

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003931
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Geraldine Galvin
Lead inspector:	Louisa Power
Support inspector(s):	Philip Daughen
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 March 2016 09:30 To: 01 March 2016 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

The inspection was an unannounced inspection to monitor regulatory compliance and took place over one day. As part of the inspection process, inspectors met with the provider nominee, person in charge, residents and staff. Inspectors observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The centre provided residential services for female residents with moderate to severe intellectual disabilities. Many of the residents did not use verbal communication. The centre was provided in two service units. One of the service units was a bungalow. The other was in a larger building which is only partly occupied by this centre. The rest of this building accommodated other designated centres as well as other facilities such as offices and other staff uses. Both service units were located on a campus providing numerous facilities for people with intellectual disabilities in addition to residential accommodation. Both service units were single storey and of masonry construction with a pitched roof. The bungalow contained single occupancy bedrooms for the residents as well as communal living facilities. The part of the larger building occupied by the centre also contained single occupancy bedrooms for the residents; as well as communal living facilities.

Overall, inspectors found that residents received support that was individualised and person centred. Staff supported residents in a respectful and dignified manner. Residents were observed to be well-cared for, happy and content. A clearly defined management structure was in place and the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of service.

A judgment of major non-compliance was made in relation to three outcomes - Outcome 6: Safe and suitable premises, Outcome 7: Health and Safety and Risk Management and Outcome 12: Medication Management. One of the service units failed to meet the needs of the residents. Fire safety precautions and procedures were inadequate. An unreported medication related incident was noted during the inspection. A number of additional improvements were identified to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. The required improvements are set out in detail in the action plan 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):

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

Findings:

Only the aspect in relation to access to an independent advocate was considered as part of this inspection. An inspector noted and the person in charge confirmed that there were residents who did not have a nominated representative external to the service provider or an independent advocate.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

A sample of residents' plans was reviewed by an inspector. An annual individualised assessment of the health, personal, social care and support needs was undertaken. The assessment informed the review of the personal plan.

A personal plan had been developed for each resident which included a comprehensive life story, family support network and important background information. The personal plan outlined residents' needs in many areas including healthcare, education, lifelong learning and employment support services, social services, personal support network, transport and mobility. The resident and his/her representatives were consulted with and participated in the development of the personal plan. The personal plan was made available to each resident in an accessible format in line with their needs.

Goals and objectives were clearly outlined. There was evidence of resident involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved. Some of the goals were true aspirations and would improve residents' quality of life such as participating in a mini marathon or going on an overnight trip away in a hotel. However, the inspector noted that a number of the goals outlined focussed on staff continuing to support the residents in activities of daily living and meeting healthcare needs. The lack of definite goals could lead to residents not maximising their personal development.

The person in charge outlined that the personal plan was subject to a review on an annual basis or more frequently if circumstances change with the maximum participation of the resident and his/her representative. The inspector noted that the review did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. The person in charge confirmed that changes in circumstances and new developments were included in the personal plan and amendments were made as appropriate. However, the inspector noted that a healthcare plan had not been updated to reflect recommendations following review by the clinical nurse specialist in nutrition. In addition, the review was not multi-disciplinary in nature for all personal plans reviewed during the inspection.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

As already mentioned, the centre was located in two separate buildings, a bungalow and in part of a larger building on the campus.

With respect to the bungalow, inspectors found that the premises was largely compliant with the Regulations. The bungalow, which appeared to have been purpose built, was provided with the majority of the facilities necessary to fulfil its function as providing residential accommodation for people with intellectual disabilities.

The bungalow was noted by inspectors to be warm, clean and homely on inspection. The building was in a good state of repair. It provided accommodation for six residents, who each had their own bedroom. The bedrooms were tastefully decorated and personalised. Each bedroom was provided with a built in wardrobe and wash hand basin. The hot water at one of these basins was checked by inspectors and was found to be at an appropriate temperature.

The bungalow provided residents with a communal kitchen and sitting rooms. There was also an accessible bath and a wet room shower. It was noted that mobility aids were in use by a number of residents and that the storage of these, when not in use, presented an issue to staff. The lack of storage space for these was confirmed by staff. Inspectors also noted extensive storage of personal care supplies stacked against a wall within the accessible bathroom which was further evidence that the provision of storage within the building required review.

