

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dundas Ltd - St Clare's Disability Service
Centre ID:	OSV-0002422
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundas Ltd
Provider Nominee:	Jenny Walton
Lead inspector:	Julie Pryce
Support inspector(s):	Maureen Burns Rees
Type of inspection	Announced
Number of residents on the date of inspection:	19
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

From:	To:
29 June 2016 10:30	29 June 2016 18:30
30 June 2016 10:30	30 June 2016 20:30

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 an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, inspectors spent time with eleven residents. The inspectors also met with staff members, the person in charge and managers. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulations, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre was a large campus based congregated setting, currently accommodating 19 residents in a nursing home style living environment.

Overall findings:

Overall, inspectors found that the provider had arrangements in place to ensure the safety of residents. However, residents had limited opportunities to participate in activities of interest to them, to engage with their local community or to make meaningful choices about their living accommodation.

Inspectors were not satisfied that the provider had put systems in place to ensure that the regulations were being met in some areas. This resulted in some poor outcomes for residents.

Good practice was identified in areas such as:

- residents were facilitated to communicate (Outcome 2)
- positive relationships with family and friends were promoted (Outcome 3)
- staff were available to provide appropriate care and support for residents (Outcome 7)

The inspectors found that the lack of effective governance and management systems had resulted in:

- residents' rights in relation to living accommodation not being promoted, and some institutional practices still in place. (Outcome 1)
- a large congregated nursing home style living environment for residents ranging in age from early thirties (Outcome 6)
- little or no support to develop links in the wider community (Outcome 3)
- limited choice and involvement in meal preparation (Outcome 11)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that there were structures in place relating to the management of complaints or allegations, however improvements were required in ensuring that residents' rights were respected, and in the reduction of institutional practices.

There was a complaints procedure which was detailed enough to guide staff, including a clear process of the management of complaints. This procedure was available in an accessible version so as to guide residents if required. Those complaints examined by the inspector had been investigated appropriately and recorded in detail, including the satisfaction of the complainant.

The inspector found that there was an awareness of the importance of promoting rights for residents, for example, there was Rights Review Committee to which identified rights restrictions could be referred. Inspectors reviewed the referral of a rights restriction in relation to the covert administration of medication. The discussion of the committee was documented in detail, and a clear rationale for the decision of the committee was given.

There was evidence of institutional practices still in place in the centre. For example there was little evidence of individual outings, and recent purchase for toiletries and another for towels had been done en masse by the staff in the absence of the residents, despite the goal for at least one of the residents being to engage in shopping trips in the community. The lack of laundry facilities in the centre meant that laundry was outsourced, necessitating the use of name labels on all residents' personal items.

It was not clear that all residents living in the designated centre had chosen to live in a congregated setting. There was insufficient evidence of meaningful choice being offered to residents in this regard, in that although some people had moved from the centre to community homes prior to the inspection, there was no evidence of a community alternative being offered to the current residents.

Consultation with residents included monthly residents' meetings, at which issues such as food choices and upcoming activities were discussed. The views of residents and families had been sought and included in the annual review of the quality and safety of care and support.

Judgment:
Non Compliant - Major

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

Findings:
There was a section in each resident's personal plan which included an overview of communication needs. Where residents had a behaviour support plan these included further information relating to their communications needs.

A system of augmentative communication had been introduced for some residents, and staff had created a symbolic social stories to assist residents to understand that an inspection would take place. Some residents used tablets to assist communication. Staff engaged by the inspectors could describe the communication needs of residents.

Significant additional input had been put in place to support a resident with particular communication needs, which included one-to-one support from a skilled practitioner.

However, where residents had identified communication needs there were no appropriate referrals to a speech and language therapist. Involvement with residents was in relation to swallow difficulties only.

Judgment:
Substantially Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

While links with families and friends were maintained, there was little evidence of any meaningful links with the local community.

Visits from family and friends were welcomed and facilitated. There were plenty of both private and communal areas for residents to receive visitors, and there was a new specific visitors' room.

Families were included in case conferences, and records of invitations to these were maintained in residents files. Minutes of case conferences indicated the presence of family members. Families were informed about any incidents, and records were kept of contacts with families.

