

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	OSV-0003065
<b>Centre county:</b>	Dublin 15
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd.
<b>Provider Nominee:</b>	Mary Lucey-Pender
<b>Lead inspector:</b>	Michael Keating
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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: 19 May 2015 12:00 To: 19 May 2015 18:30

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 monitoring inspection of this community based residential centre was the first visit of this centre by the Health Information and Quality Authority (the Authority). As part of the inspection the inspector met with residents and the staff member on duty. 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. This centre offers full time residential care to its residents, while also offering regular respite breaks to one additional resident.

Generally, the inspector found that residents received a good quality of service in the centre. Staff supported residents in making decisions and choices about their lives. The centre had a warm atmosphere and inspectors found that residents were comfortable and confident in telling the inspector about their home and the quality of the service provided to them.

Seven outcomes were inspected against as part of this monitoring inspection and five of these outcomes were found to be fully compliant with the Regulations. These included outcomes relating to the areas of meeting residents' social care needs, healthcare plans, workforce and governance and management. The remaining two

outcomes namely medication management and health safety and risk management were found to be moderately noncompliant as 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:**

The Inspector found that the wellbeing and welfare provided to the residents was to a high standard. Residents were actively involved in the preparation and writing up of their personal plan(s) and in identifying their own social goals. The Inspector reviewed a number of personal plans. One resident showed the inspector her personal plan, which she had written herself. Residents spoke proudly of their goals and of their involvement in the planning process. Supports were also in place for the planned transfer of a resident between services.

One resident was being supported to move to a centre providing specific supports related to dementia care. The resident had been accommodated on many visits to this centre. She had been a regular visitor to this centre as two residents whom she used to live with were also now living in the dementia specific care centre. The transition and discharge plan was found to be comprehensive and involved the resident and her representative as well as a multi-disciplinary support team.

Each resident had both long term and short term goals within their plan. The Inspector spoke to residents and they were clear on what their specific goals were and discussed their progress in achieving these goals. One resident explained how they were progressing towards the goal of using her ATM card independently. The plans were reviewed regularly and family members also attended a formal planning meeting held annually.

In general goals were found to be outcome based, focused upon developmental goals rather than one off activities. Training was ongoing for staff in relation to effective person centred planning. Some developmental goals in progress included independent

travel skill development, assessment and planning to support a resident to stay in the centre alone, developing a memory box, maintaining current skills (specific to individual needs of one resident), meeting friends and health promotion programmes.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

Overall 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. 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 during the inspection at 64.5 degrees Celsius in three locations within the centre including a resident's en-suite sink and shower, and the sink within the main bathroom. The water temperature at the bath was recorded at 62.1 degrees Celsius. When this was highlighted to the person in charge and the provider nominee they immediately set about contacting a plumbing contractor to remedy this. The provider nominee emailed the inspector on the day after the inspection to confirm that the issue had been resolved by ensuring hot water restrictors were placed on all hot water outlets within the centre.

The inspector viewed the safety statement with relevant health and safety policies and procedures including risk assessments. 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. These risk assessments also recognised and promoted the right to undertake activity that incorporate an element of risk such as to stay in house alone for a period of time or to walk to work independently.

A general fire evacuation plan identifying an adequate number of exits was posted at the main entrance to the centre. Staff told the inspector they were confident in their ability to evacuate the centre at all times. Monthly fire drills were taking place as per the organisations policy. The last six evacuation drill reports were read by the inspector and it was noted that any issues identified were actioned such as the changing circumstances of one resident who was no longer able to evacuate independently.

Accidents incidents and near misses were recorded and analysed for trends. There were only three incidents recorded during 2014 and these were read by the inspector and related to minor accidents and near misses.

There was a policy on and control measures in place to manage any outbreak of infection. Daily cleaning records were maintained and the centre was observed to be clean and well maintained.

The centre had access to a vehicle to provide transport to residents. Driving licenses were viewed on an annual basis with a copy maintained on file to ensure all staff were suitably qualified to drive the vehicles.

**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. Staff were knowledgeable on what constitutes abuse and on the reporting procedures. Staff had received training in safeguarding vulnerable adults although two staff required refresher training in this area. Training had been scheduled to take place on 24 June 2015 for both staff members.

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 person in charge confirmed restrictive practices are not used within the centre, as there is a policy of 'no restraint' within the broader service. The use of an 'angel clip' on a seat belt to prevent a resident from impulsively removing the seat belt while the bus is moving was being notified to the authority as part of their quarterly submission of notifications. However, a restrictive practice plan was read in relation to this practice and this included teaching the resident to take on and off the clip herself, in

order to ensure the practice was just used to remind the resident not to take on and off her seat belt while in transit. The resident also informed the inspector that she can take the clip on and off. Therefore it was found that this was not a restrictive practice and did not require notification to the Authority.

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:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

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

The inspector reviewed a number of residents' health care plans, records and documentation and found that residents had good and frequent access to allied health professionals. The inspector noted access to a general practitioner, speech and language therapy, psychology, chiropody, occupational therapy, ophthalmology and physiotherapy. Specific issues had being comprehensively provided for such as mental health and dementia care. Residents had access to a clinical nurse specialist in dementia care as well as a specialist consultant in this area. Residents were also supported to maintain their chosen GP who they were a patient off before being admitted to the centre.