The main entrance and internal circulation spaces were noted as being suitable for use by residents utilising mobility aids such as wheelchairs with the sole exception of an emergency exit which will be detailed under Outcome 7: Health and Safety and Risk Management. The routes were sufficiently wide and also handrails were provided within the hall. Assistive equipment was provided to meet the needs of the residents and found to be adequately maintained.

The second location, within the larger building, provided many of the facilities necessary. However, there were aspects of the building which failed to meet the needs of the residents in a satisfactory manner.

As within the bungalow, the building was noted to warm and clean on inspection. There was evidence that efforts to maintain the centre were on-going as part of the centre was noted as having been recently decorated.

There were seven residents living within this part of the centre, each of whom were provided with their own bedroom. The bedrooms were noted as being pleasantly decorated and personalised with the resident's possessions. However, it was noted that most of the bedrooms were not provided with any adequate window to provide sufficient natural light, adequate natural ventilation or any adequate view outside for the resident. The windows provided were approximately 400 millimetres in height and were provided along one wall of each of the bedrooms concerned. However the bottom of these windows was over 2.6 metres above floor level, which was too high to look out of or to open and close easily. The limited size of the windows also meant that the rooms concerned were not provided with adequate natural light and that there was a dependence on artificial light much of the time within the bedrooms. Conversely, the difficulty posed by the height of the window meant it was not possible to install curtains in a manner that would allow the resident to easily prevent natural light entering the room if desired. These bedrooms were also provided with large glazed panels above the bedroom door facing internally into the corridor, which meant the light level within the room was also dependent on the light level within the corridor, beyond the control of the resident. Two of the bedrooms in use were also noted as being less than seven square metres in gross floor area, which meant that the space within the rooms was extremely limited, even when the resident's bed was placed along the wall. This was of particular concern for one resident who required a wheelchair and for whom the transfer between their bed and said chair would be made unnecessarily difficult by the limited space available.

Residents were provided with communal living facilities which were noted as being tastefully decorated. There were communal washing facilities including an accessible bath. It was noted that assistive equipment such as hoists were in good condition and were serviced when required. There was a kitchen for the residents and also a laundry room. All parts of the centre were accessible for residents as the circulation routes were adequately sized to ensure residents could easily move around the centre.

Both locations within the centre were noted by inspectors as being provided with maintained gardens for use by the residents.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

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

Findings:

With respect to fire safety, the part of the centre within the bungalow was found to be provided with the physical fire precaution features expected in a building of this type. The building was provided with an adequate number of escape routes. It was equipped with a fire alarm system, emergency lighting and fire resistant doors where required throughout. The escape routes provided were noted as being clear of obstruction, although one of the exits was provided with a step external to the fire exit door which was not suitable for many of the residents as they used mobility aids such as wheelchairs or rollators.

The part of the centre located within the main building was also provided with key fire safety features such as a fire alarm and emergency lighting. There was an adequate number of escape routes which were observed as being clear and available for use on inspection. However, the building was not constructed in a manner capable of protecting the escape routes from the effects of heat and smoke and containing a fire should one occur. There were some fire resistant doors installed within the centre but the provision of same was incomplete. Many of the internal walls would be incapable of containing a fire due to the nature of their construction or due the presence of glazing within the walls.

This part of the centre was provided throughout with a suspended ceiling of lightweight construction with ceiling tiles constructed of particle board or similar material. The ceiling was not capable of containing a fire within the room below should one occur. The roof space above the suspended ceiling was largely continuous as the majority of the internal walls within the centre terminated at the level of the ceiling and did not continue up to meet the roof. This meant that in the event of a fire, heat and smoke would be able to enter the roof space from the room of the fire and travel unchecked throughout the centre bypassing all the walls and doors provided below. There were some smoke barriers installed but the provision was incomplete and the barriers present were not in a condition that would allow them to stop smoke spread effectively due to holes in them. This could potentially lead to occupants being trapped due to the unseen movement of heat and smoke throughout the centre in the roof space before descending in an area of the centre remote from the fire. Inspectors did note however that smoke detectors linked to the fire alarm were provided within the roof space in order to detect smoke within it at an early stage.

Inspectors viewed documentation relating to the fire safety maintenance and evacuation procedures in place within the centre and identified many areas of good practice. There were regular fire safety management checks in place and adequate maintenance arrangements were in place for fire safety features present such as the fire alarm, emergency lighting and fire extinguishers.

