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

| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd |
| Centre ID: | OSV-0003073 |
| Centre county: | Dublin 15 |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Daughters of Charity Disability Support Services Ltd |
| Provider Nominee: | Mary Lucey-Pender |
| Lead inspector: | Julie Pryce |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 4 |
| Number of vacancies on the date of inspection: | 1 |
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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: 26 April 2016 14:00 26 April 2016 19:00
To: 27 April 2016 09:30 27 April 2016 15:30

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

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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 the inspectors met with four residents. Residents told the inspector that they were happy in their home and hoped to continue living there. They were happy to show the inspectors their rooms and some of the projects they were working on.
The inspectors also met with staff members and the person in charge. The inspectors observed practices and reviewed documentation such as personal plans, risk assessments, accident and incident records, policies and staff files. Interviews were carried out with the person in charge and staff members.

Description of the service
The provider had produced a document called the statement of purpose, as required by regulations, which described the service provided, except that the document allowed for five residents. Inspectors found that the service was being provided as it was described in that document, but was only suitable for three residents.

The centre was in a housing estate with easy access to local shops and to public transport. It was a four bedroom house which was suitable to accommodate three residents, as one of the bedrooms was used as a staff room.

Overall findings
Overall, inspectors found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights and personal development of residents. However the accommodation was only suitable for three residents.

Summary of regulatory compliance
Inspectors were satisfied that, for the most part, the provider had put systems in place to ensure that the regulations were being met. The person in charge demonstrated adequate knowledgeable and competence during the inspection and the inspectors were satisfied that they were a fit person to participate in the management of the centre. This resulted in positive experiences for residents.

Good practice was identified in areas such as:
• residents were supported in their personal development (Outcome 5)
• positive relationships with family, friends and neighbours were promoted (Outcome 3)
• positive risk management was supported (Outcome 7)
• residents felt safe and secure in their home (Outcome 8)

The inspectors found that improvements were needed in the following areas:
• residents’ privacy was not always respected (Outcome 1)
• medication management systems could expose residents to risk (Outcome 12)
• there was an inappropriate number of residents for the available accommodation (Outcome 6)

The reasons for these findings are explained under each Outcome in the report and in the action plan.
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:
While it was clear that staff respected the dignity and privacy of residents and involved them in consultation, improvements were required in access to bathrooms, in the management of the closure of residents’ homes and in the management of complaints.

A mission statement was displayed in the hall of the home, which included artwork created by residents.

There was a current complaints procedure in place, and a comprehensive complaints form in use. The complaints form included the nature of the complaint, any actions taken, any recommendations, and the satisfaction of the complainant and there was an accessible version of the complaints procedure available for residents.

In addition, the required actions for a recent complaint had not been implemented. This was rectified by the person in charge by the second day of the inspection.

There was a charter of rights in place including accessible versions in the form of a poster and a booklet. An advocacy group was available for all residents which included issues such as ‘speaking up for yourself’, and one resident had taken up a place on this group.

There were regular residents’ meetings named ‘catch up meetings’ where various issues were discussed. Notes of these meetings were reviewed by inspectors, and all identified actions had been implemented.
Each resident had their own house and room keys, staff were aware of respecting the privacy of residents, and did not enter residents’ rooms without permission. However, one of the residents needed an assistive bathroom, and the only one available was the ensuite bathroom of a fellow resident. While the resident whose bathroom was accessed by another resident told the inspector that they did not mind this arrangement, it was clear that no alternative was available.

There was an on-going practice within the organisation whereby houses were closed at the weekends when all residents were visiting their family homes. This practice meant that there were residents from other centres using residents’ rooms on a regular basis, as often as once a month, and also that residents from this centre had to move to another centre when their own home was closed.

On the occasion of the inspection the house was about to close for a bank holiday weekend, but at the last minute one of the residents could not go to their family home. The resident therefore had to go to another centre for the weekend, and was not facilitated to stay in their own home.

Inspectors were therefore concerned that while there was an ethos of respect in the centre, there were historical practices which had negative outcomes for residents.

**Judgment:**
Non Compliant - Moderate

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**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:**
Inspectors were satisfied that all residents were supported to communicate effectively.

Residents were able to communicate verbally, and several of them spoke to the inspectors. Where residents needed encouragement to communicate, the inspectors observed staff supporting this, but also supporting residents to make a choice as to whether they wished to communicate with the inspectors.

Residents had mobile phones and tablets, and access to the internet from their devices. There was also a house phone which residents could access. Reading material was available, including TV guides and newspapers, and residents were supported by staff to access these.
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:
There was clear evidence of links both with the local community and with family and friends.

Families of residents were involved in their daily lives and with the personal planning process. Records were maintained of their attendance at person centred planning meetings. Visits to the home were welcomed and supported, and records were kept of these visits.

