

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003065
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	2

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 1 day(s).

The inspection took place over the following dates and times

From: 01 July 2015 09:30 To: 01 July 2015 16:30

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 one day 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. All residents met and spoke with the inspector and detailed feedback was also provided within the residents and relatives questionnaires provided to the Authority. The centre was also subject to an unannounced inspection during May 2015; therefore findings and actions emanating from that inspection were also used to inform judgment within this registration application.

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 within Dublin 15. It currently offers full time residential care as well as regular respite breaks to a number of residents.

A major noncompliance was identified under the outcome of safe and suitable premises relating to the use of shared rooms and the lack of suitable measure to promote the privacy and dignity of residents who must share rooms. Two outcomes were found to be moderately non-compliant, namely admissions and contract for service provision, and health safety and risk management. Fourteen 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, communication and safeguarding and safety. The remaining outcome, namely statement of purpose was 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.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against during the previous inspection. Overall it was found that there were considerable efforts made to ensure that resident's autonomy was protected and promoted and that residents were involved in decisions about their care and about the organisation of the centre. 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 menu planning, upcoming events, health and safety and maintenance required in the house, charter of rights and advocacy. One of the residents was involved in a number of advocacy groups and was well informed about rights issues.

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 resident's privacy and dignity. In addition the practice of using a spare bed within a permanent resident's bedroom for respite purposes was not being done in the resident's best interests. While the person in charge stated that the permanent resident 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. There was 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, some residents were in paid employment and others participated in community based classes.

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. The inspector noted residents accessing their monies, financial records and care plans independently during the inspection. They were also observed recording expenditure and checking the balance of the cash that was stored safely within the centre.

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):

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 met and that staff were aware of the different communication needs of residents. Resident's also had access to related professionals where necessary, such as access to a speech and language therapy assessment.

Individual communication requirements were detailed within each resident's personal plans and were seen to be reflected in practice. Residents were facilitated to access aids and appliances where they were required to promote residents' full capabilities such as access to the internet, mobile phone and online shopping.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against during the 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, family members were invited to personal planning meetings and other meetings as required such as family meetings with a resident and their social worker. The centre operated a policy of open visiting, meaning families and friends were encouraged to visit at any time of their choosing.

Residents were actively involved within their communities and visited friends regularly within the area. They were also known to neighbours and residents had recently ensured that bought a gift for a neighbour's new baby.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against during the previous inspection. 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. The practice of using a bed within a permanent resident's bedroom for respite was not in the best interests of that resident and did not consider her known wishes and needs as her care plan had recorded her preference of not sharing her room for respite purposes. There was no detail provided on how these practices considered the wishes, needs and safety of the individual availing of respite, as well as the wishes needs and safety of the existing residents. In addition, as there were two vacancies in the centre, residents were conscious that admissions were pending. The person in charge was unclear on how involved the current residents would be in this admissions process.

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):

No actions were required from the previous inspection.

Findings:

This outcome was inspected against during a recent monitoring inspection and was found to be in full compliance. Therefore not all components of this outcome were inspected against on this occasion. However, it was noted that each resident's wellbeing and welfare continued to be maintained to a high standard of evidence-based care and support and that each resident continued to have opportunities to participate meaningful activities.

The transfer and discharge process for this centre were a significant focus during this inspection as one resident had recently been discharged into an alternative designated centre as per her reassessed healthcare needs. It was found that this transfer took place in a well planned and safe manner. This included the provision of a cross-over of staff, where staff from this centre provided supports to the resident and the staff of the new residence over the period of a week until it was deemed that she no longer required this support. In general it was found that this move had been in the best interests of the resident due to significantly changed care needs which this resident required.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against during the previous inspection. The designated centre met the needs of some residents and there were examples of how design and layout promoted residents' safety, dignity, independence and wellbeing. For example, one resident had requested a downstairs bedroom to herself, due to decreased mobility and the centre had been redesigned to provide for this. However, as had been detailed previously within this report, one resident who had been admitted in January 2015 had to share her room on a regular basis, with a bed in her room being used for respite purposes. The layout and size of this room was not found to be suitable to meet the needs of two residents. For example, the beds were close together, with no room for any type of privacy screening between beds. The access to the second bed was compromised as there was a tight space to get through between the first bed and a chest of drawers. The person in charge spoke about the possibility of moving the permanent resident into a room of her own. There were two vacancies currently in the centre, and respite was being used regularly. There was no set plan going forward as to how the centre was to be organised to meet the needs of current residents, respite residents and any potential new admissions. The inspector determined that the current layout of the premises was designed to accommodate four residents in a comfortable and homely way. Due to the current layout the inspector was unable to determine if this centre could comfortably and safely meet the needs of five residents as set out within its statement of purpose and as had been requested within its application to register as a designated centre.