In general, residents did not have significant health care needs and this was reflected in the care provided to them as the staff were social care staff. However, residents and staff had access to and the support off a 24 hour nurse on call service. The support and health needs for one resident had changed quite significantly and dramatically in recent

months. The provider and person in charge had responded appropriately and there was now a plan and time frame in place to transition this resident into a more suitable environment.

Residents were involved in food preparation and planning. Personal plans and activity plans identified when each resident had planned to assist with food preparation, and been involved in choosing their meal of choice. The menu was provided in a pictorial format within the centre. Residents were also observed requesting something different to the planned meal for that day, and this was accommodated. The inspector was present for the evening meal and observed the meal to be a positive and social experience for all concerned. Resident's individually assessed dietary requirements were also observed to have been met.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

Overall 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 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. However, it was noted that the name of medication differed sometimes between the use of the generic and trade names between the prescribing and administration sheets. An example of a medications where there was little or no similarity between the names used between what was prescribed and signed for on the administration sheet were provided to the person in charge during the inspection.

The receipt of medication was being recorded and medication was being stored in a locked press within the staff 'sleepover room'. However, drugs were on-site that were not recorded within the 'record of medications ordered and received from the pharmacy' document. The person in charge stated these were collected the previous day (as per the date on the label) and should have been recorded, but was recognised as an oversight.

Drug errors were recorded and reported using the organisations accident and incidents

reporting sheets and reporting mechanism. However, one such error while recorded had not been reported as per the reporting mechanism/policy. 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. There was evidence that each resident's medication had been reviewed on a regular basis. However, this was not apparent within individual medication prescribing and administration recording system ('MPARS') folders. The organisations policy on medication management states that each MPARS folder should be rewritten at each annual review. However, for two residents there folder had not been replaced for a number of years.

The medication management policy also focused upon the level of involvement of residents in administering their medication with a comprehensive assessment in place to ascertain individual capacity to self administer or determine the minimal level of support required. This had resulted in one resident self-medicating, and she discussed this in detail with the inspector.

**Judgment:**

Non Compliant - Moderate

**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:**

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. For example, she explained how she managed the roster and had to sign off on any changes made to it. 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 identified areas for improvement, and it was also noticed that all of these areas had a comprehensive plan in place to address these areas.

**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:**

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. As this was an unannounced inspection the inspector only had the opportunity to meet with one staff member who happened to be the person in charge who was rostered to be on duty alone on the day of the inspection.

The centre generally operates as a single staffed house, who works a sleepover shift within the house. However, at set times throughout the week, an additional staff member was provided to meet the assessed needs of residents. For example, some of the residents are supported to go swimming every Wednesday night, while others require the support of a staff member in the centre.

As has been referred to elsewhere within this report, the support requirements of one resident have increased significantly in recent months. Additional supports were made available to assist this resident to remain in her home. However, regular assessments and multi disciplinary team meetings had now identified that this lady's' support requirements could no longer be met within this environment. For example, she was

now assessed as requiring specialist nursing support and ground floor accommodation. This was now available to her within another registered centre as part of the broader organisation. A transition plan was now being followed to slowly integrate the resident into her new living environment. It was anticipated that process would be completed during June 2015.

Staff files were not reviewed as part of this inspection and will be reviewed as part of a planned registration inspection for this centre.

Training records were provided to the inspector and all staff had completed mandatory training as well as additional training to meet specific needs of residents and to maintain professional development of staff. Outstanding training requirements had been identified and planned for in the coming months.

There were adequate supervision arrangements in place such as monthly staff meetings between the person in charge and staff members and these meetings were formally recorded. There was a planned roster available for the centre as well as an actual roster which clearly identified who had worked on any given shift.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	OSV-0003065
<b>Date of Inspection:</b>	19 May 2015
<b>Date of response:</b>	07 June 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 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

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

policy includes hazard identification and assessment of risks throughout the designated centre.

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

A plumber was contacted and put restrictors on all hot taps, the day after inspection, the 20th May. The water temperature is now reduced to the required temperature.

**Proposed Timescale:** 20/05/2015

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

The practice of using different generic and trade names for medications on prescribing and administration sheets was found to be unsafe as staff could not be assured the medications administered were correct.

**Action Required:**

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

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

The person in charge will have all MPARS reviewed by prescribing Dr to ensure generic name is written and will link with local pharmacist to ensure that both names are written on medication.

**Proposed Timescale:** 25/06/2015

**Theme:** Health and Development

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

Reporting procedures relating to drug errors were not strictly adhered to in one instance.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The drug error incident form was completed on the 21st May 2015 and reported on as

per Daughters of charity policy.

**Proposed Timescale:** 21/05/2015

**Theme:** Health and Development

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

The recording of the receipt of medication from the pharmacy had not been done in line with the organisation policy in one instance.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The drug was recorded as being received later that evening and the policy of recording upon receiving a drug is being strictly adhered to.

**Proposed Timescale:** 19/05/2015

**Theme:** Health and Development

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

The updating and replacement of 'MPARS' folders were not taking place as per the organisation policy on medication management.

**Action Required:**

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

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

The MPARS are being updated, and the new ones will be in place by the 18th June 2015.

**Proposed Timescale:** 18/06/2015