Family members had countersigned the contracts of care that were in place.

Residents had forged and maintained good relationships with their neighbours, and there was a reciprocal relationship with household tasks in place, for example, the taking out and returning of household waste bins.

Various community amenities were accessed by residents, for example local restaurants and public houses were accessed, public transport was used and community healthcare professionals were involved.

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:**
All residents had a contract of care in place, signed by themselves and by a representative, usually a family member. These contracts outlined the services which would be provided, and any charges incurred.

There was an admissions policy in place, although no admissions were expected given the long term nature of residents’ placements.

**Judgment:**
Compliant

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**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

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

**Findings:**
There was evidence of appropriate steps having been taken to provide a meaningful day for residents, and all residents had a personal plan in place.

Each personal plan began with a brief assessment based on the activities of daily living. This was formatted in an accessible way by means of a diagram which directed the reader to any area which required more guidance. These activities of daily living included various aspects of health and social care needs such as diet, sensory issues, mobility and communication.

Where required there were more detailed plans to guide staff, for example, money management plans, mobility plans and communication plans. Inspectors found that the implementation of these plans was recorded in the daily records for residents, and that there was regular evaluation of the effectiveness of these plans on at least a quarterly basis or more often if required.
Personal plans included goals towards maximising potential for residents, steps towards these goals were identified and progress towards them was documented. For example, a resident who had become anxious in relation to a particular aspect of daily life had been supported to set a goal towards overcoming this. The goal had been broken down into smaller steps with the support of the occupational therapist, and progress towards each step was recorded.

In addition, where a social goal had been identified by a resident which was unrealistic, this goal was not dismissed, and steps had clearly been taken to achieve as near an approximation as was possible.

Inspectors were satisfied that residents were facilitated to engage in a variety of activities, both in the community, in the home and in their day services. Day services were available in accordance with the individual needs of residents, some were involved in daily living skills, some in increasing independence and some in arts and crafts. Where residents were learning new skills, this learning was continued in the home, for example, one resident was developing independence in road traffic awareness and another in independence in food shopping and preparation, and these skill developments were supported by staff in the home environment.

All residents availed of a ‘day off’ during the week whereby they were supported by a staff member individually to engage in preferred activities.

Leisure activities in the evenings and at weekends included days out, membership of local clubs and outings to the cinema and local restaurants. Residents were encouraged in independent pursuits, for example one of the residents enjoyed weekend outings on their own for brunch and shopping.

Individual interests were supported, for example one of the residents had an interest in birds, had a bird feeding table, and an interaction with a neighbour with the same interest. Another was a member of a local literacy class, and others were members of a local table tennis club.

Inspectors were satisfied that residents had a meaningful day in accordance with their preferences and abilities.

**Judgment:**
Compliant

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

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

Findings:
While the centre was homely and personalised, inspectors found that it was too small to accommodate the five residents applied for by the organisation, and too small to accommodate the four residents who were currently living in the centre.

There were four bedrooms upstairs, one of which was a small staff ‘sleepover’ room, and three of which were residents’ bedrooms. Downstairs the room next to the kitchen, which was intended to be a dining area, was a fourth bedroom for a resident.

There was a small kitchen in which was the only dining table and six chairs, but if all six chairs were in use there was no access in or out of the room. On the occasion of the inspection even when the table was against the wall and only four chairs were in use, residents were seen to have difficulty entering and leaving the area, and had to ask for chairs to be moved out of their way.

The staff ‘sleepover’ room was too small to accommodate the requirements of staff administration, so the staff work station was located in the living room, including an office desk, chair, computer and files.

The application to register the centre included not only the four residents who currently resided in the centre, but a fifth to share one of the upstairs bedrooms. The bedroom which was allocated to be shared did not have enough room to accommodate another bed or adequate storage for another person. In addition, this was the room with an en suite bathroom which was the only assistive bathroom for a resident in the next room who required this.

Inspectors observed several maintenance issues requiring attention, including scrapes and holes in the paintwork, chipped grouting in the bathrooms, damp in the utility room and wear and tear of floorboards where the bare wood was visible. There were various cleanliness issues also observed, some of which were due to the residents’ autonomy in cleaning their own rooms, and these had been rectified by the second day of the inspection.

Overall inspectors were not satisfied that the accommodation was adequate to meet the needs of even four residents.

Judgment:
Non Compliant - Major
Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

Findings:
The inspectors found that while there were some systems and processes in place for the management of risk and in the prevention and detection of fire, improvements were required in the provision of fire doors and in the development of personal evacuation plans.

All staff had received regular fire safety training, fire drills had been conducted on a monthly basis and risk assessments were maintained on these. Staff were aware of the fire evacuation plans and were able to describe the procedures involved. All fire equipment had been maintained and serviced regularly, weekly checks were kept of alarm activation and emergency lighting, and daily checks were kept of fire exits, emergency lighting and the fire panel. Residents had been shown a fire safety dvd and told inspectors what they would do in the event of an alarm. However, there were no fire doors in the centre.