There was adequate communal space available with a spacious living room on the ground floor as well as a large kitchen/dining area. There were an adequate number of bath and shower rooms as well as toilets in the centre. Maintenance and cleaning records were well maintained.

Judgment:

Non Compliant - Major

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:

As this outcome was inspected against in detail during a recent monitoring inspection, not all components were considered during this inspection. The action required from the previous inspection was reviewed and was found to be adequately addressed. In general it was found that health and safety of residents, visitors and staff was promoted, however, related local operating policies and procedures were not being effectively implemented to ensure all staff working in the centre were adequately informed of all health and safety and risk related issues. The provider nominee and person in charge had complied a 'house guidelines folder' summarising key policies and procedures relating to health and safety, fire, accounting for monies, risk assessments and other related information to ensure that all staff including relief and agency staff were aware of key procedures and that residents were adequately protected. However, a signature sheet was contained within this guideline folder which staff were asked to sign to ensure they had read and understood its contents. This centre operated as a 'single staffed house' meaning that one staff member worked on a sleepover shift in the centre. On a review of recent rosters the inspector noted that a number of relief staff who had worked this shift had not signed this guideline folder. This was concerning given the reliance upon a single member of staff.

Accident incident report forms were reviewed by the inspector covering the past twelve months. In general it was found that all incidences had been adequately responded to and these forms were reviewed by the provider nominee and the organisations health and safety committee. Fire evacuation drills were also reviewed and it was noted that all current residents were evacuating independently without issue. There was suitable fire equipment provided and there was adequate means of escape including emergency lighting, and exits were unobstructed.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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 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.

There was a policy in place for the provision of behavioural support. Positive behaviour support plans were in place which detailed efforts to identify and alleviate the underlying causes of anxiety or behaviour that is challenging for each individual resident. These plans were regularly reviewed as part of the personal planning process. In general the highlighted how staff should respond to specific signs that a residents anxiety levels were increasing and focused upon a clear and consistent response from staff to reduce anxiety levels and reassure the individual resident.

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 included self-administration of medication, independent travel, independent financial management and being allowed to stay in the centre alone for a defined period of time.

One resident was in paid employment a number of days a week. This resident had been admitted to the centre in past six months. Staff members spoke about the familiarisation process with this resident and how they had to challenge themselves in responding to her level of ability as they were only now identifying her capacity and ability to self-determination. This was evidence within this resident's personal plan, which she had written herself and was constantly changing. For examples, personal goals which had been set such as using an ATM card, using the house alarm independently, staying in the house alone for periods of time were all achieved within days of been set and therefore new goals were set.

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:

The findings during the recent monitoring inspection were that residents were supported on an individual basis to achieve and enjoy best possible health. A review of documentation and discussion with staff and residents confirmed this to remain the case.

Residents had access to allied health professionals such as a general practitioner, speech and language therapy, psychology, and clinical nurse specialists in specific areas such as dementia care.

Residents were involved in food preparation and planning. Residents chose the weekly menu and were involved in cooking meals as required. All residents prepared their own lunches for day services/work independently.

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. All of the actions required since the previous inspection had been completed.

