**Centre name:** A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd  
**Centre ID:** OSV-0003937  
**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:** Margaret O'Regan  
**Support inspector(s):** None  
**Type of inspection** Announced  
**Number of residents on the date of inspection:** 6  
**Number of vacancies on the date of inspection:** 0
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>
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<tr>
<th>From</th>
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<tr>
<td>01 March 2016 10:15</td>
<td>01 March 2016 18:30</td>
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<td>02 March 2016 10:00</td>
<td>02 March 2016 16:15</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

**Summary of findings from this inspection**

This was the first inspection of the centre carried out by the Health Information and Quality Authority (HIQA). The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

As part of the inspection, the inspector met with residents, relatives, staff, the person in charge and members of the management team. The inspector observed practices and reviewed documentation such as personal plans, medical records,
policies and procedures, and questionnaires which residents and families completed.

The centre is part of the services provided in a community setting by St. Vincent's Residential Services operated by the Daughters of Charity; a voluntary organisation set up to support the needs of persons with a diagnosis of an intellectual disability. The centre comprised of one seven bedroom house which was being registered as a respite centre. Up to 70 adults availed of this respite service. Most were offered accommodation for one to two nights monthly. The level of respite offered to each resident and their family had been reduced significantly in the previous 12 months. There were a number of reasons for this which included:
* two beds in the house being occupied by people on a medium term basis
* the house being closed for a number of nights each month as staff who were redeployed to another centre had not been replaced
* the ongoing increase in demand for respite service resulting in a growing cohort of service users.

In the weeks prior to inspection, the provider had taken the decision to close the waiting list for the service as the demand was greater than the service could cope with.

Both male and female residents over the age of 18 were accommodated. The house was located in a village on the outskirts of Limerick city. Accommodation comprised of single occupancy bedrooms, comfortable sitting rooms, a well equipped kitchen and utility room, bathrooms with appropriate assistive equipment, storage cupboards for linen and household equipment, a small office and overnight accommodation for staff. There was a secure garden. The premises was clean, tastefully decorated, in good repair, warm, homely and safe.

Overall, the inspector found that a high standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were knowledgeable regarding residents' needs. The inspector was satisfied that individual needs were being met albeit that the level of respite provided was inadequate. This is discussed under Outcomes, 3, 4, 5, 13 and 16.

Residents appeared relaxed in their respite accommodation and in the care of the staff. Relatives reported their family member enjoyed coming to the centre and viewed it as a holiday and a social outlet. The centre was a very important support facility for families in carrying out their caring duties and responsibilities. However, due to cutbacks in the level of service provided, the effectiveness of it as a support facility had greatly diminished, in particular over the past 12 months.

The inspector saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and strengthen links with their family, friends and the wider community. Residents were consulted in the planning and running of the centre and in decisions regarding their own care.
There was evidence of a robust governance system within the organisation and there were arrangements in place to monitor and improve key areas in the provision of safe, quality care. A complaints process was in place. The number of complaints were generally low. However, in the past several months there has been numerous complaints with regards to the reduction in the level of respite support made available. The complaints were acted on, by the provider submitting a business case to the Health services Executive (HSE) for funding. No funding had been secured up to the time of this inspection.

Approximately 30% of the families of respite residents responded to questionnaires sent to HIQA as part of the inspection process. All respondents were complementary of staff and felt their family member was safe in the centre. However, all were unequivocal in stating that the current respite service was not meeting their needs or the needs of their family member. The level of respite available was considerably less than they received when their family member was in the children's service; was considerably less than they were promised and had become so little it was losing its effectiveness.

Given that the centre was not providing the level of respite cover it initially intended to give and that the centre was providing medium term residential care to two residents, the inspector concluded the centre was not meeting the aims and objectives of its statement of purpose. These aims and objectives were;
* to provide short term care
* to provide six respite beds
* to provide the best possible care
* to respect the needs of service users and their families

The centre was found to be in compliance with 12 of the 18 outcomes inspected. Four outcomes were in substantial compliance with regulations and two were in moderate non compliance. In the main, the non compliances are about the limited respite service available. These are discussed throughout the report.
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:
The inspector was satisfied that the rights, privacy and dignity of residents were promoted and residents’ choice was encouraged and respected. This was evident from the observations of the inspector of the interactions between residents and staff. Without exception, all interactions were respectful and caring; and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had in-depth knowledge of residents’ preferences and this was supported by information in the care plans and the residents’ file notes.

