Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003167</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Dublin 7</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Daughters of Charity Disability Support Services Ltd.</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Reynolds</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Paul Pearson</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>16</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

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

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

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

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

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 September 2015 10:00</td>
<td>03 September 2015 18:00</td>
</tr>
<tr>
<td>04 September 2015 09:30</td>
<td>04 September 2015 15:00</td>
</tr>
</tbody>
</table>

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

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

**Summary of findings from this inspection**

This was an announced inspection and formed part of the assessment of the application for registration by the provider. This was the 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.
The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory.

The designated centre is operated by the Daughters of Charity Disability Support Services Ltd and comprises two single detached bungalows within campus setting, close to many local amenities. The bungalows were built in 1992 and have operated since then as a residential care centre. The centre provides full-time nurse led long term residential care for up to 17 residents with intellectual disability. A transport vehicle was allocated to this service and was used to facilitate trips off campus. Accessible parking was in place from the front doors of the centre.

Evidence of good practice and improvement since the last inspection was found across all outcomes, with 13 outcomes found to be in full compliance Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) Regulations 2013. The provider had addressed the non-compliances further to the last inspection on 1 October 2014 in social care needs, safeguarding and statement of purpose. However, the findings of a staffing review conducted in April 2015 had not been fully implemented to date from a governance perspective.

The centre was found to be substantially compliant in 4 of the Outcomes; Governance and Management, Resident's Rights Dignity and Consultation, Statement of Purpose and Records.

Improvements were required to the premises where a moderate non-compliance was identified.

The actions outlined in the action plan can be found at the end of this report.
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:
There was some evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. However, a number of residents were non-verbal and choices and consent for supports planned were implied by the resident engaging with the activity or care practice with staff aware of their non-verbal communication cues. The inspectors observed staff engaging with residents in a respectful manner.

The inspectors found that staff were familiar with the residents’ needs, capabilities, their life history and family supports. For example, the inspectors heard that house meetings were an opportunity for residents to discuss choices in respect of food and activity planning. Activity planning had improved since the last inspection. For example, a visiting therapy dog came into each house to spend time with the residents. The facilities for occupation and recreation were available on the site, where some residents attended skills, horticulture and other planned activity. Opportunities for activity off-site were positively promoted and being further explored since the last inspection as outlined in Outcome 5 of this report.

Staff provided appropriate support as required to residents with regard to daily financial management, and management of their personal property. Residents had an allocated personalised bedroom, some of which were shared which largely met their individual needs. All rooms were decorated appropriately for each resident. Screens were available in twin rooms, to ensure privacy.

There was a comprehensive complaints policy and procedure, in place which was clearly
outlined in the service user guide shown to the inspector. The person in charge was the local complaints officer. Complaints were well managed. For example, the inspector read the records and found that there had been no written complaints. However, the person in charge or her deputy had recorded in full any issues raised by residents or their representatives. Measures to resolve the issues raised which were mainly relating to clinical needs were well documented, had all been resolved. The person in charge welcomed this feedback and this clearly informed the overall plan of care for each resident and informed practice.

Many residents had frequent visitors and family who were closely involved with care reviews. However, some residents did not have frequent visits from relatives. There was evidence that staff clearly supported residents to visit their relatives and spend quality time together outside the service. A visitor's room in one of the two houses was comfortably furnished to allow for private visits when required. Advocacy support was available on request.

Further to a review of resident finances and records in each house, the findings were that the use of resident monies, and expenses incurred by staff when engaged in activity with residents was not sufficiently monitored from a governance perspective. The person in charge confirmed that staff generally paid for their own drinks and meals when out with residents on activities. For example, for a meal or theatre or concert. However, a review of records and receipts amounts used for staff subsistence (where identified in records) was found to be over and above the recommended amounts as clearly outlined in the current policy. Audit of residents' monies took place on a fortnightly basis by the person in charge and the clinical nurse manager 3 also oversees this aspect of documentation. However, the inspectors found that this aspect of the management of residents property was not fully monitored by the person in charge with regard to adherence to the policy.

