| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd. |
| Centre ID: | OSV-0004023 |
| Centre county: | Dublin 7 |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Daughters of Charity Disability Support Services Ltd. |
| Provider Nominee: | Mary Reynolds |
| Lead inspector: | Leone Ewings |
| Support inspector(s): | Raymond Lynch |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 11 |
| Number of vacancies on the date of inspection: | 1 |
About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 12 November 2015 10:00
To: 12 November 2015 18:00

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

| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 12: Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection
This was the first inspection of this residential centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

This centre forms part of the Daughters of Charity, a large organisation providing services to persons with disabilities in Dublin and is considered to meet the criteria for registration as a designated service under the Health Act 2007. The inspection was announced and took place over one day. As part of the inspection process the inspector met with the provider nominee, person in charge, staff, and residents. Inspectors observed practices and reviewed documentation such as health care records, policies and procedures and staff files.

The centre compromises of one house with smaller separate residential living units, based upon a campus, along with other designated centres. The person in charge had changed and the Authority was informed of this change which had taken place on 9 November 2015. The centre is a high support service for people with intellectual disability, with sensory difficulties and complex mental health needs.

During the introductory meeting the inspectors were made aware of two serious
incidents which had taken place the preceding week, and a focused inspection around the governance and management of these incidents, notifications and staffing took place. Training for staff and the review process in relation to restrictive practices was found to be satisfactory. The inspection was announced and residents and relatives also completed questionnaires which were largely positive about the service.

The person in charge and deputy manager had changed very recently and the Authority had been notified. A formal assessment of fitness will be arranged post inspection with the inspector.

Overall, evidence of good practice was found across all outcomes and staff demonstrated good communication skills and were person centred in their care practices.
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 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

*Effective Services*

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

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

**Findings:**

Overall it was judged residents' wellbeing and welfare was being maintained to a good standard of care and support. Residents engaged in meaningful activity with many residents and social activity on a daily basis. Residents and relatives confirmed a wide variety of meaningful activity took place, including horticulture walks, gym, bowling, swimming, restaurants, shopping and music. Many of the residents enjoyed routine and structured activity on a one to one basis and this was clearly outlined in their personal plans.

Each resident had a personal plan in place a review of two detailed plans took place. There was clear evidence that residents had been involved in their plans, and goals identified considered how they would impact upon the lives of residents. For examples, goals were described as 'residents' dreams and wishes for the year ahead' within their care plans. There was some evidence of outcomes to promote independence, living skills or personal development. Positive behavioural support plans were in place, and support and inputs from the clinical nurse specialist (CNS) were documented. The CNS visited the centre at least weekly and staff confirmed that he/she supported them in learning communication techniques to support residents. For example, the staff also engaged in role play to learn to implement a low arousal approach and deliver safe effective care. The inspectors observed staff interacting with residents in a respectful manner.

Access to suitable public and private transport was facilitated for resident outings. Residents joined in activity on and off campus. The on campus activity was facilitated by staff from the day activation centre known to each resident. Meals were prepared off site and the dinner and evening tea were delivered to the centre in hot boxes. However,
residents could also get involved in cooking, selecting raw ingredients, grocery shopping, preparing meals, and enjoying the social aspect of meal planning and preparation.

**Judgment:**
Compliant

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

**Findings:**
The health and safety of residents, visitors and staff was promoted and protected. There were arrangements in place to manage and mitigate risk, and adequate precautions against the risk of fire. There was a health and safety statement in place which had been reviewed and updated by the provider. There was also a detailed risk management policy and associated risk register identifying environmental and individual risk for residents. Personal moving and handling profiles and associated risk assessments were also in place for each resident. Individual risk assessments in areas such as using transport and individual risk assessments took place and were updated. For example, the training required in relation to the use of least restrictive practice where used in use at the centre for the least amount of time.

Records reviewed by the inspector indicated that fire safety training had been provided to all staff during 2015. The inspectors viewed evidence that fire fighting equipment was serviced regularly. The centre was fitted with an addressable fire detection and alarm system with emergency lighting and fire compartmentalisation; separated by fire doors with electromagnetic hold open devices. Individual evacuation risk assessments plans identifying the mobility status of each resident were also in place and updated and reviewed regularly. Fire evacuation plans were posted clearly at all main exits. The inspectors confirmed the actions to take if the fire alarm sounded with staff while speaking with them during the inspection.

Accidents, incidents and near misses were being recorded in detail and copies of the reports were submitted to the organisation quality and safety officer for review as well as to the organisations health and safety committee. The forms also identified any follow up action required to minimise the likelihood of further incident. The minutes of the last two monthly health and safety committee meetings were read by the inspector, and there was evidence of shared learning from accidents and incidents occurring across the centres based upon the campus, and also learning from previous inspections carried out by this Authority in other parts of the service. The clinical nurse manager reviewed
the incidents and accidents on a monthly basis with the person in charge. The most recent incidents which had taken place did not appear to adversely affect residents. However, staff had been involved with the incident and remained off duty. The provider confirmed that relevant supports were in place, and would be offered to staff involved currently on leave. A full clinical review of the resident involved had taken place and this was confirmed by inspectors. The CNS in behaviour had also supported a review of the current behavioural support plan. Whilst the immediate actions of the management were reviewed by inspectors at this time, a further review will take place at the time of the next inspection to establish the learning (if any) from this incident had been fully implemented.