The inspector noted that residents retained control over their own possessions. For example, each resident had adequate wardrobe space in their bedroom. The inspector saw residents returning from day services and carrying out their preferred routine which varied from helping to prepare dinner, having a snack or chatting with staff. Residents were seen to be given choice in relation to what food they wanted and when and where to eat.

The inspector reviewed the system in place to ensure residents’ financial arrangements were safeguarded. Appropriate practices and record keeping were in place. Financial transactions were signed by two staff.

The inspector saw minutes of house meetings that were held with the residents. The complaints policy was available and provided detail on how to make a complaint. An easy to read version of the policy was available. The focus of the policy was around providing and maintaining a quality service. Staff displayed openness about receiving complaints. There was an increase in the number of complaints over the past few
These complaints were in the main related to the impact of the reduction in the number of respite nights available to the service users. This is also discussed under Outcome 16.

A number of residents communicated in a non-verbal manner. From speaking with staff and from observing, it was evident that non-verbal residents were able to communicate if they were anxious, worried or in need of assistance. The inspector noted that all residents were listened to. When a care intervention was taking place it was explained to the resident in a friendly and genuine manner. Relatives reported to the inspector that their family member enjoyed being in respite. They made comments such as, "I know he likes going there and asks when he is going back". Several relatives commented on the "great care" and the "great respect".

**Judgment:**
Compliant

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Effective and supportive interventions were provided to residents to ensure their communication needs were met. Staff were qualified and experienced in the care of residents with a disability and this was evident in the expertise they displayed in communicating with all residents. For example, staff understood residents’ facial expressions, body movements and general demeanour. Residents and staff used pictures, where appropriate, to express themselves. For example, pictures were used to determine a resident's level of satisfaction with the service offered.

Staff were seen to communicate with residents in a manner that created an emotional contact between resident and staff. For example, one respite resident particularly enjoyed the company of one staff member. The person in charge stated that the roster was organised so that the staff member with whom the resident had a good relationship was on duty.

Each resident’s communication needs were set out in individual care plans. Residents, their families and the multi-disciplinary team were involved in completing and reviewing these plans. Residents’ communication care plans documented the input from professionals including speech and language therapists, occupational therapists and staff from the resident's day services.
Overall, there was a strong sense of a team approach to ensuring residents' communication needs were met. Sign language was used by some respite service users. Staff were familiar with this method of communication. Communication between residents and staff; between staff and families and amongst members of the multi-disciplinary team was generally effective. Much emphasis was placed on ensuring all staff who interacted with a resident were kept informed of the resident's wellbeing and kept up to date on any issues that arose during the day. Emphasis was placed on ensuring there was a good quality staff handover system in place and a member of the management team regularly audited the handover. However, the system of staff reporting to families could be improved. Some relatives felt they would like more feedback as to how their family member got on in respite. Relatives felt the quick turnaround of residents didn't facilitate such feedback.

Residents had easy access to television and radio. The inspector saw that picture notices were used as an aide memoire for residents. For example, a photograph of the staff on duty was on display in the hallway. Staff and management of the house were aware of the importance for residents of knowing who was on duty or coming on duty.

Each resident had a care plan summary which was in the residents bedroom when he/she was on respite and kept in the resident's folder when he/she was not in respite. Families were involved in the care planning meetings.

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

Findings:
The aim of this service was to provide short term care for people who were living with their families. The list of those availing of the service had doubled since the centre opened in 2007. Most residents availed of one to two nights respite care each month. The number of respite nights available to service users and their families had reduced by approximately 50% over the previous year. This was due to an increasing demand for the service from an increasing number of service users. The management of the centre had taken the unprecedented step of not accepting any new applications for respite.
The service was flexible in providing respite care in an emergency. This was something appreciated by families. However, this had also proved problematic as respite care had in some instances, developed into full time residential care. This reduced the number of respite beds available to other respite users. Also impacting on the level of respite availability was that some staff were redeployed to another centre and were not replaced. This resulted in the centre closing for four nights each month due to staffing limitations.

Staff included families in decisions concerning residents. This was done in a way that maximised the residents' choice and independence. For example, residents were facilitated to have the same bedroom on each admission, if this was an important part of the resident's care. Residents were supported to maintain friendships with other service users. For example, friends were regularly booked for respite on the same dates. Being able to spend time with peers was identified by relatives and staff as an important part of the resident's social activities. However, families and staff also expressed concern that residents' wishes to avail of respite were curtailed due to the demands on the service and the curtailments to its operation. This matter is further discussed and actioned under Outcome 16, Resources.