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 inspectors found that resident's communication needs were met to a good standard. Many of the residents living at the centre were found to have good non-verbal communication skills. Individual communication requirements were highlighted in residents' personal plan and reflected in practice.
The written communications policy was in place and informed practice. The person in charge confirmed that residents enjoyed individual and group planned social outings. The centre was part of a larger campus and the local community and information on local events. The inspector found that computers were available in each house in the staff office. Television, DVD's, and books were available for resident's use.

Each resident has a written communication passport document in place. This document was used recently when one resident was admitted to hospital to facilitate effective communication. Sensory reviews took place with support from speech and language specialists, and were fully documented in the residents’ records in order to inform personal planning process. For example, one resident had a key chain which she wore with small laminated pictures in order to communicate her needs.

The written inputs, assessments and reviews from speech and language professionals informed the personal plans and reviews of each resident where identified. For example, staff had objects of reference available to communicate and give visual references to activities.

Residents were facilitated to access assistive technology and aids and appliances where assessed and required to promote each residents' full capability and promote independence.

**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:
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 and spend time with their relative or friend. Staff confirmed that they supported each resident to maintain and develop their relationships outside the immediate environment of the designated centre, and contact with relatives and friends was promoted. For example, one resident had visited her sister to spend time together and birthdays and special occasions are planned for and during the year.

Residents and staff referred to ongoing formal and informal communications from family
members. Family members called in, and were also invited to take part more formally for reviews when required or requested. There was clear documentary evidence that family members were involved in person centred meetings, and contacts with family members was recorded.

**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 signed contract of care inclusive of fees payable was in place for all people living at the designated centre.

A written admissions policy was reviewed by the inspector which included the involvement of the person in charge, the resident and his/her next of kin. Referrals for admissions come via social workers to the person in charge, and an admissions committee also assess suitability for admissions within the criteria of the admissions policy.

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

Findings:
The Inspectors found that the wellbeing and welfare provided to the residents was to a good standard. Improvements had taken place since the last inspection. Each resident had both long term and short term goals within their plan. The Inspectors reviewed meaningful activities which are now in place both on site and off-site. A new board was put in place which acts as a daily reminder to residents and staff to discuss planned activity. The centre is located adjacent to a sensory garden on the campus and has access to a safe level garden. One house has a fully equipped sensory room, and nearby sun-room where residents can readily access this space in the house.

Each resident's health, personal and social care and support needs were fully assessed and reviewed regularly. Each resident and their family were involved in the writing up of their personal plans and in outlining their own social goals. Detailed evaluations were completed and personal care plans were fully reviewed on a yearly basis, or more frequently should there be a change in personal health or circumstance.

Each residents' personal plans had been reviewed since the last inspection and clearly identified individual needs, choices and aspirations of all residents. For example, the person in charge informed the inspector that 'taster' activities had been trialled, and staff were supported from staff on campus in the 'skills' and horticulture department.

Food and catering provision is centralised so residents had limited opportunity to prepare fresh meals. However, residents had taken part in a baking competition, and photographs were on display of this recent activity. One of the houses had an oven for baking and general purpose use. However, the other house did not have this facility. It is recommended that consideration is given to provision of suitable cooking facilities in the other house, as the group of residents may benefit from such an amenity from a life skills perspective.

There was clear evidence that family members attended a formal planning meeting annually and were kept informed of progress in relation to the plans.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall the design and layout of the premises was found to be suitable for the its' stated purpose. However, some improvements were required to fully meet the legislative requirements and requirements of Schedule 6.

The location had level access and was generally accessible. Both houses are bright, hygienic, light and well decorated. Residents had access to a shared garden space through the doors from both dining spaces and sun room. At the time of the last inspection 17 people were accommodated in the two houses, one person has now moved to another designated centre. The dependency of one resident has increased and additional space is now required to store assistive equipment and facilitate care and supports. Also in this house there are five people who are wheel-chair users. Additional spatial requirements related to moving around this house were identified. The application to register and statement of purpose request that 9 people are accommodated in one house and 8 in the second house. Therefore, in line with the findings of Outcome 17 of this and the last inspection report occupancy in both houses will be eight people in each in line with resident dependencies, and accessibility requirements.