There was a fire evacuation procedure in place and this was understood by staff questioned by inspectors and displayed throughout both buildings in the centre. The needs of the residents in the event of an evacuation had been assessed and recorded by staff, although the method for transferring the resident from their bed to their chosen

means of evacuation from the centre in the event of a fire at night had not been clearly documented in four cases. These assessments were kept in easily accessible locations adjacent to the fire procedure notices.

Records viewed by inspectors indicated that there was a regular programme of fire drills in place in both buildings within the centre. Discussions with staff members indicated that fire drills were conducted in line with best practice and included simulated evacuations based on particular scenarios. While the records indicated generally that both buildings within the centre could be evacuated in a timely fashion, the inspectors could not identify any records demonstrating that night time conditions had been adequately simulated within one of the buildings making up the centre.

Inspectors also examined health and safety documentation for one of the buildings making up the centre. There was a system of weekly health and safety 'walkabout' checks which were comprehensive and indicative of good practice. The checks were recorded in a comprehensive manner by staff. There was also a suite of risk assessments in place which were noted as being reviewed as required with the exception of the risk assessment for challenging behaviour which was noted as requiring review as the review date of 13 April 2015 had passed.

Procedures were also in place for the prevention and control of infection. The infection prevention and control policy contained comprehensive information in relation to the management and disposal of sharps, hand hygiene, waste disposal, food safety and the management of an outbreak of norovirus. The centre was visibly clean and there were adequate hand sanitising and washing facilities for residents, staff and visitors. Staff confirmed that personal protective equipment such as gloves and aprons were available. The handling and segregation of laundry was in line with evidence based practice. The training matrix indicated and the person in charge that all staff had completed training in infection prevention and control.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

Findings:

There was a policy in place in relation to the safeguarding of vulnerable adults. The policy identified the designated safeguarding officer and their deputy. The policy was comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team.

The intimate care policy outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular basis. The plan outlined in detail the supports required, resident's preference in relation to the gender of staff delivering personal care.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom inspectors spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and staff stated that there was an open culture of reporting within the organisation.

Records were provided that confirmed that any incidents, allegations and suspicions of abuse had been recorded and these incidents were appropriately investigated in line with national guidance and legislation. It was observed that appropriate safeguards had been put in place.

A centre-specific policy was in place to support residents with behaviour that challenge. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques. However, the training matrix indicated and the person in charge confirmed that one staff member had not completed this training.

An inspector reviewed a selection of plans for support behaviour that challenges and spoke with staff. Residents and their representatives were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour. Specialist input had been sought and clear strategies were in place to support residents to manage their own behaviour and staff were able to describe the strategies in use. Protocols were in place and evidence based tools were used to validate that the strategies outlined were effective.

The use of restraint was guided by a centre-specific policy and followed an appropriate assessment. A risk balance tool was used prior to the implementation of restraint, less restrictive alternatives were considered and signed consent from residents was secured where possible. Multi-disciplinary input had not been sought when planning and

reviewing individual interventions for residents.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Residents were reviewed by the medical practitioner regularly. Medical advice and consultation in the event of clinical deterioration was seen to be sought in a timely fashion. There was clear evidence that their treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including dental, dietetics, speech and language, physiotherapy, psychiatry, occupational therapy, optical and chiropody.

The management of epilepsy was in line with evidence based practice. A comprehensive record of seizure including date, time, description of seizure, duration and recovery was maintained. A personalised management plan was in place which guided staff in the administration of buccal midazolam (a rescue medicine prescribed in the event of a seizure). All staff had received appropriate training. Residents were supported to attend consultant reviews regularly and the appropriate recommendations were implemented.

An inspector reviewed the personal plan of a deceased resident and confirmed that the resident's physical, emotional, social, physiological and spiritual needs had been met. The resident's dignity, autonomy, rights and wishes had been respected at all times. The input of specialist palliative care services had been sought. Family and friends were suitably informed and facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but the person in charge stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times. The inspector noted that practices after death respected the remains of the deceased person and family members were consulted for removal of remains and funeral arrangements. Staff with whom the

inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate. Personal possessions were returned in a sensitive manner and staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

The person in charge confirmed that discussions with residents and their representatives in relation to residents' wishes in relation to care at times of illness or end of life had commenced. However, the discussions had not been completed for all residents. Therefore, information would not be available for some residents to guide staff in meeting residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents' weights were monitored on a monthly basis and residents' weights were stable and within a healthy range. Access to a dietician and a clinical nurse specialist was facilitated where appropriate. Residents were encouraged to be active and enjoyed walks and other activities in the locality.

