was planned around the individual wishes of the resident. Residents are involved in choosing the menu in a number of ways such as recording any time in which a resident expresses and interest in a certain food or bringing a resident grocery shopping where he can pick out food items off the shelf. Daily care notes also detailed evidence of residents choosing specific meals by taking the chosen item from the press. Resident's dietary needs were identified such as the provision of a weight reducing low cholesterol diet.

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):
No actions were required from the previous inspection.

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 staff that had been appropriately trained in the safe administration of medication. Staff were supported by being able to call upon the advice of a nurse 'on call' at all times.

The receipt of medication was being recorded and medication was being stored in a locked press within each of the houses comprising the centre. Drug errors were recorded and reported using the organisation drug reporting sheets and reporting mechanism. The organisation policy on medication management identified the need to have all staff trained in the administration of medication, and this had been completed by all staff. Additional training had also been provided to the staff on site by the pharmacist who provided training on the specific pre-packaged administration system.
used by the pharmacist and their ordering and returning of medication system.

The medication management policy focused upon the level of involvement of residents in administering their medication and a comprehensive guideline outlined how medication should be presented to each resident. It was also noted that residents identified the times of administration and would therefore request their medication from staff.

**Judgment:**
Compliant

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

**Findings:**
The statement of purpose set out the aims, objectives and ethos of the designated centre and also referred to the facilities and services which are to be provided to residents. However, it did not contain some of the information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Specifically additional information was required with regard to:

- the staffing whole time equivalent was not adequately identified
- the person in charge needs to be presented as a full time post
- the 'capacity of the centre' required review
- the statement of purpose states that 'the service users have the option of attending a day activity placement during the week (Monday to Friday)' as detailed under Outcome 10; general welfare and development, this was found not to be the case

The statement of purpose was available to residents and their representatives. Communication was read which showed that the person in charge had presented the statement of purpose to the resident's representative for review.

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

Findings:
There was a clearly identified management structure in place and staff were familiar with the reporting mechanisms. The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. She had been working with the residents for many years and was well known to them.

During the inspection the person in charge demonstrated a clear knowledge of her statutory responsibilities under the legislation. She was committed to her own professional development and was supported in her role within the centre by a team of social care workers. She reported directly to a line manager who in-turn reported to the nominee provider. She had regular minuted meetings with both the line manager and nominee provider. The person in charge was well supported by a number of senior management whom she reported actively support her to carry out her role effectively and whom she relies upon for support and guidance.

The nominee provider had also carried out an unannounced inspection of the centre as required within the Regulations and this report was made available to the inspector upon request. This report focused upon the quality of care and experience of residents. The report identified areas for improvement, and it was also noticed that all of these areas had a plan in place to address these areas.

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):
No actions were required from the previous inspection.

Findings:
This outcome was not reviewed on the previous inspection. The person in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

There was a staff member identified as a person participation in management (PPIM), and this person assisted the person in charge in her role and also deputised for her in her absence. This staff member was interviewed during the inspection and was found to be effective in carrying out her role. She had a shared history with the residents and had worked with them for many years and was passionate about presenting the residents in a positive manner. The roster also identified a staff member as the lead during each shift in the absence of the person in charge or the PPIM.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against during the previous inspection. The inspector found that significant resources were provided to meet the needs of residents to ensure the effective delivery of care and support in accordance with the statement of purpose.

The agreed staffing levels were judged to support residents to adequately support residents to achieve their individual personal plans and to meet their assessed support needs. Flexibility was also demonstrated within the roster to meet specific needs of residents. As referred to previously, the roster had been adapted to provide greater continuity to one resident, where two sleepover staff now work within his home. Additionally, the other resident has been provided with a waking staff member as well as a sleepover staff member to provide for his assessed needs due to an unpredictable sleep pattern.
In addition to the staff rostered to work in the centre the care plans reflect the contribution of many people throughout the organisation who are contributing to meeting the needs of the residents. This includes significant management resources, as well as specialist, therapeutic and administrative assistance which have been consolidated to provide a specialist and individually tailored care package to the residents.