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

**Findings:**
The admissions policy was outlined in the statement of purpose. Admissions were assessed and prioritised through the respite committee and then planned overnight respite was arranged. Emergency admissions were catered for. However, at the time of inspection it was noted that the emergency admissions policy was not adhered to. The centre's emergency admission policy stated, "the duration of crisis admission must not exceed three nights". However, one resident was in crisis admission for several months and had been assessed as requiring long term residential care. This arrangement did not meet;
* the needs of long term residents
* the needs of residents who wished to avail of more respite nights
* the support needs of families in accessing sufficient respite to enable them to remain as the primary carer.
The inspector was satisfied that new admissions to the centre (currently not applicable) were given opportunities to familiarise themselves with the environment prior to staying overnight. The admissions policy facilitated an introductory period for each new resident's prior to actually staying overnight. Consideration was given to the prospective resident's daily routine and there was no interruption to their regular day services.

Contracts of care were available for the inspector to review. These listed the services to be provided by the centre to the resident, and the fees to be paid. One resident was in long term care and another on extended respite. Neither of these residents' agreements were consistent with the resident's assessed needs and the statement of purpose.

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

**Findings:**
Each resident had an assessment of their health, personal and social care needs. The plan was divided into six sections under the following headings:
1) profile
2) health and social care
3) medication
4) nursing notes
5) personal care plan
6) respite form.
Residents had an easy to read, pictorial format of the plan. This was in the resident's room while they were on admission. In between admissions the plan was either held securely in the resident's file in the office or with the resident's day service, who were part of the care planning process.

There were arrangements in place to meet many of the identified social needs. For example, residents was facilitated to attend their regular day service, psychology support was sought to assist with social and behavioural skills, a notice board was in
place in the hallway to show residents what staff was on duty as this information was important for them, a musician visited regularly and entertained residents.

Many resident records indicated the importance of the respite service facilitating them to meet and spend time with their friends. For some this was one of their priority personal care planning goals. However, the respite service had become so limited that it's effectiveness was significantly reduced. Relatives informed the inspector of the challenges they faced by this 50% reduction. Families with whom the inspector met and who completed questionnaires stated the limited availability of the service had a negative impact on their ability to cope and on the resident achieving the social interaction with their peers that had been identified as benefitting them. Families stated that, "activities were restricted" and that, "the frequency of outings should be increased". All respondents felt residents personal care needs were, "well looked after".

The personal plans were reviewed annually. Service users signed their own plans once they were agreed. However, some of the personal plan reviews did not adequately take into account changes in circumstances and new developments such as the reduction in the level of respite available or the impact on residents of protracted decisions with regards to long term care arrangements. The inspector reviewed the systems in place relating to the transfer of residents within the service or a resident transferring to a new service. The inspector found this process to be slow with limited specific timelines available.

**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:**
The inspector found that the centre was homely, attractively decorated and well maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the residents whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. Overall, the premises were free from significant hazards that could cause injury. There were sufficient furnishings, fixtures and fittings. Specialised equipment such as overhead hoists were provided to meet the needs of residents.
All bedrooms were single occupancy. Room colours and furnishing were coordinated. The centre was designed to have wide corridors, a spacious hall area and no door saddles. Padding was provided on ledges to prevent injury to those residents at risk of falling. Toilets had grab rails in place. The centre had a spacious comfortable sitting room with an electric fire which was protected by a fire guard. There was a large sunroom. There was also a smaller sitting room which was available for residents to meet with visitors in private.

There were two large bathrooms; one with a bath and the other with a shower. A small staff office was available and a bedroom for a staff member to sleep overnight. The centre had a well equipped domestic style kitchen with an adjacent utility room. A door led from the sunroom and the dining room onto a patio area. The garden was well maintained.

Laundry was facilitated in house by staff with assistance from residents. Refuse bins were stored in a segregated and safe area and waste was collected by a local domestic refuse company.

**Judgment:**
Compliant

**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:**
Overall, the inspector found that there were adequate arrangements in place with regards to health, safety and risk management including robust policies and procedures relating to such matters. The health and safety statement was kept under review. The last review was in July 2015. There was a risk management policy in place that met the requirements of the regulations. Hazards had been identified and assessed. These assessments were seen by the inspector and were found to be up to date and comprehensive. Control measures were put in place to minimise the hazards.