Staff confirmed that main meals were prepared in the central kitchen while breakfast, light meals and snacks were prepared in the service units. The menus reviewed by inspectors confirmed that a choice was provided to residents for all meals. The menus were nutritious and varied. There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions. The specialist advice of speech and language therapists in relation to the provision of food and fluids of a modified consistency was seen to be implemented by staff.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy read format.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

Findings:

Medicines for residents were supplied by community pharmacies. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a centre-specific medicines management policy which detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Medicines were stored securely. Staff confirmed that the temperature of the refrigerator was monitored and recorded daily to ensure the reliability of the medication refrigerator. However, gaps were noted on two consecutive days in the recording sheets. Medicines requiring additional controls were not in use at the time of the inspection but robust controls were in place for the management of these medicines in line with the relevant legislation and professional guidance.

A sample of medication prescription and administration records was reviewed by an inspector. At the time of the inspection, a new system of medication prescription and administration records had been recently introduced in one of the service units whilst the previous system was still in use in the other service unit. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. However, the inspector noted a number of gaps in a medication administration record where the record was left blank and it was not clear if the medicine had been administered. For example, the medication administration record was blank at all times medicines were due for a resident over a 48 hour period. In addition, the inspector noted an unreported incident whereby a resident was prescribed a medicine to be administered on a Monday, Wednesday and Friday only but the medication administration record indicated that the medicine had been administered on Monday, Wednesday, Thursday and Friday. This was brought to the attention of the person in charge who undertook to investigate the incident.

A comprehensive and individualised assessment had been completed for each resident in relation to self administration of medicines. The assessment took into account cognition, communication, reception, dexterity and the resident's wishes.

The person in charge outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

There was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. A system was in place for reviewing and monitoring safe medicines management practices. The results of a medication management audit were made available to inspectors. The audit identified pertinent deficiencies and actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms was reviewed and the inspector saw that errors were reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The lead inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge was registered nurse in intellectual disability (RNID) with a number of years' experience working in the sector. The person in charge was undertaking a post graduate qualification in the area of healthcare management at the time of the inspection. The person in charge was employed full time and was supported in her role by a clinical nurse manager. The person in charge demonstrated an in-depth knowledge of the residents and residents were very comfortable in her presence. There were regular meetings between the provider nominee and the person in charge.

The provider nominee had arranged for an unannounced visit to the centre in the last six months to assess quality and safety of the care and support in the centre. The most recent unannounced visit which had been completed in January 2016. There was evidence of progress against the action plan.

The annual review of the quality and safety of care in the centre was made available. The review was comprehensive and based on the Standards and Regulations. Areas for improvement were identified and actions completed in a timely fashion.

A quality improvement register had been put in place by the person in charge which outlined a number of key areas including advocacy, communication, links with the community, goal setting and care planning.

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:

There was a planned and actual staff roster in place which showed the staff on duty during the day and at night. Based on observations, a review of the roster and these inspection findings, inspectors were satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. A regular team supported residents and this provided continuity of care and support.

A sample of staff files was reviewed and found to contain all the required elements. There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy. Documentary evidence of up to date registration with the relevant professional body was available for nursing staff.

Staff were observed to be supervised appropriate to their role on a formal and informal basis. Regular staff meetings were held and items discussed included health and safety, fire safety, concern and welfare, residents' needs, audits, infection prevention and control. A formal and meaningful supervision and appraisal system was in place for all staff.

Staff were able to articulate clearly the management structure and reporting relationships. Copies of both the Regulations and the Standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. However, the training matrix indicated and the person in charge confirmed that two staff members had not completed mandatory manual handling training.

Records confirmed that volunteers received supervision and were vetted appropriate to their role and level of involvement in the centre.

Judgment:

Non Compliant - Moderate

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:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003931
Date of Inspection:	1 March 2016
Date of response:	18 April 2016

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 were residents who did not have a nominated representative external to the service provider or an independent advocate.

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

1. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

The Person in Charge has contacted the national advocacy unit to ensure that an independent advocate is available to residents who require it. The Person in Charge is awaiting a reply from the national advocacy unit.

Proposed Timescale: 16/03/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A number of the goals outlined focussed on staff continuing to support the residents in activities of daily living and meeting healthcare needs

2. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

A review of all personal goals for each resident will be completed to ensure that all personal goals are designed to maximise resident's personal development in accordance with his/ her wishes.