Residents had limited opportunities to engage with the local community in any meaningful way. Very few activities were in the community for most people. There was insufficient evidence of individual outings, even to the local village, and most recorded activities took place in the centre or on the campus.

Several residents engaged in meaningful activities within the home, for example one resident had a raised garden to grow vegetables, and another had chickens.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Written agreements of care between the residents and the organisation were in place, which included the services for which additional charges would be made. These contracts were signed by residents' representatives.

An admissions policy was in place, although no admission were expected.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

While there was a personal plan in place for each resident, there was insufficient evidence of appropriate goal setting, or provision of a meaningful day for residents.

Personal plans included detailed assessments in various areas of physical and healthcare needs, but there was no thorough assessment of social needs for residents. Personal planning was in place for some healthcare needs, but was not in place for social care needs. Reviews of specific healthcare needs were conducted on a monthly basis. In addition a monthly report was completed on each resident. However, as discussed under outcome 11, several aspects of healthcare lacked sufficient guidance.

There was some evidence of goal setting for residents, but where goals had been set there was no evidence that they had been implemented. For example a goal had been set for a resident to go to the local shop, and this had been broken down into steps. However the resident had not been taken to the shop, and had not undertaken any of the steps towards this goal. The goal for another resident was to go to mass in the local village. Since the date that this goal had been set in February 2016 the resident had only been to community mass twice.

Various activities took place in the centre, and on the campus of the organisation, for example a musician played for residents in the day room one evening a week, and some

residents attended a day service on the campus of the organisation. However, there was very little evidence of residents' presence or participation in the local community as the majority of activities took place in the centre, or on the campus, as discussed under outcome 3.

Judgment:
Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

The designated centre was a large congregated setting situated in a campus owned by the organisation on which were situated several other designated centres. The centre comprises a three storey building, originally a house, which has been extended to the rear with a more recent two storey extension.

There were various communal living areas, including sitting rooms and a dining room. All residents had the opportunity to avail of single rooms, and only two residents were sharing a room. The choice to continue to share a room was made by the residents, and single rooms were available if that had been their choice.

Two of the single rooms had en-suite bathrooms, one had an en-suite toilet and there were four units which comprised a bedroom, bathroom and small living area with a kitchenette.

Living areas for other residents were all communal including sitting rooms and a visitors' room. There was a dining room which could accommodate residents for meals in two sittings.

While there was potential for the kitchenette areas in the four units mentioned to become functioning, no other residents had access to a kitchen area, which was a large industrial kitchen on the lower ground floor. In addition there were no laundry facilities available to residents as required by the regulations. Therefore all laundry, including personal items, was outsourced and individual items were identified by the use of name labels.

There was an adequate number of bathrooms appropriate to meet the needs of residents, and each resident had sufficient storage and personal items in their rooms.

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):

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

Findings:

There were systems and processes in place in relation to fire safety and risk management, and all the actions required from the previous inspection regarding fire safety had been implemented.

There was a fire detection and alarm system in place, emergency lighting and fire fighting equipment. These systems and equipment were checked and serviced periodically by a professional and records were maintained. There were various emergency exits, and clear signage towards these. There were written personal evacuation plans for all residents and clear records of fire drills undertaken, including response times. Staff had all received training in fire safety by an external company, although as discussed under outcome 17 this training was out of date for some staff. This training included the use of fire fighting equipment. Staff spoken with demonstrated knowledge of fire procedures and could explain what to do in the event of a fire.

An upstairs room had been recently designated as a physiotherapy room. There was a fire exit from this room which involved an external staircase. The room was used by residents with mobility issues but there was no ski sheet in the room to facilitate the evacuation of residents in an emergency. This was rectified immediately by the person in charge, and a ski sheet was in situ beside the emergency exit on the second day of the inspection.

There was a system for recording and reporting accidents and incidents. Any incidents were reviewed by the person in charge and referred to the appropriate clinical professional and the organisation's 'Risk, health and safety' management group. There were risk assessments in place, both environmental and individual to residents, and a risk register was maintained including all these risks. A recently convened risk clinic had been set up to which risks would be referred and overseen. However inspectors identified a risk which had not been assessed or mitigated. There was a waist high stair gate at the top of a staircase, which had not been identified as being necessary to

safeguard residents, and which posed a risk to residents. This was assessed by the person in charge and removed during the course of the inspection.

