<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003979</td>
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<td>Centre county:</td>
<td>Dublin 7</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Ltd.</td>
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<tr>
<td>Provider Nominee:</td>
<td>Mary Lucey-Pender</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>Paul Pearson</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>9</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 23 June 2015 10:30
To: 23 June 2015 17:30
From: 24 June 2015 10:00
To: 24 June 2015 17:30

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

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<thead>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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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 second inspection of the designated centre and took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were also sought. Feedback received from relatives and residents were positive about service provision, and residents enjoyed leisure and social activities. This centre forms part of the Daughters of Charity Disability Support Services, a large service provider to persons with disabilities.
The provider nominee completed an assessment during a recent inspection of another centre and was clear about her responsibilities and service provision requirements. The person in charge was interviewed and found to be suitable, experienced and knowledgeable in her role as clinical nurse manager for three houses. The inspector found that the person in charge was appropriately qualified and had sufficient experience in supervision and management of the delivery of appropriate care in a community based group home. During the inspection process, she was knowledgeable about the support needs and personal plans of each resident.

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 did not include evidence of compliance with planning.

The inspection was announced and took place over two days. As part of the inspection process the inspector met with the provider nominee, person in charge, staff, and residents. Pre-inspection questionnaires were sent two weeks prior to this inspection and the responses received were largely satisfactory in relation to service provision. Inspectors observed practices and reviewed documentation such as health care records, policies and procedures. Staff files had been reviewed prior to the inspection date at a central office for the organisation.

The centre is comprised of three separate residential living units, two of which were adjoined semi-detached houses with adjoining doors on each floor, and a shared conservatory area to the rear of the properties. The third unit is at a separate location and is managed by the same person in charge and nominee provider. As part of the last monitoring inspection these units were reviewed in order to ascertain could they be registered as a single designated centre in line with the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Overall the inspectors found that the provider and person in charge has acted to address the non-compliances further to the monitoring inspection which took place on 9 April 2014. Residents were well cared for and fully supported by staff who know the residents very well. There was evidence of good practice found across all of the outcomes inspected against. Moderate non compliances with the Regulations were identified in two Outcomes, governance and management and premises. One Outcome residents rights, dignity and consultation was substantially compliant.

Action plans at the end of the report reflect the three outcomes not met in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:
Residents' were consulted with and participated in decisions about their care. They were provided with information about their rights and their privacy and dignity was fully respected. Information about the inspection process was clearly communicated and residents could choose their level of involvement.

Residents had house meetings every Monday where they sat with a member of staff and planned their weekly routine including; activities, appointments and evening meals for the week ahead. A record was maintained and a weekly menu was agreed at the time of the house meetings. Visits to and from family homes and pre-arranged visitors/friends calling to the centre were also discussed at these meetings.

Residents' privacy and dignity was respected. Residents were aware that they respected each other’s privacy by knocking on each other's bedroom door prior to entering. In one house where two residents were accommodated each resident had access to their own bedroom, day and toilet/shower facilities. The bathroom/shower rooms all had privacy locks in place. All windows had blinds and curtains in place.

The rights of residents’ were respected. Residents told the inspector they had choice and retained autonomy of their own life. The inspector met most of the residents' over the two day inspection, one resident was on holiday. Residents’ said they were free to make choices about their daily routine and when needed were facilitated by staff. For example, one resident returned to the house to meet the inspector and then continued to undertake another activity in the community.

A pictorial version of resident rights was seen in the dining rooms. Residents’ confirmed
they had access to advocacy services and some residents voiced a clear understanding of their rights. One resident discussed their involvement with a self-advocacy group and what areas were discussed. There were no residents with individual advocacy needs. However, a small number of residents had the provider nominee named as a contact person rather than a nominated next of kin. There was no formal policy or procedure in place which supported and informed this local practice. The provider nominee advised that this matter was under discussion with a view to review the practice and engage in best practice in this area to fully protect residents' rights.

There was a policy and procedure for the management of the residents monies by staff and a procedure on personal possessions. Both residents went through their finances with the inspector and explained how they managed their own monies with a minimum guidance from staff. There were clear, concise records and receipts in place to reflect the individuals outgoing and incoming cash. Safe and secure storage was available. The process reflected the policy.

There was a complaints policy in place. A step by step guide to making a complaint was included in the residents guide. However, the written procedure was not displayed in a prominent place in either of the three houses. The written complaints policy met the legislative requirements. There were no written complaints to date in the centre according to the person in charge.

