## Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003062</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 7</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Ltd.</td>
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<tr>
<td>Provider Nominee:</td>
<td>Mary Lucey-Pender</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Michael Keating</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
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<td>Number of vacancies on the date of inspection:</td>
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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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>03 June 2015 09:40</td>
<td>03 June 2015 18:20</td>
</tr>
<tr>
<td>04 June 2015 09:30</td>
<td>04 June 2015 12:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication                             |
| Outcome 03: Family and personal relationships and links with the community |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs                         |
| Outcome 06: Safe and suitable premises               |
| Outcome 07: Health and Safety and Risk Management     |
| Outcome 08: Safeguarding and Safety                   |
| Outcome 09: Notification of Incidents                 |
| Outcome 10: General Welfare and Development           |
| Outcome 11: Healthcare Needs                          |
| Outcome 12: Medication Management                     |
| Outcome 13: Statement of Purpose                      |
| Outcome 14: Governance and Management                 |
| Outcome 15: Absence of the person in charge           |
| Outcome 16: Use of Resources                          |
| Outcome 17: Workforce                                 |
| Outcome 18: Records and documentation                 |

Summary of findings from this inspection

This was an announced inspection and formed 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, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members of the centre were also sought.

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 a single residential community home in a northside suburb of Dublin City.

A major noncompliance was identified under the outcome of workforce, relating to a lack of continuity of care being provided to residents due to a significant over reliance upon the use of relief and agency staff members. This was found to be having a significant impact on the quality of the service provided to the residents. Three outcomes were found to be moderately non-compliant, namely admissions and contract for service provision, governance and management and communication. Twelve outcomes were found to be in full compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013. Outcomes found to be fully compliant included health-care, medication management, use of resources, family and personal relationships and safeguarding and safety. The remaining two outcomes, namely social care needs and statement of purpose were found to be substantially compliant.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.
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:
Overall it was found that there were considerable efforts made to ensure that residents were consulted about how the centre was planned and run. Residents were supported and encouraged to be actively involved in decision making in relation to the running of the centre, and in relation to their own lives. For example, structured house meetings were held on a weekly basis, where residents were kept informed of important issues. Agenda for the last numbers of meetings read by the inspector included items such as 'voting', 'advocacy', 'charter of rights', 'HIQA reports' and 'staying safe'.

However, the practice of using a person's bedroom while they are on holiday, or staying with family for respite purposes was not protecting and respecting residents privacy and dignity. While the person in charge stated that the permanent residents consented to this practice there was no information on how capacity was obtained. In addition, the practice did not respect the personal possessions and belongings of the residents concerned and ensure that their belongings were not interfered with in their absence. This noncompliance is further detailed and actioned under outcome 4: admissions and contracts of care.

Care practices encouraged independence in everyday tasks such as self-administration of medication, personal care practices, financial management and staying in the house for periods of time without the support of staff. Residents had access to advocacy services and were provided with information about their rights. Some residents were involved in advocacy groups. There was also evidence that complaints or issues raised by residents were listened to and acted upon. Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their
assessed needs, interests and capacities. For example, residents cared for a pet dog in the centre, other residents were in paid employment and others participated in community based classes such as knitting and flower arranging. More information in relation to activities of choice is detailed within Outcome 5; social care needs and Outcome 10; general welfare and development.

Policies and procedures relating to the management of residents finances were in place and were providing clear guidance to staff. Some residents were encouraged and supported to be involved in the management of their own finances. Robust safeguarding procedures were in place to protect residents whose finances were managed for them.

**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

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**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. In general the inspector found that residents' communication needs were well documented and planned for. However, communication interventions as set out in the care plans were inconsistently implemented because of the use of staff who were unfamiliar to the residents.

There were communication plans and systems in place to meet the diverse needs of all residents. Resident's communications needs were also supported through the input of specialist services such as speech and language therapy, ophthalmology, audiology and an information technology support worker. Specific communication needs catered for included residents with hearing or sight impairment and also residents with dementia. Residents had access to appropriate technologies. For examples, one residents personal plan and 'life book' was developed on a tablet computer using pictures and sound to support her. Residents care plans were developed in an accessible format and communication passports set out each residents' required communication interventions including each individuals comprehension and decision making skills and abilities.