Overall it was found that individual medication plans were appropriately reviewed and put in place, as part of each residents personal plan. Residents were also encouraged to be responsible for their own medication with an appropriate assessment in place to determine individual ability to self-medicate. In addition, pre-packaged medications were ordered to cover periods of time when residents were anticipated to be away form the centre due to regular family visits or holidays. This was so resident's could continue to self medicate and be responsible for their own medication.

All medications were suitable and safely stored and there was a lockable fridge available for medications 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):

No actions were required from the previous inspection.

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 and to communicate the contents of and purpose of the statement of purpose to residents. Copies of the statement were also made available to resident's 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):

No actions were required from the previous inspection.

Findings:

The quality of care and experience of the residents were being monitored and developed on a regular basis. There were effective management systems in place that support and promote the delivery of safe quality care services. This was evidenced by the actioning of all non-compliances identified on the previous inspection. The provider nominee carried out unannounced visits to the centre at least every six months and copies of the reports of these visits were made available to the inspector.

There was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge reported to an area manager who in turn reported to the provider nominee. The person in charge was found to be suitably skilled, qualified and experienced and demonstrated sufficient knowledge of her statutory responsibilities. The staff felt well supported and arrangements were in place to ensure staff exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

This outcome was not 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 had been provided one night a week to support one resident to stay at home who chose not to go swimming on that night. Resources had since been adjusted to take into account a reduction in the number of residents residing in the centre.

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):

No actions were required from the previous inspection.

Findings:

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with adults' with disabilities. The staffing levels were found to be in line with the statement of purpose and the current assessed needs and numbers of residents. The centre was operating in the absence of one full time post; however continuity of care was maintained through the use of two part-time staff members who generally took on the additional hours available as a result of this vacancy. The rotas reviewed by the inspector indicated that the use of relief staff or agency staff unfamiliar to the centre was minimal. However, adequate assurances were not in place relating to health and safety issues in relation to the use of these staff. However this noncompliance has already been actioned under Outcome 7: health safety and risk management.

Staff files were reviewed and contained all of the documents 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.

Training records were provided to the inspector and all staff had completed mandatory training as well as additional training to meet specific needs of residents and to maintain professional development of staff.

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

Judgment:

Compliant

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. It was also noteworthy that a resident was maintaining their own personal file with minimal support from staff.

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, with one policy under review but available in draft format which related to the provision of information to residents.

Records were kept secure in a locked press but were easily retrievable. Residents were all familiar with their records all residents spoke to the inspector about their plans and the goals which they had set.

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 Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003065
Date of Inspection:	01 July 2015
Date of response:	22 July 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 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

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

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 will be consulted prior to someone using their room. If they request it not to be used, this will be respected. If they consent, personal items will be stored away. The service user using the room will be advised they must respect the property of the service users room. All wishes will be documented in the care plan.

Proposed Timescale: 22/07/2015

Theme: Effective Services

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

The practice of using a bed within a permanent residents bedroom for respite was not in the best interests of that resident and did not consider her known wishes and needs as her care plan had recorded her preference of not sharing her room for respite purposes.

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:

This service user will be offered a single room that has recently become vacant.

Proposed Timescale: 30/07/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The designated centre was not designed or laid out to meet the aims and objectives of the service as the number of residents the provider aimed to admit to the centre could not be currently accommodated in a safe and dignified manner.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The capacity of the designated centre will be reduced to four, ensuring that each service user has their own room.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

Matters to be provided for in the premises as set out in schedule six were not provided for some residents as the twin room was not of a suitable size and layout to meet the needs of two residents and a residents privacy was compromised due to her sharing her room with respite residents on a regular basis.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The capacity of the centre will be reduced to four providing each service user with their own bedroom.

Proposed Timescale: 30/07/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

While there were systems in place for the assessment, management and review of risk and a system for responding to emergencies the provider could not be assured that all staff were aware of it, as a number of relief and/or agency staff had not signed to state they had read and understood the related guidelines.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

All relief and agency staff will sign house guidelines as part of duties listed on a daily shift plan.

Proposed Timescale: 22/07/2015

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 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 revised to include the criteria for respite and emergency admissions to the centre.

Proposed Timescale: 30/09/2015