Each of the two bungalows had both single and twin bedrooms with hand-washing facilities in each room and a fully equipped assisted bathroom and shower in each house. Portable screening was available in each shared room which could be used to maintain privacy and dignity, and all bedrooms had blinds and curtains in place. The bedrooms were generally of adequate size with adequate wardrobe and storage space. However, one twin room reviewed was not sufficiently spacious to comfortably accommodate two residents due to increased dependence of one of the residents. Suitable storage not in place for a floor standing portable hydraulic hoist.

The centre also had a large lounge/dining room, a quiet/visitors room, kitchen area, a utility room and a clinical room/office. A shower 'wet' room and separate fully equipped bath room was in place, with a jacuzzi type assisted bath in place. Two separate toilet (one assisted) were in place, all with privacy locks in place. The standard of hygiene, maintenance and provision of equipment in place was good and housekeeping staff were employed to maintain this to a good level.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
Overall the provider had ensured that the health and safety of residents, visitors and staff is promoted and protected. A safety statement was in place and reviewed by the inspector, and found to be adequate. The inspectors reviewed the centre's risk register which was centre specific and sufficiently detailed to ensure that all identified risks were minimised. The inspectors saw that the controls outlined in the risk register were used in practice and referred to by staff during the course of the inspection. Specific risk assessments to support residents were also in place. One sign observed by the inspector giving fire instructions in one house was ambiguous. The person in charge and provider advised the manager on site with responsibility for fire safety and this was reviewed and clarified for the avoidance of doubt. Staff knowledge was clear in relation to actions to take in case of fire or any emergency took place.

There were safe systems in place to mitigate risk of fire. The centre had fire extinguishers in place, at the time of inspection they were within service. There was a monitored fire alarm with a fire panel at the front door of the house and weekly checks were completed on such equipment. Inspectors noted that all houses had a break glass facility in place, key/swipe operated door exits are in place in the communal spaces. One key was available on the corridor, and staff held a key to facilitate exit and evacuation.

All staff had completed fire training as per records reviewed by the inspector, with fire drills taking place day and night. Staff were interviewed by the inspector and could clearly outline the measures to take should an evacuation be necessary. Each resident had a personal emergency egress plan which had been recently reviewed.

The centre had emergency plan in place and arrangements in the instance of a full evacuation. There was a campus wide plan to facilitate any evacuation as a result of an emergency and a clinical nurse manager co-ordinates management of the campus overnight. A communication pager system operated over 24 hours if any staff member required additional assistance or was working alone at any time of the day and requires assistance.

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

An inspector reviewed the quality and safety report resulting from the centre’s health and safety audit which was completed by the provider. Review of the incident and accident log confirmed that learning, where appropriate, had been gained from such events which were then communicated and documented in the minutes of staff
meetings.

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:**
The inspectors found that there were adequate measures in place to protect residents from abuse and keep them safe. There was clear evidence that restrictive practices had been reviewed in accordance with the policy and response to the last inspection report.

All staff had received training in safeguarding vulnerable adults and were knowledgeable on what constituted abuse and were clear on the local reporting procedures. The majority of residents living at the service had limited verbal interaction with the inspector. Observation of residents confirmed that residents were comfortable in their home and that appropriate safe supports were in place. There had been no statutory reports made to the Authority in line with legislative requirements prior to this inspection. The feedback from relatives and friends who advocated on behalf of residents was listened to and acted upon, further to the findings of Outcome 1. However, other findings in Outcome 1 of this report relating to the residents’ finances required review and additional oversight by the provider to fully protect the residents rights and property.