Appropriate practices were in place in relation to infection control, for example there was colour coded cleaning equipment which was appropriately stored. Hand hygiene practices were observed by inspectors during the course of the inspection. Unused showers in the centre were regularly flushed.

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):

No actions were required from the previous inspection.

Findings:

There was evidence of positive behaviour support for residents, and systems in place to ensure residents were safeguarded, although improvements were required in the management of residents' personal finances.

Staff had received training in the protection of vulnerable adults, and staff spoken with were knowledgeable in this area.

Intimate care plans were in place for each resident which gave sufficient information as to guide staff when delivering care, and there was a system in place in relation to any allegations of abuse to ensure that residents were safeguarded.

Staff had received training in the management of challenging behaviour, and annual refresher training was offered. Behaviour support plans were in place for several residents which were in sufficient detail as to guide staff. However the implementation of these plans was not recorded in sufficient detail. For one resident the implementation was not recorded at all, and for another, recordings were only made following an incident. It was therefore unclear as to whether the plans were being implemented, and there was no data on which to base an evaluation of the effectiveness of the plans.

Some restrictive interventions were in place, for example bedrails and lap straps. However the rationale for the use of these interventions was not always clear. For example both bedrails and high-low beds with crash mats were in place for two residents reviewed by the inspectors, and there was no clear explanation as to why the bedrails were also required.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
All notifications had been made to the Authority as required by the regulations, and there was evidence of appropriate actions being taken to safeguard residents.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
There was insufficient evidence of steps being taken towards maximising the potential of residents as required by the regulations.

For the most part any goals which had been identified for residents were actually suggested activities, and where goals had been set insufficient progress had been made

towards addressing them. This meant that activities were for the most part still based in the centre or campus, and not in the wider community.

Residents attended a day service on the campus, and staff reported that various activities were offered during the day in this service.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

Findings:

There was evidence of a nutritional diet but improvements were required in facilitating residents in their involvement in food preparation. Whilst staff could describe some healthcare practices, significant improvements were required and documentation was inadequate in many cases.

There was evidence of a balanced diet being offered to residents, but of limited choice being available. There was a choice of two or three alternatives offered at each meal, and staff reported that residents were facilitated with other options if they did not choose one of the set alternatives. However there was no opportunity for the majority of residents to be involved in food preparations, as meals were prepared in the industrial kitchen on the lower floor to which residents did not have access.

Recommendations of healthcare professionals such as the speech and language therapist and dietician were available in the residents' records, and staff were aware of these recommendations. Inspectors observed practice to be in accordance with this guidance. Further evidence of residents having access to appropriate healthcare professionals, for example occupational therapist, neurologist and seating clinics was available in residents' records. Staff engaged by the inspectors were knowledgeable in many areas of healthcare, for example they could describe the care of a stoma for one resident.

However, there was no written guidance for this, and therefore no evaluation of the effectiveness of the practice. In addition a pressure relieving mattress was in place for one resident, but there was no guidance available for its use, and staff were unaware of the correct settings. As mentioned and actioned under outcome 5, there was insufficient guidance for some healthcare needs. For example the guidance in relation to diabetes

for one resident did not include information in relation to the steps required if blood sugar levels were high.

Information relating to health care had not always been reviewed and updated. For example personal plans had not been updated for resident who had given up smoking with the help of alternatives.

In addition, a 'Do Not Resuscitate' order was in place for one resident whose documentation was reviewed by the inspectors. There was no rationale available for this decision, and the order had not been reviewed for almost two years. There was insufficient evidence that this decision was based on a comprehensive assessment of need as required by the regulations.

Judgment:
Non Compliant - Major

Outcome 12. Medication Management

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

Theme:
Health and Development

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

Findings:

There were safe practices observed in relation to the ordering and storage of medications, however improvements were required in stock control and in the management of some 'as required' (p.r.n.) medications.

Medications orders were checked on receipt by two staff members, and medication was stored securely. Controlled medications were managed appropriately, and a secure fridge was available in which to store some medications. The temperature of this fridge was checked daily.