However, the implementation of these plans was inconsistent due to lack of continuity of staff within front line service provision. Residents spoke of being unable to understand members of staff on duty whom they were unfamiliar with and that in-turn staff could not understand the resident. This was not meeting the communication needs of residents.
The centre was part of the local community; resident's accessed the local community on a regular basis and were accessed local community events and classes. All residents had access to televisions, social media, telephones and the internet.

**Judgment:**
Non Compliant - Moderate

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**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 last monitoring inspection. Overall it was found that residents were supported to develop and maintain personal relationships and links with the wider community. Families were found to be actively encouraged to be involved in the lives of residents in many formal and informal ways. For example, celebratory events such as a Christmas party were held in the centre. In addition, invitations were sent to family members to invite them to personal planning meetings. The centre operated a policy of open visiting, meaning families and friends were encouraged to visit at any time of their choosing.

Residents with family living some distance from the centre or overseas' were also supported to maintain contact with their loved ones. For example, one resident travelled on a regular basis to stay with family in England. Another resident was brought by staff to spend time with her family in Dundalk twice in the past year. Residents were also supported to maintain contact through the internet with family members living in the United States and Russia.

**Judgment:**
Compliant

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**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:
There were policies and procedures in place relating to the admissions, transfers, discharges and the temporary discharge of residents. However, the practice of using beds temporarily vacated by residents for respite purposes was not detailed within these policies or sufficiently detailed within the centres statement of purpose. There was no detail provided on how this process considers the wishes, needs and safety of the individual availing of respite, as well as the wishes needs and safety of the existing residents.

Each resident had a signed contract of care in place provided in a format suited 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. However, as referred to above, the contracts did not make reference to the use of resident’s bedrooms for respite purposes when they were not staying in the centre, such as while on holiday or staying with family.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The Inspector found that the wellbeing and welfare provided to the residents was to a high standard. Each resident was actively involved in the writing up of their personal plan and in outlining their own social goals. The Inspector reviewed a number of the personal plans with residents and/or key staff members. Residents who were keen to show them to the inspector spoke proudly of both their goals and their involvement in the planning process. However, while there was evidence that some goals were being reviewed on a regular basis, associated planning documentation was not always updated annually as required within the regulations.

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. Residents were also keen to demonstrate their progress in relation to some skill enhancement goals, such as using their front door key independently. Personal centred planning meetings taking place were well planned and documented. There was evidence that family members had attended formal planning meeting, and effort was made to send formal invitations to family members.

In general goals were found to be outcome based, focused upon developmental goals focused upon skill enhancement or supporting independent living skills. In general it was found that this planning process provided an opportunity for residents to participate in meaningful activities appropriate to their interests and preferences. For example, involvement in book clubs, flower arranging classes, art clubs, and literacy classes provided opportunities for skill development and community participation. While other goals focused upon independent living skills such as using a debit card, using a mobile phone, bus training or self-medication.

**Judgment:**
Substantially Compliant

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**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:**
Overall it was found that the location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The 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 their own room, which was personally decorated and treated as a private space. Residents held their own key to their room as requested, and staff would only enter rooms with the permission of the resident.

All bedrooms were generously proportioned and some residents showed the inspector their bedrooms. It was noted that they met the need of each resident and were decorated in a way unique to the occupant. There was also adequate storage provided in each room. There was adequate communal space available with a spacious living room on the ground floor as well as a large kitchen/dining area. There was also an additional smaller sitting room available to residents upstairs. There were an adequate number of bath and shower rooms as well as toilets in the centre. Maintenance and cleaning records were well maintained.
A downstairs bedroom was also made available temporarily to a resident who had a upstairs bedroom, but required ground floor accommodation following an injury sustained in a fall. This was provided by moving the staff sleepover room upstairs to this resident's room, in effect, swapping rooms to accommodate the temporary needs of this resident.