**Judgment:**
Compliant

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with adults with disabilities and complex support needs. There were found to be appropriate staff numbers provided to meet the assessed needs of residents at all times. However, while a continuity of care was generally provided to the residents, this was done through the deployment of a number of relief staff who had worked with the residents for a long period. Some relief staff had worked in the centre in excess of ten years. The person in charge provided local support and supervision to all staff working in the centre, and staff reported to being well supported in their role. However, relief staff interviewed during the course of this inspection were found not to have the same level of formal supports and supervision afforded to permanent staff working in the centre. It was identified that while permanent staff members were subject to organisational annual performance appraisals, relief staff working full-time in the centre were not.

Training records were held both centrally within staff files as well as locally within the centre. Training records identified that all staff had completely mandatory training requirements. In addition local centre specific training was provided in relation to autism and complex behaviour, specific to the residents living within the centre. There was an actual and planned staff rota available, and the planned rota was found to match the staff on duty.

Six staff files were reviewed subsequent to the inspection within the organisation central management offices and were found to contain all of the documentation as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres...
for Persons (Children and Adults) with Disabilities) Regulations 2013. Staff files reviewed included relief staff files. There were no volunteers working within the centre.

Staff employed in the centre, observed and spoken to during the course of the inspection demonstrated an intimate knowledge of the residents they supported. Staff were observed to provided assistance and support to residents in a respectful, professional and safe manner at all times.

**Judgment:**
Substantially Compliant

### Outcome 18: Records and documentation

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

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
This outcome was not considered as part of the previous inspection. 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 were maintained to ensure completeness, accuracy and ease of retrieval.

A copy of the Insurance certificate was submitted as part of the registration application which confirmed that there was up to date cover in the centre. A guide to the centre was also available.

All of the policies as outlined in Schedule 5 were in place and had been recently reviewed. The policy for the protection and welfare of vulnerable adults had been revised to include an addendum reflecting the national implementation of the HSE policy on safeguarding and protection of vulnerable adults (December 2014). The intention here was to ensure that the guidance on safeguarding vulnerable adults was up to date, while affording the organisation time to update the policy in its entirety to only reflect to guidance of the December 2014 policy. Local policies and procedures were also in place and regularly revised to meet the specific needs of the residents in the centre. Examples included a local induction procedure for staff, personal care guidelines and a visitor policy.
Records were kept secure in a locked press but were easily retrievable. Complete records were maintained and made available to the inspector on request. All information relating to the residents such as daily care notes were written in a highly respectful manner, always portraying residents in a positive and person centred way.

**Judgment:**
Compliant

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

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

Action Plan

Provider’s response to inspection report

<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-0003057</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>26 May 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16 June 2015</td>
</tr>
</tbody>
</table>

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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The bathroom of house 1, and the kitchen within house 2 were poorly maintained and in need or repair and renovation.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**
The Person in Charge has consulted with the M.D.T to formulate a plan to carry out essential maintenance including fitting a new bathroom in house 1 and renovating the kitchen in house 2 taking the residents complex needs into account. Following this consultation it was agreed that the service users’ interests would be best served by having this work carried out when the service users are not in their homes. Therefore a holiday will be planned for each service user and the maintenance work will be carried out while the residents are on holiday.

**Proposed Timescale:** 15/12/2015

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**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The decision to limit one resident’s access to his day service to 4 days a week and to refuse access to it for periods of up to four weeks at a time was found not to be in the best interests of the residents and was significantly increasing his levels of anxiety and distress during these times.

**Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**
1. The Person in Charge will link with the Manager of the residents Day Service to explore the possibility of a five day placement.
2. For the summer of 2015 the Person in Charge in consultation with the MDT and service users’ family is in the process of developing an alternative ‘summer work’ option for the service user to attend.
3. The service users’ keyworkers will ensure that the service user uses all days off as opportunities to participate in the community and to enhance daily living skills.

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

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**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 required review in the areas as identified within the narrative for this Outcome.

**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:**

The Person in Charge will make all recommended adjustments to the Statement of Purpose.

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

<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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</tbody>
</table>

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

Relief staff working long-term within the centre were not receiving formal supervision.

**Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

All long term relief staff will be included in the performance development programme.

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