There was evidence that learning took place from both internal audits and from HIQA inspections of other centres operated by this provider. For example, the hygiene audit made recommendations about improving practice and the inspector saw that the recommendations made had been put in place. The emergency plan for the centre was site specific.
A list of phone numbers of maintenance personnel was available and the person in charge confirmed maintenance matters were attended to swiftly. There was a robust system in place for incident reporting and investigation of same. The inspector reviewed the incident log and found that it was completed as required and appropriate actions were taken to minimise a recurrence.

There were satisfactory arrangements in place for the prevention and control of infection. Hand washing facilities and hand gels were in place throughout. Staff had received training in infection prevention and control.

Suitable fire equipment was provided and there were adequate means of escape. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Residents’ mobility and cognition had been accounted for in the evacuation procedure.

The mains fire alarm was tested on a weekly basis and this was documented. Daily checks were completed to ensure the fire exits were unobstructed. Staff were trained and demonstrated sound knowledge on what to do in the event of a fire. The inspector reviewed service records and found that fire fighting equipment and emergency lighting was serviced on an annual basis.

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

**Findings:**
The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a proactive and non judgemental approach to managing behaviours that challenge. Specific plans were put in place to assist residents and staff in finding a satisfactory way of working with such challenges and the plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans and families were also involved in these. There was documentary
evidence that the interventions put in place were effective, while at all times promoting a restraint free environment and protecting the privacy and dignity of the resident. The restraint-free environment was evident from the manner in which the house was designed and on observing how staff and residents interacted.

Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way.

Policies were in place in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate with. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

Residents and their families stated in the questionnaires that they, "felt safe" in the centre. Relatives made comments such as, "he keeps asking when he is going to the house", "he can't wait to go back” and, “he considers it a holiday".

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

Findings:
The inspector found that the person in charge was familiar with the process for recording any incident that occurred in the centre and familiar with the procedure for maintaining and retaining suitable records as required under legislation. The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.
**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):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
The inspector found that the general welfare and development needs of residents were promoted. Families commented on how accessing respite fostered their relative's independence. In general, staff took a proactive approach to ensuring residents had good opportunities for new experiences. However, relatives did feel that residents would benefit from more outings and more activities. Residents had access to a secure garden. Residents attended day services which were tailored to suit their requirements.

**Judgment:**  
Compliant

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**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:**  
The inspector saw that a holistic assessment was used by staff in conjunction with the resident and/or relative to assess each resident's needs. From the assessments, plans of care were devised. Staff spoken with were knowledgeable and informed as to each resident’s needs and requirements.

The dietician and speech and language therapist were available to lend support and guidance in the formulation of nutritional care plans. There was evidence of referral and access to the general practitioner (GP), psychologist, dentist and optician. Where other
specialist services were required these were facilitated and staff attended hospital appointments with residents if required. Most of these referrals were organised by the resident’s family or the day services staff.

Reviews of care plans took place annually or more frequently if required. The resident, their family, day service staff, key worker and centre staff were involved in the care planning meetings.

The breakfast and evening meal was prepared and cooked daily in the centre. In so far as possible, residents were supported to make their own lunch which they then took with them to their day service. Unannounced audits of mealtimes were carried out by a member of the management team. No significant deficiencies were identified. The inspector saw that meals, mealtimes and the provision of snacks were dictated by residents’ routines and choices and residents had their meal at a time of their choosing. While mealtimes were flexible the inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible. A log was maintained for each resident with regards to their nutritional intake.

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

Findings:
The inspector was satisfied that there were systems in place to ensure that medication management practices were safe. Practice was guided by policy which was specific to the respite centre. The inspector saw that medications were securely stored and unused or out of date medicines were returned to the pharmacy.

All residents brought their own medications to the centre. No stock medicine was maintained in the centre. Each resident was provided with a locked leatherette bag to ensure the safe transport of medicine between the home and the day service and between the day service and respite centre. This system was in place for a number of years and was reported by staff and families to be successful.

On admission medication was counted to ensure there was a sufficient supply for the resident’s stay. If not family were contacted. On discharge medicines were again counted and put into the locked bag.
Every three months the prescription chart was checked against the prescription held by the pharmacist. This was a way of confirming that the information on the prescription was up to date.

The inspector reviewed the medication prescription and the medication administration chart and both satisfied regulatory and legislative requirements.

All medications were administered by a nurse. Nurses completed medication competency assessments yearly.