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

Findings:
All actions identified from the previous inspection were found to have been adequately addressed. Overall it was found that the health and safety of residents, visitors and staff was promoted. 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 inspector read the centre specific safety statement with relevant health and safety policies and procedures including risk assessments. Staff were knowledgeable on all health and safety related policies and procedures including the management of fire and other emergencies. Comprehensive personal evacuation plans had been developed for all residents. These assessments catered for specific needs such as the provision of a vibrating sensory pillow used to alert sleeping residents with hearing impairment to an activation of the fire alarm. In addition, fire evacuations were taking place on a monthly basis to ensure that all staff who had received training in fire safety were confident and competent in their ability to evacuate the centre, and that residents ability to evacuate was maintained. The inspector reviewed records of the last eight evacuation drills which took place in the centre. These included day and night time drills. The documentation also highlighted any issues which arose as well as identified actions required.

The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. A general fire evacuation plan identifying an adequate number of exits was posted at prominent positions throughout the centre. Staff told the inspector they were confident in their ability to evacuate the centre at all times. The centre had internal fire doors in place and also had a fire door with automatic closure in the middle of the downstairs hallway which meant that the centre could be compartmentalised.

The risk management policy was found to be implemented throughout the centre and cover the matters as 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 from incidences. 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.

Overall it was found that there was a rights based approach to risk management encouraged where residents choices in relation to completing tasks with an element of risk were respected. Examples of this included travelling independently, shopping independently, self-administration of medication and staying in the centre without staff for assessed periods of time.

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

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 vehicle.

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):
No actions were required from the previous inspection.

Findings:
There were measures in place to protect residents from abuse and keep them safe. All staff had received training in safeguarding vulnerable adults and were knowledgeable on what constituted abuse and on reporting procedures. Staff spoken with, including relief staff members, were conscious of their responsibility of being able to identify and report any suspicions or concerns they had relating to abuse or poor care practices.

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 or needed particular support. The persons in charge confirmed restrictive practices were not used within the centre, as there was a policy of 'no restraint' within the broader service.
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. No residents were assessed as requiring behaviour support.

**Judgment:**
Compliant

**Outcome 09: Notification of Incidents**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
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. Resident's opportunities for new experiences, social participation and skill maintenance and enhancement were monitored closely and formed a key part of residents' care plans. Resident’s personal plans identified opportunities for residents to develop their skills and maintain levels of independence appropriate to the assessed needs and request of residents. Examples of this have featured throughout this report and include self-administration of medication, independent travel and being allowed to stay in the centre alone for a defined period of time.
Cognisant of the age profile and preferences of residents, residents were supported to stay in the centre when they wished to. Some residents had chosen to reduce the number of days they attended day services or had retired from day services altogether. A number or residents were also in paid employment.

**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):**
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. Resident’s health care needs were met in line with their personal plan through timely access to health care services and appropriate treatments and therapies.

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 services which reflected their diverse care needs. Health care support plans were in place relating to specific issues such as visual, hearing and mobility impairments and dementia care. Health promotion in areas such as mental wellness, healthy eating and exercise were also a feature of the plans.

Residents were responsible for choosing the weekly menu in the centre. The inspector reviewed the menu and the food was seen to be varied and nutritious. Residents were observed helping themselves to snacks and refreshments as they wished to. Residents were also observed helping to prepare meals, or preparing their packed lunch independently. Residents had also been supported to participate in a cookery class in the recent past. The inspector was present during the main evening meal and this was clearly was a positive social experience for all. Staff ate their meals with residents and this was observed to help provide support to residents where required in a discreet and sensitive manner.

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

**Findings:**
In general it was found that each resident was protected by the designated centres' policies and procedures for medication management. However, actions taken by the provider to reduce the number of medication errors occurring in the centre had only been introduced the day before this inspection and therefore, a determination of the effectiveness of this intervention could not be made at this time.

The inspector read a number of drug error report forms and noted that most errors related to the inconsistency in the workforce as there was an over reliance upon relief and agency staff within the centre. This noncompliance in discussed in detail and actioned under Outcome 17: Workforce. However, as a result of the weekly auditing of medications and the reporting of drug errors the provider had introduced a pre-packaged system of medication in an attempt to reduce the number of administrative errors.