**Judgment:**
Compliant

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**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The arrangements in place to safeguard residents and protect them from the risk of abuse were robust. There was a policy in place which had been reviewed and updated in May 2015 which provided guidance to staff on how to manage and report any concerns in relation to the protection of vulnerable adults.

All staff spoken with were competent and were clear on what constitutes abuse, and the reporting mechanisms. All staff had completed training in the area of adult protection and safeguarding. Training records indicated that some staff had received initial training in this area and additional refresher training.

The residents appeared to be very comfortable and relaxed in the company of staff and residents appeared to be safe and well cared for. All residents had comprehensive intimate care plans in place, detailing their personal care needs, preferences and routines. These plans documented each resident’s level of ability to self-care and also documented communication styles. For example, some staff used a hand sign language system for resident with hearing impairment. Inspectors were informed that staff needed to work for a number of months with residents to fully understand the individual
communication requirements of each resident.

Staff were trained in the therapeutic management of aggression and violence (TMAV) which focuses upon distraction and de-escalation techniques to be used in dealing with incidences of challenging behaviour before having to resort to the use of any physical restraint. Individual behaviour guidelines in place for some residents clearly identified the specific intervention plan for each resident, and at what point distraction and/or physical restraint should be used. Additional specific training using a low arousal approach, had been sourced and planning was in place for staff to undertake this training. The person in charge had already completed a three day course.

There were numerous restrictions in place throughout the living environment. Many of these restrictions were reviewed regularly by a multi-disciplinary support team (MDT). These reviews provided evidence that efforts had been made to reduce restrictions and to try to move to a less restrictive environment. The use of door alarms to alert staff when a resident left their room was in place, and staff held communication devices to call for assistance where required.

However, common restrictions were in place such as swipe doors, locked kitchen(s). Practices were identified as the least restrictive alternative, and these restrictions were assessed and reviewed individually. For example, the use of seclusion had been reported on quarterly notifications on four occasions. The person in charge clearly outlined that this was only used when all other interventions had failed for the shortest period of time, and the frequency was reducing, due to behavioural supports in place.

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

**Findings:**
Overall it was judged that each resident was protected by the centre's policies and procedures for medication management. All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. All staff who administers medication were registered nurses who follow Bord Altranais agus Cnáimhseachais na hÉireann safe medication practices.
A review of two individual medication administration records took place and practice was in line with policy and best practice. The inspectors found that each resident's medication was reviewed regularly by the medical team. Staff were clear on what each medication had been prescribed for. Guidance was also available to all staff from a nurse manager at all times, as well as from an organisational pharmacist. All medication was appropriately stored and regularly audited. Unused or out of date medication was returned to the pharmacist.

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

**Findings:**
The updated statement of purpose was provided to the Authority prior to the inspection on 5 November 2015, which met 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. The statement of purpose also reflected the changes in governance which had taken place recently.

**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
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
An identified management structure was in place to support care and operate in line with the statement of purpose and service delivery. The provider nominee completed a satisfactory assessment of fitness and interview on 13 May 2015 as part of a registration process for another designated centres.

The structures included supports for the newly-appointed person in charge to assist her in delivering a good quality service. These supports included regular meetings with the provider and CNM3 linked with the centre. There had been a six monthly review of the quality and safety of the service carried out by the nominee provider and the quality and risk manager. The person in charge conveyed a person centred approach and gave examples of improvements in service provision further to the findings of the quality and safety report. For example, some of the written care plans had not been reviewed and updated within the time frames stated, and this had now been addressed. The provider has established a clear management structure and the roles of all managers and staff were clearly set out and understood. These supports included regular meetings with the provider and clinical nurse manager (CNM) 3 linked with the centre. Support and supervision was in place.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with adults with disabilities. A comprehensive staff induction programme was outlined to inspectors by newly appointed staff who valued the learning and supports provided. The inspectors found that there were sufficient resources provided to meet the assessed needs of residents’. Staff confirmed to inspectors that staffing was in place to enable residents to meet their goals and daily activities.
Staff files were reviewed on an earlier date, and were found to contain all of the documentation as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Training records were held both centrally within staff files as well as locally within the centre. Training records provided identified that all staff had completed mandatory training in the areas of fire safety, manual handling, staff had received training in safeguarding of vulnerable adults as referenced under Outcome 8.

The inspector reviewed the proposed and actual rosters for the previous month and all staff were identified on the roster. The roster also clearly identified who was in charge at any given time.

Staff employed in the centre, observed and spoken to during the course of the inspection demonstrated an intimate knowledge of the residents they support. Residents were supported by two key working staff and the staff who were spoken to were familiar with the personal plans and goals set for their key clients.

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:

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