<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-0003159</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 7</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Ltd.</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Reynolds</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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>
</tr>
</thead>
<tbody>
<tr>
<td>06 May 2015 10:00</td>
<td>06 May 2015 16:00</td>
</tr>
<tr>
<td>13 May 2015 10:30</td>
<td>13 May 2015 19:00</td>
</tr>
</tbody>
</table>

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

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

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. This was the first inspection of the designated centre and took place over two days. 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, relatives and staff members of the centre were also sought. Feedback received from relatives and residents was broadly positive about service provision, and residents enjoyed leisure and social activities during their respite stays.
The provider nominee completed an interview during the inspection and was clear about her responsibilities and service provision requirements. The person in charge had changed during October 2014 and she was interviewed and found to be suitable and knowledgeable in her role as a clinical nurse manager and co-ordinator of the adult respite service provision. 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.

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. However, the application was made for a full-time service and the service provision was found to be for 15 nights a month, and staffing was not currently in place for a full time service provision.

The designated centre is operated by the Daughters of Charity Disability Support Services Ltd and comprises a single detached bungalow within a campus setting Dublin 7, close to many local amenities. The bungalow was build in 1992 and operated as a residential care service until July 2014. The centre now offers a part time (15 nights a month) basis, nurse led respite care to 21 residents.

Evidence of good practice was found across all outcomes inspected, with 15 outcomes found to be in full compliance Health Act 2007 (Care and Support of Residents in Designated Centre’s for Persons (Children and Adults) Regulations 2013. Three outcomes were also found to be substantially compliant; statement of purpose, contracts of care and records and documentation.

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.
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):
This was the centre’s first inspection by the Authority.

Findings:
There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, the inspector heard that house meetings were an opportunity for residents to discuss choices in respect of food and activity planning. The inspector observed staff engaging with residents in a manner that was respectful and dignified at all times. The inspector found that staff were familiar with the residents’ needs, capabilities, their life history and family support circles.

The residents on planned respite each had private bedroom accommodation. On the occasion of a ‘crisis’ respite admission a twin room would be utilised with the prior agreement of both resident and relatives. This was not in use at the time of this inspection. A discussion with the person in charge about the availability of appropriate screening took place, and this was seen to be available on the second day of inspection.

Residents had access to bedrooms which met their needs. These were not fully personalised but were decorated with tasteful soft furnishings. However, personal items brought in from home assisted in making a more homely environment for the duration of each resident’s stay. For example, pictures, CD’s and cushions.

There was a comprehensive complaints policy and procedure, in place which was clearly outlined in the service user guide shown to the inspector. The person in charge was the local complaints officer. No written complaints were documented since July 2014 when the service moved to this setting. Two verbal complaints regarding respite service provision, were well documented and followed up by the person in charge and provider.
Evidence of whether the complainant was satisfied with the outcome of their complaint was documented, and communication and linkage with social work department was evidenced. Some residents had involvement with a self advocacy group through day services.

**Judgment:**
Compliant

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found that resident's communication needs were fully met to a good standard. Individual communication requirements were highlighted in residents' personal plan and reflected in practice. Communication books were completed from day service providers and close links were maintained. Each resident has a communication passport document in place. Sensory reviews took place and were fully documented in the residents' records in order to inform care planning process.

Full assessments were available as part of the respite admissions process, many residents had their abilities and communication requirements clearly outlined as they had a long history with the service provider. Staff were fully aware of each residents individual communication needs. Inputs from speech and language professionals informed the personal plans and reviews of each resident where identified. For example, the inspector observed one resident eating their evening meal with appropriate verbal support and repeated prompting from a staff member in close proximity to him, giving their full attention to allow for maximum independence with their nutritional requirements.

The centre was part of the local campus and community and residents have access to radio, television, internet and information on local events. For example, residents enjoyed walking to the local shops to buy ice-cream and other items required for their respite stay.

Residents were fully facilitated to access assistive technology and aids and appliances where they were required to promote the residents' full capabilities.