As outlined to the provider on a recent inspections the written policy on safeguarding vulnerable adults required updating to reflect the national implementation of the Health Services Executive (HSE) policy on safeguarding and protection of vulnerable adults (December 2014); as discussed under Outcome 18: Records and Documentation.

Personal and intimate care plans were found to be in place and provided comprehensive guidance to staff; ensuring a consistency in the personal care provided to residents. Generally it was found these plans focused very much on supporting residents to be as independent as possible in this area. Residents with higher support needs had detailed plans which respected their individual dignity and privacy. One resident had a physical management of aggression and violence behavioural support plan in place and had a
one to one staff member with her during the day. Incidents of bruising or minor injury were closely monitored and one serious incident had been reported in line with legislative requirements. The inspectors reviewed the follow up and medical and nursing care provided and found it was timely and sufficiently protected the resident and the provider had further mitigated recurrence with the installation of protective features on the doors of the communal areas.

Quarterly reports on any form of restraint used were accurate and involved detailed risk assessment and communication with relatives. Inspectors found that residents used bed rails and their use had been considered as part of each residents' multi-disciplinary (MDT) reviews. Physical restraints described by the provider such as the use of the door swipes did not restrict residents, and had been discontinued in one house since the last inspection further to review. A review of the policy on restraint found that alternative measures trialled before the use of any form of restraint were fully documented prior to the use of any restrictive practice. The inspectors acknowledged the comprehensive nature of the multi-disciplinary approach employed. The person in charge confirmed restrictive practices were used within the centre, and that there was a policy of moving towards a restrictive free environment within the broader service. Residents were also involved in the creation of comprehensive positive behavioural support plans (as required). Two residents had recently been assessed by a multi-disciplinary team as requiring a bed rail previously. However, a full review of this had taken place and a low bed was now in use on a trial period.

**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:
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. Some residents had established links with their day services, family and social networks which were positively maintained and developed. The inspectors found that the age profile of the residents in some of the houses varied. Many residents had not been in any substantive full or part time employment during their life and had lived on the campus since childhood or younger years.

A social care focus was in place, and being further developed since the last inspection which allows for residents' choice of activities. Resident's personal plans identified opportunities for residents to develop their skills and maintain and develop their levels of independence, appropriate to the assessed needs and requests of residents. Opportunities for involvement in cooking at the centre were limited as most meals were prepared in a central kitchen and came to the centre in a heated system. However, residents were observed making tea and drinks and assisting in the kitchenette area, setting tables and getting snacks from the fridge.

Residents were observed to be supported to develop their own personal interests, including art, gardening, drama and baking. The person in charge supported residents to retain control on their activities and make choices, relating to spending their own monies in line with their likes and dislikes. The person in charge also had in place a key worker system and supported staff and residents to travel off campus to go do enjoyable activity. For example, a resident had joined the library, and had attended a taster drama session with a view to taking a course. Residents attended a local hairdresser and some residents attended theatre and shows with relatives on a regular basis.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.
Theme: Health and Development

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

Findings:
Overall the inspectors found that residents were supported on an individual basis to achieve, maintain and enjoy best possible health. The resident had full access to medical services, and could access the doctor on call service if required overnight. Residents were fully supported to maintain their medication and health care plans.

The standard of health care plans was found to be good overall and fully in line with legislative requirements. The inspector reviewed a number of residents' health care plans, records and documentation and found that residents were facilitated to access to allied health professionals. The inspector noted residents had local access and referral to psychology, psychiatry, social work, occupational therapy, dietician and speech and language on site. Resident could also access chiropody, ophthalmology, and HSE dental services. Significant health care issues had being comprehensively provided for and complex needs reviewed through a multi-disciplinary approach. Pain management and health care interventions and maintaining an active lifestyle in accordance with the needs and wishes of the specific resident were promoted. For example, detailed care plans were in place to monitor residents who experienced seizures and the appropriate health care supports were in place and well documented. Communication between day services was maintained on a daily basis.