**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 statement of purpose set out the aims and objectives of the centre. However, the inspector concluded the centre was not meeting the aims and objectives of its statement of purpose. These aims and objectives included;
* to provide short term care
* to provide six respite beds
* to provide the best possible care
* to respect the needs of service users and their families

The statement of purpose was placed in a prominent place in the centre and was also available to residents. All of the items required under Schedule 1 of the regulations were contained in the statement of purpose.

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

Findings:
The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. He had been working in the centre for several years. Recently he was assigned on a full time basis to being the person in charge of this centre. Prior to this he had also been in charge of both this and another centre. He was knowledgeable regarding the requirements of the regulations and standards, and had clear knowledge about the support needs of each resident. The inspector observed that he was well known to residents, resident families and staff. All reported the person in charge to be supportive and easily accessible.

The person in charge was committed to his own personal development through regular attendance at courses including mandatory training. An experienced member of staff deputised in the absence of the person in charge.

The provider had established a clear management structure, and the roles of managers and staff were set out and understood. The structure included supports for the person in charge to assist him to deliver a good quality service. The designated person to act on behalf of the provider visited the centre regularly and met with the inspector on the day of inspection. She was knowledgeable about the service and supportive of staff development.

Monthly management meetings took place to discuss issues of concern in the centre. There were formal meetings of all persons in charge from centres in the group to discuss common areas of interest and share their learning. The person in charge told the inspector that he could contact any member of the management team at any time should he have a concern or issue in relation to any aspect of the service.

A copy of the regulations pertaining to disability services and a copy of the disability standards were available to staff in the centre. The person in charge told the inspector that staff appraisals were completed on an annual basis.

Judgment:
Compliant
### Outcome 15: Absence of the person in charge

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The provider was aware of the need to notify HIQA if the person in charge was absent for more than 28 days. Suitable deputising arrangements were made for such eventualities. The deputising role was occupied by an experienced staff member who was familiar with the residents.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**
Use of Resources

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

**Findings:**
The centre was inadequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. As discussed under Outcomes 3, 4, 13 and 17, the centre did not operate in line with its statement of purpose. The inspector concluded this was primarily due to restriction on resources. For example, there were insufficient resources to ensure adequate staff were employed to allow the centre to open every day of the month, there were inadequate resources to ensure residents requiring medium to long term care were provided with adequate residential care without impacting on the functioning of the respite centre.

The centre's statement of purpose had the objective of providing, "the best possible care". A significant part of residents' "care" was facilitating social interaction through regular respite availability. In addition, the provision of, "best possible care" in a respite context, involves supporting relatives to continue to be the main carers. This was not achieved. Many relatives spoke of the pressure they were under. Pressure added to by
the reduction in respite support. In many cases the expected respite of two to three nights a month was arranged when service users left the children’s respite service at the age of 18. However, as discussed elsewhere in this report, most residents could only avail of one night a month respite. Respite was reduced from what had been available when service users were under 18 or when they first entered the adult respite service. This was at a time:
* when young adult's social skills needed to be developed
* when service users family support was aging
* when older service users needs were increasing.
Pressure on families had materialised in one resident not being taken home from respite. Families stated they envisaged there would be other similar occurrences. Therefore, the respite service was not achieving its objective of, "providing the best possible care".

Judgment:
Non Compliant - Moderate

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**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 number of staff on duty at the time of inspection and as per the roster was adequate. However, staffing levels were not appropriate to the statement of purpose. The provider managed the limitations of staffing levels by reducing the opening hours of the respite facility. In doing so the service provided did not achieve its objective of, "providing the best possible care to the ladies and gentlemen who avail of respite care". All families who responded to HIQA's questionnaires and who met with the inspector were unanimous in stating that the reduction in the level of respite provided was having a negative impact on their family member with a disability and on their family who provided full time care. As discussed under Outcome 16, Resources, many relatives spoke of the pressure they were under. Pressure added to by the reduction in respite care that they were given to expect and which in many cases was arranged for them when their family member left the children's respite service they had been attending until the age of 18.
The inspector found there was a staffing roster showing staff on duty including the hours they worked. The person in charge was satisfied with staffing levels for the days in which the centre was open. The person in charge did not have autonomy to open and staff the centre every day of the month. The house was staffed by two staff at night, one of who was a sleep over staff member.