Judgment: Substantially 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:
The inspector found that resident's communication needs were fully met to a good standard. In practice staff were aware and very knowledgeable about the individual assessed communication needs of each resident. Individual communication requirements were highlighted in residents' personal plan, communication passport and reflected in practice. Communication books were completed from day service providers and close links were maintained. Each resident has a communication passport and sensory reviews took place and were fully documented in the residents records in order to inform care planning process.

Residents had their abilities and communication requirements clearly outlined as they each had a long and detailed 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.

The centre was part of the local community and residents have access to radio, television, internet and information on local events. For example, residents enjoyed walking to local activities and participating in sports such as swimming and horse-riding.

Residents were fully facilitated to access assistive technology and aids and appliances where they were required to promote the residents' full capabilities. The communications policy was under review at the time of the inspection and plans were in place to complete this written policy according to the provider. The person in charge confirmed that residents who are facilitated as much as possible to enjoy leisure activities in the local community.

The centre had access to two suitable vehicles and transport to facilitate social outings, appointments and other transport requirements were managed well.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
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. Relatives confirmed that there was good communication links with the residents and staff at the service.

Residents and staff referred to ongoing formal and informal communications from family members. Family members were invited to take part (with the residents' consent) in formal care reviews. There was clear documentary evidence that family members were involved in reviews.

**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:**
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 all 9 people living at the service. A small number of residents had a contract of care which was signed by the provider as provider nominee in the absence of next of kin. As outlined in Outcome 1 the provider confirmed at feedback time, that a review of this would be taking place with regard to the status of this local practice.

A written admissions policy was reviewed by the inspector which clearly outlined the involvement of the person in charge, the resident and his/her next of kin. 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 people using the service. Admissions were reviewed at the admission, transfer and discharge committee, and multi disciplinary process which carefully considered any potential residents suitability for admission to the designated centre. Residents living in all three houses had been involved with a carefully managed admissions process, and their needs were being fully met in line with the statement of purpose for the designated centre.

Feedback received on inspection and through pre-inspection questionnaires completed confirmed that overall a good level of satisfaction with service provision was confirmed. Since the last inspection one resident had moved to another designated centre, and some residents had been facilitated to visit and keep in touch.

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

Findings:
The Inspector found that the wellbeing and supports provided for residents was to a good standard. Each resident's health, personal and social care and support needs were fully assessed and reviewed regularly. Each resident was actively involved in the writing up of their personal plan and in outlining their own social goals. The Inspector reviewed a number of the personal plans with residents who were keen to show them to the inspector and spoke proudly of both their goals and their involvement in the planning process. All plans were provided in an accessible format for residents.

In general the inspector found that each resident was provided with ample opportunity to participate in meaningful daily activities, appropriate to their individual needs, interests and preferences. Each resident was actively involved in their person centred planning process which enabled them to identify individual needs and choices.

Each resident was provided with a detailed personal plan which documented their goals and achievements. Significant effort had also been made to provide these plans in an accessible format for residents, with plans viewed by the inspector in a poster format, pictorial format, and in booklet form to suit the communication styles of specific residents. Written documentation relating to the plans was also documented for each resident in their individual file to ensure staff can monitor and review goals and outcomes on a monthly basis. There was clear evidence within the residents documentation demonstrating the achievement of goals and ongoing review of same.

The Inspectors 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 community based classes and physical activity. The personal plans were reviewed regularly and clearly identified individual needs, choices and aspirations of all residents. There was clear evidence that family members involvement, and detailed preparation for reviews which took place. Relatives attended a formal planning meeting annually and were kept fully 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):**
No actions were required from the previous inspection.

**Findings:**
The centre consists of three houses at two separate locations, providing good access throughout the centre to all of its residents. Overall it was found that the design of the centre met the collective needs of the residents. All residents were provided with their own bedrooms, some of which were shared which were personalised and also furnished with necessary equipment as per their assessed need.

A number of issues were identified in relation to available shared communal space between the two semi-detached houses for example; the laundry facilities and additional seating are provided in the conservatory space which is shared between two of the semi-detached houses to the rear of the property. This conservatory space has frosted panels in place which restrict light and gives no view to the paved garden area space.

The centres had an adequate number of toilets, bathrooms and showers to meet the needs of residents. The centre had adequate heating, lighting and ventilation. All of the equipment referred to above had regularly serviced and well maintained.