The written communications policy was under review at the time of the inspection. The person in charge confirmed that some of the residents who know each other are
facilitated as much as possible to enjoy leisure activities as part of their social group, or visit friends in some of the houses on the campus if desired. The centre had access to a 7 seater vehicle and transport to facilitate social outings and other transport requirements.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Overall, it was clear that residents were supported to develop and maintain personal relationships and families and friends were actively welcomed and informed the goals of each resident. The centre had an open door policy and families were encouraged to visit if they choose to during respite stays. In practice relatives confirmed that respite stays were important in maintaining each resident's social life outside the family home, and those leisure activities which took place on respite 'nights'.

Residents and staff referred to ongoing formal and informal communications from family members. Family members regularly dropped in, and were also invited to take part more formally for reviews, which the person in charge attended due to the nature of the service provision. There was clear documentary evidence that family members were involved in person centred meetings.

**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):
This was the centre’s first inspection by the Authority.

Findings:
Each resident and their family had been given a written agreement which details support, care and welfare of the resident. Details of service provision were clearly outlined and the service is adult specific. A formal contract of care inclusive of fees (if any) payable was in place for 16 of the 21 people availing of the service. Social work department were involved with agreeing with families the number of days of respite as outlined in the signed agreements. One resident had been admitted as a crisis admission and a process was in place to transfer to a contract of care to reflect the change in circumstance, and take account of long stay charges in collaboration with the social work department.

A written admissions procedure was reviewed by the inspector for a respite admission including the involvement of the person in charge, the resident and his/her next of kin. Referrals for respite come via social workers who complete the referral form in consultation with the service user and their family. Admissions are agreed by the respite referrals team and this service is delivered in a scheduled planned basis. The person in charge told the inspector about admission criteria, and the process of admission and how this was managed from a governance perspective for the 21 families using this service. The person in charge outlined that the service is open 15 nights a month and that a service provision is in place to meet the respite care requirements for 21 families.

Feedback received on inspection confirmed that overall a satisfaction with service provision was confirmed. However, as the service was open only for 15 nights a month this in practice some relatives service feedback noted that this was sometimes restrictive and nights could not always be planned in advance.

Judgment:
Substantially Compliant

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. Each resident's health, personal and social care and support needs were fully assessed and reviewed regularly with family involved in the process. Plans were provided in an accessible format for residents.

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. The person centred planning process detailed outcome focused developmental goals such as involvement in social activity whilst availing of respite. The personal plans were reviewed regularly and clearly identified individual needs, choices and aspirations of all residents. There was clear evidence that family members attended a formal planning meeting annually and were kept informed of progress in relation to the plans.

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

Findings:
The design and layout of the premise was found to be suitable for the its stated purpose. It is located on a campus setting on the outskirts of the city centre, near a large city park in Dublin. This adult respite service has operated from the Saoirse house at this location since July 2014.

The location had level access, and was light and well decorated. Corridors were wide and doorways accessible to all residents and wheelchair users. The centre had six bedrooms with hand-washing facilities; five bedrooms were single and one was a twin room was was utilised as a sharing room only at times when a 'crisis' admission was to take place. Temporary screening was in place which could be used should the need arise, and all bedrooms had blinds and curtains to ensure privacy and dignity were maintained. The inspector reviewed all bedrooms and communal spaces and found overall the standard of hygiene, maintenance and provision of equipment in place was adequate. The bedrooms were of adequate size and layout with sufficient storage and
space for personal possessions.

The centre also had a large lounge/dining room, a quiet/visitors room, kitchen area, a utility room and a clinical room/office. A shower 'wet' room and separate fully equipped bath room was, with a jacuzzi type assisted bath available. There was separate toilet facilities (one assisted). All bathrooms had privacy locks in place.

**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:**
A safety statement dated 18 July 2014 was in place and reviewed by the inspector, and found to be adequate. The inspector reviewed the centre's risk register which was centre specific and sufficiently detailed to ensure that risk was minimised. The inspector saw that the controls outlined in the risk register were used in practice and referred to by staff during the course of the inspection. Specific risk assessments to support residents were also in place, for a resident who was at risk of leaving the premises without support there was a written risk assessment completed to ensure the risk was mitigated.