Overall, the inspector was satisfied that the education and training provided to staff enabled them to meet the holistic needs of residents. The management team demonstrated commitment to providing ongoing education and training to staff relevant to their roles and responsibilities. The annual staff appraisal system facilitated the identification of staff training needs. A planned training schedule was in place that incorporated both mandatory training and training identified by staff. Records of training completed by each individual staff member were maintained. Mandatory training in manual handling, adult protection and fire safety was current.

There was a comprehensive staff recruitment policy based on the requirements of the regulations. Staff records were held centrally. A number of these records were inspected and found them to contain all the information 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.

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

Findings:
Overall, records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. A directory of residents was maintained in the centre and this contained the items required by the regulations. A record of residents’ assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident,
including any treatment or intervention, was maintained. Residents' files were found to be complete and were kept accurately and up to date.

Records relating to communication needs, money or valuables, complaints, notifications, fire safety and rotas were maintained, stored securely and were easily retrievable. The policies required under Schedule 5 of the Regulations were in place.

**Judgment:**
Compliant

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**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:**

Margaret O'Regan
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-0003937</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>1 March 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>18 April 2016</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident was in long term care and another on extended respite. Neither of these residents' agreements were consistent with the resident’s assessed needs and the statement of purpose.

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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 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident’s assessed needs and the statement of purpose.

**Please state the actions you have taken or are planning to take:**
Both residents were emergency admissions to the centre and a transition plan for discharge has been agreed. It is envisaged that this will be completed by 10/06/2016. The provision of services for the centre will then be consistent with the centre’s statement of purpose.

**Proposed Timescale:** 10/06/2016

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The centre was not suitable for meeting the assessed needs of each resident.

2. **Action Required:**
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
The centre caters for respite provision. There are 2 residents who were emergency admissions for full time residential care. In order to provide this requirement for the 2 residents, the service has engaged the HSE and appropriate residential care for the respective residents has been agreed. 1 resident is ready for discharge to her home by 22/04/2016. The transition plan for the other resident for discharge to the identified residential facility will be completed by 10/06/2016.

**Proposed Timescale:** 10/06/2016

| Theme: Effective Services |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The personal plan reviews did not adequately take into account changes in circumstances and new developments i.e. the reduction in the level of respite available. The personal plan for residents in long term care did not adequately take into account the effect of living in temporary accommodation.

3. **Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in...
circumstances and new developments.

Please state the actions you have taken or are planning to take:
The personal plans will be reviewed for all residents and will be updated to reflect the changes in circumstances and new developments. The personal plan for the 2 residential residents now reflects the effect of living in temporary accommodation.

**Proposed Timescale:** 29/04/2016

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**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:
While the statement of purpose had been reviewed it was not reflective of the actual service provided at the time of inspection. The centre was providing both respite and full time residential care to residents.

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:
The statement of purpose was reviewed to reflect the actual service provided by the centre and was forwarded to the authority prior to the inspection on 18/02/2016. This reflected that there were 2 residents receiving full time residential in this centre.

**Proposed Timescale:** 18/02/2016

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**Outcome 16: Use of Resources**

**Theme:** Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was inadequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

5. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The centre is closed for 4 nights per month as agreed with the HSE. In order to provide more respite provision the centre requires to open fully. A business case has been
forwarded by the service for this funding to the HSE to support the centre open fully
which would cater for the demands on the service. The service has closed the centre to
further referrals to the centre as interim measure. The level of respite afforded to
families and service users will be restored to former levels on the discharge of two full
time residential residents.

Proposed Timescale: 10/06/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the
following respect:
The number of staff was not appropriate to the statement of purpose. The provider
managed the limitations of staffing levels by reducing the opening hours of the respite
facility. However, in doing so the service provided did not achieve its objective of,
"providing the best possible care to the ladies and gentlemen who avail of respite care".
All families who responded to HIQA’s questionnaires and who met with the inspector
were unanimous in stating that the reduction in the level of respite provided was having
a negative impact on their family member with a disability and on their family who
provided full time care to their relative.

6. **Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and
skill mix of staff is appropriate to the number and assessed needs of the residents, the
statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The centre is closed for 4 nights per month as agreed with the HSE. In order to provide
more respite provision the centre requires to open fully. A business case has been
forwarded by the service for this funding to the HSE to support the centre open fully
which would cater for the demands on the service. The service has closed the centre to
further referrals to the centre as interim measure. The level of respite afforded to
families and service users will be restored to former levels on the discharge of two full
time residential residents.

Proposed Timescale: 10/06/2016