There was a centre specific policy in place in sufficient detail as to guide staff in all aspects of medication management. In addition a monthly audit of medication management was conducted, and required actions from those audits reviewed by the inspectors had been completed. However there were no assessments of residents' ability to manage their own medication as required by the regulations.

Prescriptions included all the information required by the regulations. Prescriptions for p.r.n. medications included the conditions under which the medication should be administered.

Practice observed by the inspectors in relation to medication management was appropriate, and guidance was adhered to. For example the management of subcutaneous medication included rotation of the injection site, and recording of this.

Medication errors were recorded and reported appropriately, and actions taken were recorded. Covert administration was prescribed as such, recorded appropriately and referred to the rights review committee.

Stock of medication was not adequately managed. A record was kept of new stock received to the centre, and the total number of boxes of each medication was recorded. If medication was not included in the stock delivered record, it was not included in the stock take on that occasion so that significant periods of time could pass with no check taking place. In addition only the number of boxes of medication was counted in a stock take, not the exact amount of medication. There was no running stock total maintained against which to measure the current stock.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a clear management structure in place and all staff were aware of this structure. Within this structure there was a clear system of both formal and informal supervision. The person in charge was appropriately qualified, skilled and experienced and was aware of her responsibilities under the regulations. Two identified persons participating in management were engaged by the inspectors during the course of the inspection and were found to be appropriately skilled, and aware of their responsibilities under the regulations.

An annual review of the quality and safety of care and support had been developed and unannounced visits had been conducted on behalf of the provider; the last available report was dated September 2015. All actions reviewed by the inspectors had been implemented. The person in charge reported that there had been a further unannounced visit in March 2016, but that this report had not been made available yet. It was unclear as to how any required actions could be completed if the report was not available to the staff responsible for them.

Various audits had been conducted, including health and safety audits, finance audits and audits of medication management. In addition a monthly governance report was developed which included various aspects of care and support such as accidents and incident, staffing issues and complaints.

There was a system of meetings in place including staff meetings and management meetings, and the discussion at a recent management meeting had identified the need to provide training for staff in the development of goals for residents, consistent with the findings of the inspectors.

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

Findings:

There were appropriate arrangements in place in the event of the absence of the person in charge, and no absences were planned currently.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

There was no evidence that any of the issues identified by the inspectors during the course of the inspection were due to resource issues.

There were two vehicles available for the use of residents, one of which was wheelchair accessible. Staffing levels were appropriate to meet the needs of residents, and the centre was well maintained, furnished and decorated.

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):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the numbers and skills mix of staff was appropriate to meet the needs of residents, including nursing staff and social care staff.

There was a suite of training available to staff including protection of vulnerable adults, moving and handling and fire safety. However, fire safety training was out of date for some staff, who were due for refresher training in January 2016. In addition the second day of training in the management of epilepsy was outstanding for approximately half the staff, and there were residents who could possibly require emergency interventions due to their epilepsy.

A system of annual performance development was in place for staff, and management staff responsible for this were appropriately trained.

All staff engaged by the inspectors were knowledgeable in relation to the needs of residents, and of any required interventions or communication needs.

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):

No actions were required from the previous inspection.

Findings:

All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.

All information was stored safely and was readily retrievable

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Pryce
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:	Dundas Ltd - St Clare's Disability Service
Centre ID:	OSV-0002422
Date of Inspection:	29 June 2016
Date of response:	12 September 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:

Residents did not have a clear choice of a home in the community.

1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

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

Five residents have transferred from St Clares to alternative accommodation since applying for registration in October 2015 reducing our numbers from 26 to 19.

St Clares is committed to reducing numbers to 10 by March 2018 residents on a phased basis with a proposed further reduction to 9 by the end of the fourth quarter of 2018 ensuring the residents have a clear choice of what home they would like to live in the community

Proposed Timescale: 31/03/2018

Theme: Individualised Supports and Care

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

Residents rights and dignity were not always respected in relation to institutional practices.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

St Clares will be to reducing numbers to 10 by March 2018 residents on a phased basis with a proposed further reduction to 9 by the end of the fourth quarter of 2018. A transition committee has been established to facilitate this reduction which will reduce institutional practices and allow for more personal space. A kitchen has been installed for resident's use thus allowing residents to be involved in food preparation where appropriate. A laundry for resident's personal use has also been installed.