The inspector reviewed the menu and the food was seen to be varied and nutritious. Mealtimes such as breakfast, lunch, dinner and snack available were observed and found to be satisfactory. The meals service included hot and cold options, and choice and options were available. Inspectors were informed that residents were fully involved in choosing their meals from a four week rolling menu at the centre. The pictorial menu assisted residents with making their choices. Meals are provided in a heated trolley, and temperature checked by staff prior to serving. Details of each residents likes and dislikes inform the meals provided for residents. Staff were observed sitting with residents at mealtimes and provide support to residents where required in a discreet and sensitive manner. Independent dining was promoted where appropriate.

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):
No actions were required from the previous inspection.

Findings:
Overall the inspector found that the requirements relating to medication management systems were safe. Each resident was fully protected by the centre's policies and procedures for medication management. All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. Staff responsible for administering medication were registered nurses, who were observed to follow Bord Altranais agus Cnáimhseachais na hÉireann safe medication administration practices. The inspector observed staff administering medication in a person centred way, in line with individual care plans and resident preferences for taking their medication.

Audits of medication management took place with the staff nurse on duty responsible for the audit. This audit included the cross-checking of the amount of medication stored with the amount recoded as administered. Medication which requires special storage and documentation was satisfactory and all other medication was found to be appropriately stored. Local policies and procedures were also in place pertinent to the designated centre such as the medication ordering protocol and the weekly collection, and return of prescription medication. The written medication management policy dated 26 January 2015 informed and guided practice.

The inspector found that each resident's medication was reviewed regularly by the prescriber. Staff were clear on all medications prescribed for residents. Guidance was also available to all staff from a clinical nurse manager at all times, as well as from the provider's pharmacist.

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

Findings:
The updated statement of purpose was provided to the Authority prior to the inspection which met most of the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with
Disabilities) Regulations 2013. However, revised staffing arrangements following a review of staffing in April 2015 by the provider were not reflected in this document.

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 person in charge conveyed a person centred approach and gave examples of improvements in service provision since the time of the last inspection. The provider has established a clear management structure and the roles of all managers and staff were clearly set out and understood. The structures included supports for the person in charge to assist her in delivering a good quality service. These supports included regular meetings with the provider and clinical nurse manager (CNM) 3 linked with the centre. The provider nominee had submitted all the required information for registration purposes including planning compliance. Information required for the newly appointed CNM3 was not submitted as part of this registration and a request to submit relevant regulatory information to the Authority was made at the time of feedback to the provider nominee.

There had been a six monthly review of the quality and safety of the service carried out by the nominee provider, and quality manager. The findings and recommendations of a staffing review of the service completed in April 2015 had not yet been fully implemented by the provider.

Judgment:
Substantially 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.
<table>
<thead>
<tr>
<th>Theme:</th>
<th>Leadership, Governance and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Judgment:</strong></td>
<td>Compliant</td>
</tr>
</tbody>
</table>

**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.*

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Use of Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
<td>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. Staffing levels were judged to be adequate to support residents to achieve their individual personal plans and to meet their assessed support needs. Flexibility was also demonstrated within the staffing roster to meet specific needs of residents.</td>
</tr>
<tr>
<td><strong>Judgment:</strong></td>
<td>Compliant</td>
</tr>
</tbody>
</table>

**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:**
Staffing had been identified by the inspector as a major non-compliance at the time of the last inspection on 1 October 2014. The provider had undertaken a staffing review in April 2015. At the time of this inspection the skill mix and staffing in place did not fully reflect the staffing plans shown to the inspector and the findings confirmed that the provider had partially addressed the staffing shortages identified on the previous inspection. An additional staff member was allocated to one of the houses during the day time shifts and this continued to be rostered for on a daily basis. However, as discussed in Outcome 14 further improvements were planned for to fully implement the findings of the staffing review, as shown to the inspector inclusive of recruitment of additional care staff planned for as part of a skill mix review.