**Judgment:**
Non Compliant - Moderate

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**Outcome 07: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

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

**Findings:**
Overall, the inspectors found that there were arrangements in place to protect and promote the safety of residents and staff through effective policies and procedures in relation to health and safety and risk management. Certified staff fire safety training had taken place since the last inspection where non-compliances were found to be fully addressed by the provider. Staff training for agency staff was evidenced following a request to the person in charge in relation to fire safety at the conclusion of the inspection.

There was a centre specific fire evacuation plan in place and staff and residents were familiar with the evacuation procedures. These had been frequent evacuation drills taking place every month with evidence viewed by the inspector that these had been
planned for the remainder of 2015 in order to ensure that all staff participated in a fire
 drill. The last evacuation reports were read by the inspector, and all evacuations were
 prompt. There was also evidence of learning from previous evacuation drills. An exit
 light had been fitted outside the front doors to assist with any night time evacuations.

The fire safety equipment had been serviced annually, and there was a weekly check-list
 which was signed by staff checking escape routes, fire extinguishers, and the fire alarm
 panel. Staff were very knowledgeable of how to evacuate the centre in the event of a
 fire. Staff had been provided with adequate fire safety training course and their
 involvement in fire drills.

All residents had manual handling risk assessments in place which had been assessed
 with the input of an occupational therapist and physiotherapist. There was a health and
 safety committee in place, and the communications and centre specific
 recommendations from this committee were reviewed by the inspector. Incident and
 accident report forms were submitted to this committee for review and learning with
 subsequent control measure put in place. There was a risk management policy in
 operation and environmental assessments as well as individual risk assessments were
 read by the inspector.

Suitable and sufficient arrangements were in place for hand washing, and there were
 adequate procedures in place consistent with the standards for prevention and control of
 healthcare associated infections, should the need arise.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and
appropriate action is taken in response to allegations, disclosures or suspected abuse.
Residents are assisted and supported to develop the knowledge, self-awareness,
understanding and skills needed for self-care and protection. Residents are provided
with emotional, behavioural and therapeutic support that promotes a positive approach
to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Improvements had taken place since the time of the last inspection, the general practice
of checking all residents on an hourly basis during the night had ceased. This was risk
assessed on an individual basis and only took place where deemed necessary and with
the consent of the resident involved.

Arrangements were in place to safeguard residents and protect them from the risk of
abuse. Additional training had been put in place since the time of the last inspection and the policy had been updated in 2014. Inspectors confirmed that staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. There had been one allegation of abuse, which had been reported since the time of the last inspection. The records relating to actions taken following this allegation were reviewed and found to be appropriate and safeguarded the resident, the outcome found that there was no evidence of any abuse having taken place. The allegation was not substantiated.

Staff spoke clearly of the importance of promoting the safety and respect for each resident, and balancing this with the right to choose and the residents continuing independence. The inspectors observed staff interacting with residents in a respectful and friendly manner.

Staff had received training in responding to challenging behaviour and there were behavioural guidelines in place for all residents. There had been no recorded incidents of physical restraint in recent years, although chemical restraint was used in the form of PRN (as required) medication. The use of PRN medication was documented in individual behavioural plans, which used a 'traffic light system' to guide staff on de-escalation and distraction techniques and clear guidance before medication was used as an intervention. The behavioural plans also stated that all staff (nursing and non-nursing) must contact the Clinical Nurse Manager 3 as the on call nurse before using this intervention. Staff spoken with confirmed this to be the practice, and records confirmed this took place.

Restrictive practices documented in the house included the use of an additional seat belt whilst using the vehicle, a key grip belt and one bed rail on a bed of a resident these had all been referred to a multi-disciplinary team. These restrictive practices were then documented by a clinical nurse specialist in behavioural support, and were all considered to be least restrictive alternatives. There was clear evidence of a reduction in the use of restrictive practices since the time of the last inspection and full reviews took place with evidence of the least restrictive practice, for the shortest duration in line with best practice.

There were clear personal and intimate care guidelines in place for all residents that clearly documented support needs in these areas and ensured that residents were supported to develop their knowledge, self-awareness, understanding and skills needed for self-care and protection.

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 incidents occurring in the designated centre was maintained and where required notified to the Authority. The inspector confirmed that the appropriate follow up took place to mitigate any risks of recurrence.

### 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:
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 day service providers, sports groups, community groups and classes. Some residents attended a self advocacy group and one resident told the inspector about areas for discussion.

Each resident’s personal plan identified opportunities for residents to develop their skills and maintain their levels of independence appropriate to their individual assessed needs and requests. For example, one resident attended each session of a pottery course independently in the community. Residents had their individual pictorial daily activity plans which were in place in each house.