There were safe systems in place to protect from fire. The centre had fire extinguishers in place, at the time of inspection they were within service. There was a monitored fire alarm with a fire panel at the front door of the house and weekly checks were completed on such equipment. All staff had completed fire training as per records reviewed by the inspector. Each resident had a personal emergency egress plan which had been recently reviewed. The centre had emergency plan in place and arrangements in the instance of a full evacuation. There was a campus wide plan to facilitate any evacuation as a result of an emergency and a clinical nurse manager co-ordinates management of the campus overnight. A communication pager system operated over 24 hours if any staff member required additional assistance or was working alone and requires assistance.

The inspector saw the maintenance documentation for equipment such as hoists and wheelchairs. The centres vehicle was regularly serviced and staff who drove the vehicle to transport residents had their competency to do so reviewed by the provider. Each resident had a moving and handling assessment completed and detailed in their records to inform and guide staff in supporting this aspect of their assessed care. Infection
prevention and control practices were good, with a suitably equipped sluice room in place. Household staff maintained hygiene in the laundry and bathroom and shower room to a high standard. Waste disposal was in line with best practice and staff were observed using disinfectant hand gels on entering and leaving the centre.

The inspector reviewed the quality and safety report resulting from the centre’s health and safety audit which was completed by the provider. The report was followed up by the person in charge and provider where improvements were noted to be required.

The inspector reviewed the incident and accident log and saw that learning, where appropriate, had been gained from such events which were then communicated and documented in the minutes of staff meetings. A low level of incidents and untoward events were noted to be recorded relating to the part time service.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were adequate 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. However, as outlined to the provider on a recent inspection the policy on safeguarding vulnerable adults required updating to reflect the national implementation of the HSE policy on safeguarding and protection of vulnerable adults (December 2014). This is further discussed under Outcome 18: Records and Documentation.

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. One resident had recently been assessed by a multi-disciplinary team as requiring a larger bed and this was in place at the house.
Personal and intimate care plans were 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. For example, staff were fully guided in how to break down behaviours with regard to repeated behaviours exhibited by some residents by "keeping busy and active" during respite. The behavioural plans were informed by psychological assessments and inputs from a clinical nurse specialist available to respite residents on campus in conjunction with day services.

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):
This was the centre’s first inspection by the Authority.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
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. Each resident had established links with their day centres, community nurse and family networks which was fully maintained and developed during their respite care. However, a strong social care focus was in place with allows for residents to meet their peers and friends and develop more independence. Choices of activities; for example to attend movie nights at the local cinema with peers, or have a quieter evening with staff support and opportunities to practice social skills were in place. Resident's personal plans identified opportunities for residents to develop their skills and maintain levels of independence appropriate to the assessed needs and requests of residents. Residents were also observed to be supported to develop and maintain their life skills in the house including at meal times, making drinks and tidying up after meals. Each resident had an individual pictorial plan in place which orientated them to their individual programme. The person in charge also had in place a visual activity choice plan where residents could indicate their preferences, and make choices for activity whilst on respite stays.

A new policy on access to education training and development which was in draft format was person centred and was in the process of final review.

**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, maintain and enjoy best possible health. As temporary respite each resident maintained their own general practitioner services, and could access the doctor on call service if required overnight. Residents were fully supported to maintain their medication and health care plans whilst on respite stays.

The inspector reviewed a number of residents' health care plans, records and documentation and found that residents had full access to allied health professionals. The inspector noted access to a general practitioner (GP), psychology, social work,
occupational therapy, chiropody, ophthalmology, dental and access to a community nurse to support them at home. Significant health care issues had being comprehensively provided for such as, mental health, epilepsy, osteoporosis, renal care and gastrostomy feeding. Pain management and health care interventions and maintaining an active lifestyle in accordance with the needs and wishes of the specific resident. For example, a resident had required additional support relating eating and drinking and used an enteral feeding tube (to provide nutrition, fluids and medication). A full dietetic assessment was in place, and evidence of recent review a week before the inspection was in place, with weights recorded and maintained by staff. Communication between day centre and relatives at home was maintained on a daily basis.