The inspectors confirmed with the person in charge the actual and planned staff rosters in place to provide for a full time residential service. The inspector reviewed mealtimes in both houses and found there was sufficient staff at this time to provide appropriate supports. The staffing in place was found to be guided by activities and outings planned for by residents which were person centred. Residents received interventions and support from all staff in a respectful, timely and safe manner. Feedback from relatives also confirmed satisfaction with staffing, but also confirmed that there are times when staff are busy.

The inspectors saw during the inspection that there were appropriate numbers and skill mix of staff to meet the needs of all 16 residents at the time of the inspection. Staffing levels included the person in charge, who worked full time, nursing and care assistant staff. Each house had a member of household staff responsible for hygiene and food service. At night the two houses had an allocated staff nurse and two care staff; the two houses were supported by staff known as "runners" co-ordinated by the clinical nurse manager on duty at night. Residents with high levels of assessed dependency and residents with complex medical and nursing needs lived at both houses.

The inspectors reviewed staff training records and saw evidence that staff employed had mandatory training in place including fire, safeguarding and risk management training and those spoken with had a good knowledge of procedures to follow. Overall, staff were found to be up to date with clinical training. Staff interviewed by the inspector confirmed that they were satisfied with the management support and training provided which enabled them to provide a good standard of care. As mentioned under Outcome 16, the person in charge and her deputy managed the two houses well.

The recruitment process was found to be robust, three staff files were reviewed prior to this inspection on 10 September 2015. All documents outlined in schedule 2 of the regulations were available in each of the files reviewed. There were no volunteers identified as working in the centre.
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 good standard and clinical documentation was clear and easy to read and clearly informed practice.

An insurance certificate was submitted as part of the registration pack and it showed that the provider had adequately insured against accidents or injury to residents, staff and visitors. There was a directory of residents available which included all the required information.

The centre had all of the written operational policies as outlined in schedule five available for review. As outlined to the provider on recent inspections the written policy on safeguarding vulnerable adults required updating to reflect the national implementation of the Health Services Executive (HSE) policy on safeguarding and protection of vulnerable adults (December 2014); as discussed under Outcome 18: Records and Documentation.

Judgment:
Substantially 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-0003167</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>03 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15 October 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) Wi fi 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Review and oversight of use of residents' monies required review.

1. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
The PIC will ensure that all staff are familiar with the policy DOCS 039 ‘Patients Private Property Accounts and sign off they have read and understood and will adhere to same. PIC to devise a written form to be signed and approved by nominee provider in cases where the recommended reimbursement costs for staff as per policy may exceed the recommended limit.

Proposed Timescale: 01/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One twin bedroom was of insufficient size to meet the needs of the residents.

2. 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:
One resident moved from the twin room to a single room due to identified changing needs of the resident. The twin room has now been designated as a single occupancy room.

Proposed Timescale: 15/10/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Suitable storage not in place for a floor standing portable hydraulic hoist.

3. 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:
Staffs shower room to be converted into an additional storage area.

Proposed Timescale: 31/01/2016
**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:
Revised staffing in place was not reflected in the statement of purpose.

4. **Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
Statement of purpose will be reviewed and altered to reflect revised staffing levels.

**Proposed Timescale:** 01/12/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The findings of the staffing review relating to numbers and skill mix of staff had not yet been fully implemented by the provider.

5. **Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
Recruitment process ongoing to fill existing care staff vacancies - interviews scheduled on the 26th & 27th October 2015. A relief panel will be formed from which vacancies created by sick leave and annual leave will be filled.
New Staff will have 6 week induction process and participate in probationary period and attend all mandatory training.

**Proposed Timescale:** 31/01/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The written policy on safeguarding vulnerable adults required updating to reflect the
national implementation of the Health Services Executive (HSE) policy on safeguarding and protection of vulnerable adults (December 2014).

6. **Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
An addendum to the organisation’s policy on safeguarding vulnerable adults has been made to advise staff that the policy is currently being updated to ensure it is in line with the HSE safeguarding policy. All staff have been advised that where a conflict arises between the service policy and the HSE policy the issue is to be referred to the designated liaison person.

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