Kitchen installed 25th July 2016/Laundry to be installed by 3rd October 2016, residents numbers reduced by 31st March 2018

Proposed Timescale: 31/03/2018

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents did not have the input of speech and language therapy in relation to their communication needs.

3. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Residents identified with having communication difficulties will have input from Speech and Language therapist.

Proposed Timescale: 16/12/2016

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

There was insufficient provision for residents to have links with the wider community.

4. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

All residents will have individual activity programmes in place which will always include access to the wider community where/when this is appropriate. There are vehicles available to residents ensuring outings and engagement with the wider community can be facilitated. All community engagement will be tracked using appropriate documentation

Proposed Timescale: 30/11/2016

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:

The assessment of needs were not comprehensive in that they did not address the social needs of residents.

5. 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:

All residents' social needs will continue to be assessed by developing an interest list with the resident to ascertain how a timetable can be devised to ensure residents have a day that is meaningful to them. A review of our goal planning process and the resident's goals will take place to ensure a comprehensive assessment of social need.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

Personal plans did not include guidance relating to maximising the potential of residents such as appropriate goal setting.

6. 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 our goal planning process and the resident's goals will take place to ensure clear guidance to maximising the potential of residents.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

Personal plans did not adequately reflect residents' social care needs, or all healthcare needs.

7. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A review of our goal planning process and the resident's goals will take place to ensure clear guidance to maximising the potential of residents. All Healthcare needs will be reviewed and updated as required.

Proposed Timescale: 31/12/2016

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 premises comprises a congregated setting not designed to meet the individual needs of residents.

8. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

A kitchen has been installed for resident's use thus allowing residents to be involved in food preparation where appropriate. A laundry for resident's personal has also been installed.

St Clares will be to reducing numbers to 10 by March 2018 residents on a phased basis with a proposed further reduction to 9 by the end of the fourth quarter of 2018. A transition committee has been established to facilitate this reduction ensuring the service meets aims and objectives of the remaining residents.

Proposed Timescale: 31/03/2018

Theme: Effective Services

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

Not all the requirements of schedule 6 were provided in that residents did not have access to laundry facilities or appropriate kitchen facilities.

9. 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 kitchen has been installed for resident's use on 25/07/16 thus allowing residents to be involved in food preparation where appropriate. A laundry for resident's personal use will be installed by 03/10/16.

Proposed Timescale: 03/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no data on which to base a review of some behavioural interventions

10. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

To facilitate regular reviews, data concerning behavioural interventions will be gathered routinely using an adapted event-recording document and other behavioural assessment documents.

Proposed Timescale: 31/10/2016

Theme: Safe Services

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

There was insufficient evidence that restrictive interventions were the least restrictive possible.

11. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Risk assessments are now in place for residents who require restraint such as bedrails with a clear rationale for their use.

Proposed Timescale: 08/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was insufficient up to date guidance for appropriate healthcare for some residents.

12. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

All Healthcare needs identified have been reviewed and updated as required. All healthcare needs will continue to be updated in line with best practice.

Proposed Timescale: 08/09/2016

Theme: Health and Development

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

End of life plans were not based on a comprehensive assessment.

13. 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:

Comprehensive end of life care plans will be developed for residents where appropriate in line with policy and best practice.

Proposed Timescale: 30/11/2016

Theme: Health and Development

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

Residents were not satisfied with the level of choice of meals.

14. Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

Residents have a choice of two or three alternatives offered at each meal, and staff ensure that residents are facilitated with other options if they did not choose one of the set alternatives. A new kitchen is now available for residents to participate in the preparation of meals if they so choose.

Proposed Timescale: 25/07/2016

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:

There were no assessments of capacity for residents to manage their own medication.

15. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

All residents will have a self-medication assessment carried out re encouraging them to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability. Following this a decision will be made as to whether capacity assessment is needed.

Proposed Timescale: 31/03/2017

Theme: Health and Development

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

There were not appropriate practices in place in relation to stock of medicines.

16. 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:

A new system for ensuring the stock medication is accounted for will be put into place.

Proposed Timescale: 30/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some training days and refresher days were outstanding.

17. 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:

Staff refresher courses are now up to date.

Proposed Timescale: 08/09/2016