In general it was found that individual medication plans were appropriately reviewed and put in place, as part of each residents personal plan. Staff were also observed administering medication and done so safely and in accordance with current guidelines and best practice. Residents were also encouraged to be responsible for their own medication with an appropriate assessment in place to determine individual ability to self-medicate. As a result, three residents were administering their own medications. All medications were suitable and safely stored and there was a lockable fridge available for medication for medication which required it.

**Judgment:**
Compliant

### Outcome 13: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The updated statement of purpose contained all of information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. However, there was insufficient information provided relating to the use of the centre for respite and emergency admissions.

The statement of purpose was found to be under regular review. Efforts were made to provide the make the statement of purpose accessible to all residents. For example; minutes of house meetings described how the statement of purpose was introduced and explained to residents. Copies of the statement were also made available to representatives.

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

Findings:
Management systems were in place to monitor the quality and safety of care and to determine if the service provided is appropriate to residents' needs. The provider nominee or person assigned on her behalf had carried out four unannounced visits in the past year and reports of these visits were made available to the inspector. However, the inspector found that this system was not adequate as it had not ensured that the service was safe, appropriate to residents' needs and consistent. These reports did not identify lack of consistency within the workforce as an issue impacting upon the quality of care provided.

Outcome 17: workforce highlights an over reliance upon the use of agency and relief staff. This issue was also highlighted during the last inspection by the Authority in March 2015. Management had not adequately addressed this issue. The nominee provider reassured the inspector that intensive recruitment campaigns were now under way, and that one new member of staff was due to commence employment in the coming weeks.
However care plans for residents such as, in the areas of communication support continually referred to the need for consistent staff who knew the residents. Residents also informed the inspector that they often did not know who would be on duty the next day, or who would be assisting their personal care needs. Residents and staff, also identified issues with specific agency staff. In general, it was found that the provider had not taken adequate measures to prevent residents from being subjected to poor care practices associated with being supported by unfamiliar staff.

Relief staff employed by the organisation also referred to working shifts with agency staff identified as in charge of the shift who had not worked in the centre previously.

The provider nominee had identified a whole time staffing equivalent of 7.6 staff. Only two staff had been employed in the centre which was actually a reduction of one full time post since the last inspection in May 2015. The centre's roster showed many occasions when the person in charge of the day or night shift was someone unfamiliar with the centre.

There was a full-time person in charge of the centre, who worked rostered hours as part of the two full time staff referred to above. She was found to be suitably skilled and experienced and demonstrated good knowledge of her legislative responsibilities.

**Judgment:**
Non Compliant - Moderate

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**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 inspected against during 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.

**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 sufficient 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. For example, an additional member of staff was provided at night time for residents due to increased needs of a number of residents. Issues have been raised elsewhere within this report relating to the lack of continuity available to residents from the workforce due to the poor management of resources in this area. However, these noncompliances have been actioned under outcome 14: governance and management and outcome 17: workforce.

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There was found to be appropriate staff numbers and skill mix to meet the assessed needs of the residents, however, residents were not receiving a continuity of care. There was an inappropriate number of permanent staff assigned to the centre. There were two
full time permanent staff assigned, out of an identified assessed need of 7.6 whole time equivalents. In addition, relief staff who worked regularly in the centre were not being provided with training to meet the assessed needs of residents such as in the area of medication management and administration. There were also occasions when the staff members who had worked in the centre were not identified on actual rota. The actual rota also indicated that a staff member worked until 22:00 hours. This was found not to be the case, as they only worked until 20:00 hours at which point they were assigned to another centre.

The lack of permanent staff assigned to the centre had led to a situation where significant numbers of staff were working often without adequate supervision or support within the centre. Evidence presented to the provider nominee by the inspector during the course of the inspection showed that more than 50 different relief and agency staff members had worked in the centre since 29 March 2015 and the date of this inspection. This information was taken from a sign-in sheet which staff had to sign to indicate that they had read and understood the fire evacuation procedures, as well as from a review of the rota covering the same period. Relief and agency staff often worked shifts together, and the rota highlighted repeated incidences where one of these staff were identified as the person in charge of a shift. On occasions these people had never worked in the centre before. Residents and staff members expressed serious concerns in this regard and these concerns have been detailed under outcome 14: governance and management within this report. Lack of staffing continuity was found to be impacting upon many areas of service provision including personal care needs, communication needs and the high number of drug errors pertaining to the use of high numbers of staff.