The inspector reviewed the menu and the food was seen to be varied and nutritious. The meals service included hot and cold options, and choice and options were available. On the evening meal observed a small group of residents had chosen to go to the cinema and were eating out so a meal service for three residents was observed. Residents were observed by the inspector to be fully involved in choosing their meals from a four week rolling menu at the centre. A pictorial menu assisted residents with making their choices. Meals are provided in a heated trolley, and the temperature was checked by staff prior to serving. Details of each resident's likes and dislikes inform the meals provided for residents. The person in charge informed the inspector that snacks are also available outside of mealtimes.

Staff sit with residents at mealtimes and provide support to residents where required in a discreet and sensitive manner. Independent dining was promoted. For example, one resident was assessed a requiring finger foods to promote self care, and was observed to be provided with appropriate foods and allowed sufficient time, space and encouragement to eat his meal in a comfortable environment.

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 it was judged that each resident was protected by the centre's policies and procedures for medication management. All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. A local policy for respite stays was
in place and staff were observed undertaking checks on each resident's medication, to ensure correct reconciliation and to record any relevant changes. Relatives communicated any changes in medication, and were responsible for the provision of all medication for respite stays. An up to date prescription was required every six months, and if any new prescriptions are required to be administered by nursing staff for each admission.

Staff responsible for administering medication were registered nurses, who were observed to follow Bord Altranais agus Cnáimhseachais na hÉireann safe medication administration practices.

Medication was brought in from home on each respite night stay. Resident’s medication followed the resident home as no medication was routinely kept on the premises. Nightly audits of medication took place every day with the staff nurse on duty responsible for the audit. This audit included the cross-checking of the amount of medication stored with the amount recoded as administered. Local policies and procedures were also in place pertinent to the designated centre such as the medication ordering protocol and the weekly collection of prescriptions.

The inspector found that each resident's medication was reviewed regularly by the General Practitioner. Staff were clear on what each medication had been prescribed for. Guidance was also available to all staff from a nurse manager at all times, as well as from the provider's pharmacist. All medication was appropriately stored.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The statement of purpose was provided to the Authority prior to the inspection which met most of the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

As referred to elsewhere within this report, this statement of purpose did not provide accurate information on:
- the statement of purpose did not describe fully the specific nursing care and support needs that the designated centre is intended to meet
- the total staffing compliment (WTE) staffing compliment, inclusive of night staffing as required in Regulations 15.

**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):**
This was the centre's first inspection by the Authority.

**Findings:**
There was a clearly defined management structure in place, that identifies the lines of authority and accountability. There was a multi-disciplinary team who meet on a regular basis which includes the nominee provider, senior manager and the person in charge.

All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. However, the application was made for a full-time respite service and the service provision was found to be for 15 nights a month only. Current staffing was part-time and not fully in place for a full time service provision. This was not as described in the statement of purpose and may require further review by the provider, and clarification to the Authority of page 2 of the application to register.

The provider nominee made regular unannounced visits to the centre and completed a brief report of each visit. This report relies upon a tick box style audit based upon the Authorities 18 outcomes and while it identifies areas for improvement, there was no final report produced to date on the safety and quality of care provided in the centre in a format that could be provided to residents or their representatives. Further to discussion with the provider nominee and person in charge it was identified that further to operating for one calendar year in July 2015 this report would be collated to include inputs from people who utilise respite care services at Saoirse.

The Authority was notified of the change in governance as the new person in charge was appointed in October 2014. The person in charge worked full-time and was a registered nurse. She had also completed formal management training at the time of the
inspection. She was found to be providing good leadership to her staff team, and staff spoken to felt they were well supported in their role. She was well known to the residents and demonstrated sufficient knowledge of the legal responsibilities associated with her role.