### 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 inspector found that residents were supported to access health care services relevant to their needs. The inspectors reviewed four personal care plans containing medical information and found that they had access to a General Practitioner (GP) as required, as well as numerous other health professionals such as speech and language therapy, social worker, dentist, dietician, ophthalmologist and occupational therapy. Some of the residents had epilepsy, and the inspector reviewed the file of one of these residents. The file contained records of reviews by medical specialists and a specific epilepsy response plan had been developed based on the advice of medical specialists.

The inspector read the health care plans for residents with complex health care needs including epilepsy, dementia, cardiac and mental health difficulties. Individual support plans were developed in consultation with a consultant referrals, clinical nurse specialist in demen, and general practitioner and were comprehensive in detail. Timely referrals for health care assessments and reviews were completed and the outcome of the reviews fully informed residents care plans.

Residents chose what they wanted to eat for their meals in the centre during weekly house meetings. Residents choice was supported through the use of pictures of meals which staff had introduced in response to residents choosing the same meal all of the time. A pictorial weekly menu was evident to inform all residents of the menu plan. Staff had been provided with food safety training and supported residents with food preparation in the centre. Residents were aware of healthy eating and had access to a dietician. Some residents were observed as very involved in meal preparation and were encouraged to do so; one of the resident’s had their own recipe book, with pictures of the preparing specific meals, the recipe book provided clear guidance to enable the resident to complete the task as independently as possible.

Food and nutritional plans were in residents files; including a dysphasia review. Some residents attended a group healthy eating programme in the community and enjoyed the meetings and social group.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

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

**Findings:**
The inspector found that the provider had put arrangements in place to support the person in charge in protecting residents in relation to medication management. There were effective policies and procedures in place at organisational and local levels to guide practice and ensure consistence in the ordering, prescribing, storing and administration of medication. The policy required all non-nursing staff to undertake a training programme before being allowed engage in the administration of medication. The organisation's nurse manager completed competency based assessments with staff before this training was deemed complete. The inspector found that this had been implemented in the centre, specifically within the unit that did not require nursing staff.

The person in charge had implement change in two of the three houses with the use of a new medication packaging system. Plans were in place to train and update all staff on the new systems and full pharmacy supports were in place. Further to interviews with staff, and as outlined in Outcome 17 some staff required medication management updates and had not accessed updates recently. However, a local comprehensive policy clearly outlined the new revised system and all staff were knowledgeable regarding each individual residents medication. Adequate measures were in place to ensure that the receipt of medication was being recorded and medication was being stored safely. The disposal of medication was carried out in line with best practice, with a record kept of all medication which had been returned to the pharmacist. Anti-psychotic PRN (as required) medication was being audited and comprehensive evidence of review and alternative measures prior to the use of any PRN was fully documented and staff were clear on the approach to take. The prescribing sheet also included some short-term antipsychotic medication, and these were reviewed by the psychiatrist employed by the organisation on a regular basis, or if required following any incidents of behaviours of concern.

Efforts were being made to inform residents about the medication they are prescribed. One resident was also being supported to self-administer their own medication following appropriate assessments, and was knowledgeable about her own medication as prescribed.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose (revision 4) was reviewed as submitted for registration purposes, and was found to meet 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. There was a common statement of purpose that accurately describes the service provided within the centre, which currently comprises three separate houses.

The details accurately described the three houses and supports in place for the residents living at the designated centre. The information about the staffing and whole time equivalent required review and an updated version 5 of the statement of purpose was submitted on 17 June 2015 and found to be accurate.

**Judgment:**
Compliant

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**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

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

**Findings:**
The provider had undertaken audit and review of service provision in relation to quality and safety of care provision at the centre. There was a regular review of risk management arrangements and incidents and accident management. The provider has also identified a number of policy and procedural areas for development. These included areas of staff training, and the review of safeguarding policy and reporting procedures since the last inspection. The evidence available in relation to the effective management and review of quality within the centre had improved since the time of the last inspection. However, the inspector noted that the last unannounced visit by the provider had taken place when there were no residents present to inform the process and report as required by legislation.