Proposed Timescale: 11/06/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Reviews of the personal plan were not multidisciplinary

3. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The reviews of all personal plans will include the multi-disciplinary team.

Proposed Timescale: 11/06/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A healthcare plan had not been updated to reflect recommendations following review by the clinical nurse specialist in nutrition.

4. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A healthcare plan for 1 resident has since been updated to include the recommendations made by the clinical nurse specialist in nutrition.

Proposed Timescale: 14/04/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The following matters were not adequately provided for with respect to the premises:

Inspectors identified that facilities for storage of equipment and sanitary supplies were not adequate in all areas throughout the centre.

As described in the findings, the bedroom accommodation was not of a suitable size and layout in all cases.

5. 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 review of storage of equipment and sanitary equipment has taken place. The service is currently sourcing a facility for storage for this centre. It is envisaged that a storage facility will be in place by 22/07/2016. A review of the bedroom sizes will be completed as some residents have begun to decongregate from this centre.

Proposed Timescale: 23/09/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk assessment in place for challenging behaviour in the bungalow required review as described in the findings.

6. Action Required:

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

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

The risk assessment for challenging behaviour has been reviewed and updated by the Person in Charge.

Proposed Timescale: 01/03/2016

Theme: Effective Services

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

One fire exit was noted as not being maintained in manner that would be adequate for the occupants of the building as the presence of a step made it unsuitable for many of the residents as they used mobility aids such as wheelchairs and rollators.

7. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The fire exit has since been adapted to ensure all residents are facilitated to evacuate promptly.

Proposed Timescale: 10/03/2016

Theme: Effective Services

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

The escape routes from one of the buildings making up the centre were not constructed in a manner capable of being maintained free from heat and smoke in the event of a fire.

8. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The service Director of Logistics is reviewing the centre with the Limerick Assistant Chief Fire Officer on 15/04/2016 to review all escape routes. Any recommendations or improvement works from this review will be planned and costed within identified time frames as agreed with the Limerick Assistant Chief Fire Officer and the Service Director of Logistics.

Proposed Timescale: 15/05/2016

Theme: Effective Services

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

As detailed within the findings, one of the buildings making up the centre was not constructed in manner capable of containing a fire should one occur.

9. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The service Director of Logistics is reviewing the centre with the Limerick Assistant Chief Fire Officer on 15/04/2016 to review all escape routes. Any recommendations or improvement works from this review will be planned and costed within identified time frames as agreed with the Limerick Assistant Chief Fire Officer and the Service Director of Logistics.

Proposed Timescale: 15/05/2016

Theme: Effective Services

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

The method for transferring the resident from their bed to their chosen means of evacuation from the centre in the event of a fire at night had not been clearly documented in all cases.

The inspectors could not identify any records demonstrating that night time conditions had been adequately simulated in the fire drill programme for one of the buildings making up the centre.

10. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The method for transferring all residents from their beds has been updated to include their chosen means of evacuation from the centre in the event of a fire at night.

Proposed Timescale: 13/04/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One staff member had not completed training in the management of behaviour that is challenging including de-escalation and intervention techniques

11. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The outstanding staff member is scheduled to complete training in the management of behaviour that is challenging including de-escalation and intervention.

Proposed Timescale: 27/05/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Discussions in relation to end of life wishes had not been completed for all residents.

12. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

The end of life wishes will be completed for all residents.

Proposed Timescale: 30/06/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Gaps were noted in the recording of the temperature of the refrigerator used to store medicines.

13. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The Person in Charge has ensured that staff comply with the requirement of recording the temperature of the refrigerator. The Person in Charge will also audit the recordings on a monthly basis.

Proposed Timescale: 08/04/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A resident was prescribed a medicine to be administered on a Monday, Wednesday and Friday only but the medication administration record indicated that the medicine had been administered on Monday, Wednesday, Thursday and Friday.

Gaps were noted in medication administration records.

14. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The PIC completed an enquiry into the recording error. A clinical incident form was completed. The outcome of the enquiry was that this error was a documentation error. A review of the medication administration has been completed to reduce errors. Further training to ensure all staff competence in medication administration is scheduled.

Proposed Timescale: 08/04/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Two staff members had not completed manual handling training.

15. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The outstanding staff members are scheduled to complete manual handling training.

Proposed Timescale: 27/05/2016