Four staff files, including two relief staff files were reviewed prior 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 employed in the centre on the days of the inspection consisted of the two permanent staff members and two relief staff who worked regularly in the centre and were well known to the residents. These staff members were observed and spoken to during the course of the inspection and demonstrated an in-depth knowledge of the residents they supported. These staff members were observed to provided assistance and support to residents in a respectful, professional and safe manner at all times.

**Judgment:**
Non Compliant - Major

**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.

All of the policies as outlined in Schedule 5 were in place and had been recently reviewed. One such policy relating to admissions, transfers, discharge and the temporary absence of residents had been updated in the days prior to the inspection and was provided to the inspector during the inspection.

Records were kept secure in a locked press but were easily retrievable. Residents were all familiar with their records and some plans were in an accessible format.

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
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-0003062</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>03 June 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>03 July 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 02: Communication

**Theme:** Individualised Supports and Care

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

Communication interventions as set out in the care plans were inconsistently implemented because of the use of staff who were unfamiliar to the residents.

**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 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents’ needs and wishes.

**Please state the actions you have taken or are planning to take:**
Two permanent staff have now commenced at the centre and there are interviews in July 2015 to recruit two further staff members. This will ensure consistency with communication interventions.

**Proposed Timescale:** 01/09/2015

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The practice of using beds vacated temporarily by permanent residents was done without due consideration for the wishes and needs of others particularly, those whose bedrooms were being used for this purpose.

**Action Required:**
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
Service users are consulted on each occasion. This process is documented in their care plan. An addendum has been placed in the contract of care in relation to the use of service user rooms for respite purposes.

**Proposed Timescale:** 01/09/2015

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**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
While there was evidence that some goals were being reviewed on a regular basis, associated planning documentation was not always updated annually as required within the regulations.

**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
Person centred plans and goals will be reviewed annually.
### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not provide sufficient information regarding the criteria used for respite and emergency admissions to the centre.

**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 Statement of purpose will be amended to include criteria for respite and emergency admissions to the centre.

**Proposed Timescale:** 01/09/2015

### 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:**
The review of quality and safety of care in the designated centre was not adequately ensuring that the service provided is safe, appropriate to resident's needs, consistent and effectively monitored as it was not assessing the impact of using high numbers of relief and agency staff upon the quality of the service provided.

**Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
All further visits will assess the impact of non regular staff on the residents.

**Proposed Timescale:** 01/07/2015

### Theme: Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Due to a lack of permanent or consistent staff, the centre was frequently managed by relief and agency staff. The roster identified many occasions when the person in charge of the day or night shift was someone unfamiliar with the centre.
Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined 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:
Two staff are now in place at the centre and two more staff are to be recruited in July 2015. There is also one regular relief staff in place.

Proposed Timescale: 01/09/2015

Outcome 17: Workforce
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not receiving a continuity of care due to the high numbers of staff being employed in the premises. Many of these staff lacked the required experience or knowledge to meet the needs of residents or to fulfil the role expected of them, such as being the person in charge of a shift.

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

Please state the actions you have taken or are planning to take:
Two permanent staff have now commenced at the centre and two more will be recruited in July 2015.

Proposed Timescale: 01/09/2015
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were a number of occasions when the staff rota did not show the names of staff members who had worked specific shifts in the centre.

Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
Staff names will be written on all rosters.

Proposed Timescale: 01/07/2015
Theme: Responsive Workforce
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The rota did not accurately reflect the staff on duty in the centre.

**Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take:**
The roster has been adjusted.

**Proposed Timescale:** 01/07/2015

**Theme:** Responsive Workforce

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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some members of relief staff assigned regular hours in the centre were not provided with appropriate training to meet the assessed needs of residents in the area of medication management and administration.

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

**Please state the actions you have taken or are planning to take:**
Two permanent staff are in place displacing relief and agency staff. Two Staff to be recruited in July 2015. Training will be provided for all staff.

**Proposed Timescale:** 01/09/2015