The centre forms part of a larger organisation with a defined organisational management structure. The provider and person in charge were clear on their responsibilities and were both effectively engaged in the governance and operational management of the centre. The management structure of the centre was clear to all staff and included the supports that were in place to assist the person in charge to deliver a good quality service. The provider visited the centre regularly and was knowledgeable about the service. She was also well known to the residents.
The designated centre comprises three separate units (houses) across two separate locations, which are approximately 10km apart. The provider operated the three houses two of which were nurse led and one social care lead, in line with the Health Act 2007 (Registration of Designated Centres for Persons (children and Adults) with Disabilities) Regulations 2013. The inspector visited and met with staff and residents in both locations. Staff in the second location described the management in place and were positive about the operational management supports for the two residents who require high support care. These arrangements had been strengthened and clarified since the time of the last monitoring inspection.

Evidence of planning compliance had not been submitted by the provider to date as part of the registration process.

**Judgment:**
Non Compliant - Moderate

### 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:**
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. Deputising arrangements were in place.

**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:**
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 community residential 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 were 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 and daily life.

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

**Findings:**
The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. On a separate occasion prior to this inspection three staff members 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.

Improvements in records relating to staff rosters had taken place, and all staff working in the centre were listed on the proposed or actual roster. Staff employed as relief staff were named, and all agency staff were also individually named.

The inspector reviewed training records were reviewed and confirmed that training was provided further to the last inspection in safeguarding and adult protection and fire safety.

The person in charge now had protected management time to undertake governance and management of all three houses.

There were appropriate staff numbers and skills, qualifications and experience to meet the needs of the residents throughout the centre. Staffing skill mix and provision for the complex and diverse needs of the residents was in place, and well planned for.
Residents received assistance, interventions and care in respectful, timely and safe manner, as has been reflected throughout this report. Efforts were being made to ensure a consistency amongst the staff team, reflecting the needs of the residents in this regard.

Agency/relief staff were being relied upon on at times basis due to staff shortages although in most cases these staff were regular staff who were well known to the residents, and therefore provided continuity of care. On the occasion when unfamiliar staff were on duty, the person in charge ensured they were also working with regular staff.

There were no volunteers working at the designated centre at the time of the inspection.

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:
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 very high standard and clinical documentation was clear and easy to read and clearly informed practice.

Policies were in line with Schedule 5 requirements and kept under review. The inspector recommends that the Schedule 3 information maintained as a risk register for restrictive practices is kept updated in line with the centre's overarching risk register.

An insurance certificate was submitted as requested by the case holder 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.
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-0003979</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>23 June 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27 July 2015</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no formal policy or procedure in place which supported and informed the local practice of the provider nominee acting in place of a next of kin.

Action Required:
Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise...
his or her civil, political and legal rights.

**Please state the actions you have taken or are planning to take:**
In the absence of Capacity Legislation the Provider will draw up guidelines to guide and support the nominee provider when acting in the place of the next of Kin.

**Proposed Timescale:** 31/12/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints procedure was not displayed in a prominent place in each of the units of the designated centre.

**Action Required:**
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
A copy of the complaints procedure will be displayed in the designated centre.

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

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Communal space in the rear conservatory located to the rear of two semi-detached was not specific to each house and also acted as a utility area for washing drying and laundry.

**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 Provider nominee will liaise with the Logistics officer to draw up a plan to best utilise the conservatory area. This will include reviewing the current location of the laundry.  
This plan will be costed and a request for funding sent our funders the HSE. When funds secured the works will be carried out.

**Proposed Timescale:** 31/12/2016  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Storage of records in one house necessitated access on a regular basis to the adjoining
property, as storage space was inadequate.

**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:
A storage press will be provided in the house which will ensure adequate storage space
in that area.

**Proposed Timescale:** 30/10/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
The outside space at the semi-detached property was under used and the back garden
required development for residents to enjoy.

**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 Nominee Provider will liaise with the Logistics officer re a plan to best utilise the
back garden area of the house. A plan will be drawn up in consultation with the service
users to include a swing seat and garden furniture and planted area.

**Proposed Timescale:** 30/11/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
Evidence of compliance with planning was not submitted as part of the registration
process.

**Action Required:**
Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for
Persons (Children and Adults with Disabilities) Regulations 2013. you are required to:
Provide all documentation prescribed under Regulation 5 of the Health Act 2007
(Registration of Designated Centres for Persons (Children and Adults with Disabilities)
Regulations 2013.

Please state the actions you have taken or are planning to take:
An Architect has been engaged to submit retention planning permission for this
designated centre. This will be submitted once approved.
<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 30/11/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The last unannounced visit by the provider had taken place when there were no residents present to inform the process and report.

**Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Please state the actions you have taken or are planning to take:**
All future Visits by the Provider will take place when the residents are present at the designated centre.

| **Proposed Timescale:** 22/07/2015 |