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):
This was the centre’s first inspection by the Authority.

Findings:
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 provider was aware of the requirement to notify the Authority in the event of her absence of more than 28 days.

The provider had decided to appoint a person participating in management (PPIM), who deputised for the person in charge in her absence. The inspector was satisfied that the nominated person was sufficiently experienced and knowledgeable about service provision to undertake this role. She would also be fully supported by a clinical nurse manager 3 who is available on campus and visits the designated centre on a regular basis.

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):
This was the centre’s first inspection by the Authority.

Findings:
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 relating to this part time respite service.

Staffing levels were judged to be adequate to fully 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, additional staff are rostered to meet the assessed support needs of residents who had increased 1:1 support requirements to support them to achieve goals related to their personal plans.

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 inspector confirmed with the person in charge actual and planned staff rosters in place to provide for 15 nights respite. Staff interviewed by the inspector confirmed that they were satisfied with the management support and training provided which enabled them to provide a high standard of care.

There were appropriate numbers and skill mix of staff were adequate to meet the needs of all residents. Staffing levels included the person in charge, who worked full time, and 6 whole time equivalent nursing and care assistant staff. Staffing at night were not fully planned for on the rosters shown to the inspector. However, this was addressed by the person in charge and assurances given about the provision of night time staffing which consists of one staff nurse and one care assistant on nights that the service was fully operating. Additional staffing was available on campus where care staff known as 'runners' worked to assist in houses co-ordinated by a clinical nurse manager 2 who had overall responsibility for care delivery out of hours. Agency care assistant staff were also available to cover unanticipated leave, but use of agency staff was reviewed by the
inspector and discussed with the person in charge. Agency staff were only utilised when staffing could not be covered internally in this service, and use was infrequent. As mentioned under Outcome 16, the person in charge managed this well. Staffing was also guided by activities and outings planned for by residents which were person centred and not lead by availability of staff.

The inspector reviewed staff training records and saw evidence that staff employed had mandatory training in place including fire, safeguarding and risk management training and those spoken with had a good knowledge of procedures to follow. In addition, staff had completed the HSELand on line training in medication management. There were no volunteers identified as working in the centre.

The recruitment process was found to be safe and robust, three staff files were reviewed and all documents outlined in schedule 2 were available in each of the files reviewed by inspectors on a recent visit to review staff files.

Judgment:
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):
This was the centre’s first inspection by the Authority.

Findings:
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Records reviewed were maintained to a high standard and clinical documentation was clear and easy to read and clearly informed practice.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. There was a directory of residents available which included all the required information.
The centre had all of the written operational policies as outlined in schedule five available for review.

The inspector noted that the communication policy was under review, and the adult safeguarding policy required updating.

**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:**

Leone Ewings  
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-0003159</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 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 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:

Five of the issued contracts of care remain unsigned.

Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
Two contracts of care were signed by day two of the inspection (13th May). Social worker to contact three families and arrange for remaining contracts of care to be signed

**Proposed Timescale:** 31/07/2015

---

**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 describe fully the specific nursing care and support needs that the designated centre is intended to meet; and the total staffing compliment (WTE) staffing compliment, inclusive of night staffing.

**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 describe the specific nursing and social care support needs of the designated centre. The WTE of staffing will be adjusted to include night staff complement.

**Proposed Timescale:** 31/07/2015

---

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An update relating to policy on safeguarding vulnerable persons at risk of abuse in line with national policy was required.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:
An addendum to the organisation’s policy on safeguarding vulnerable adults has been made to advise staff that the policy is currently been updated to ensure it is in line with the HSE safeguarding policy. All staff have been advised that where a conflict arises between the service policy and the HSE policy the issue is to be referred to the designated liaison person.

**Proposed Timescale:** 30/09/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Communications policy in draft form.

**Action Required:**
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

**Please state the actions you have taken or are planning to take:**
The communication policy is currently been reviewed and amended to ensure that the process for communication with and consultation with residents is clearly identified.

**Proposed Timescale:** 31/07/2015