There were structures and processes in place in relation to the management of risk. An appropriate, centre specific risk policy was available which included all the information required in the regulations. A risk register was maintained which included details of ‘raw risk’ and ‘residual risk’.

Risk assessments and management plans were in place for a variety of individual risks including administration of medications, hot water, the risk of absconding and the use of mobile phones. Individual risk assessments were in place including the risk of residents being alone in the house and the risk of falls.

Accidents and incidents were recorded on a detailed form which included a description of any incidents and any actions required both to manage the event and to prevent recurrence. Incidents were trended on a quarterly basis by the risk officer, and the records showed that any trends were appropriately managed. For example, a resident who had two falls under different circumstances had an action plan put in place, and there was a record of the implementation of this.

Judgment:
Non Compliant - Moderate
**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

**Findings:**
There were processes in place to protect vulnerable adults from the risk of abuse as required by the regulations, and residents told inspectors that they felt safe in their home.

All staff had been trained in the protection of vulnerable adults, and those engaged by the inspectors appropriately discussed the issue. There was an up to date policy in place which reflected the recent change in national policy.

There was appropriate management of residents’ finances, which allowed for their autonomy within safe boundaries. Each resident managed their own personal spending money, each had their own bank account or post office account and were known to the staff in their local branch. All charges incurred towards their residence in the centre were managed by direct debit, and a contract of care was in place for each resident which outlined these charges. Where a resident spent time in their family home or away from the centre there was an appropriate reduction in the charge. Household money was managed transparently, and records examined by the inspectors were correct.

**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:
All notifications had been made to HIQA as required by the regulations. The person in charge was aware of all the requirements in this area.

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

Findings:
Inspectors were satisfied that all residents were supported in their goals, and that they were supported to maximise their potential as required under the regulations.

Each resident had goals identified in their personal plans, and some of them had written these goals themselves.

One of the residents was currently being supported to make a presentation about their life story at a conference in relation to their particular issues, and was happy to show the inspectors the presentation on their tablet. Another was learning the Irish language with assistance from a volunteer.

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):
This was the centre’s first inspection by the Authority.
Findings:
There was evidence of a balanced and nutritional diet for residents, and of healthcare needs being addressed.

Each resident had their own general practitioner (GP) in the community and records of all GP visits were recorded. There was clear evidence of access to other appropriate healthcare professionals as required, including occupational therapy, physiotherapy, neurology and mental healthcare professionals.

There had been an annual health check conducted for each resident, and where there were healthcare issues there was a clear care plan. Staff engaged by the inspectors were aware of all the health care needs of residents.

Where there was a changing condition for residents these had been addressed and documented.

There was a clear record of meals maintained, and each resident had a choice of meals and snacks. Residents were supported to prepare their own meals, and inspectors observed meals to be a social occasion in accordance with each residents’ preferences.

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:
While practices reviewed by inspectors in relation to medication management were appropriate, none of the staff administering medications had been trained in the safe administration of medications.

Documentation relating to the management of medications for residents was in place. Prescriptions for regular medications contained all the information required by the regulations. Protocols were in place for ‘as required’ (PRN) medications, which outlined the conditions under which they should be administered, and were in sufficient detail as to guide practice.

Some residents were supported to manage their own medication, and risk assessments were in place for those who did so. Medication errors were managed by recording and
reporting to the nurse on call for advice. Accident and incident forms were used to report any errors to management.

Medications were supplied by a local pharmacist in blister packs, and all medications were securely stored.

While staff had received a ‘talk’ from a pharmacist in relation to medication management, no training had been provided. Staff had some awareness in relation to the medications residents were prescribed, but there were clear gaps in their knowledge. Staff reported that they knew residents well, and while this was the case, when questioned on some of the medications they were administering, the information they gave was not accurate. There were also gaps in the knowledge of staff as to what they would do about out of date medications or spoilt medications.

The inspectors were therefore concerned that the lack of training could lead to negative outcomes for residents.

**Judgment:**
Non Compliant - Moderate

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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 provider had produced a 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.

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

**Findings:**
There was a clear management structure in place, and all staff were aware of this structure. Appropriate management arrangements were in place to monitor the safety and quality of care and support.

The provider had ensured that six monthly unannounced visits had take place as required by the regulations. The most recent one had been conducted in February 2016, and had resulted in an action plan. Those actions reviewed by the inspectors had been implemented. In addition, audits had been conducted on personal planning, health and safety and personal planning.

Regular meetings were held including staff meetings and meetings of social care leaders. Required actions were identified at these meetings, and those reviewed by the inspectors had been implemented.

There were clear communication systems in place, for example a monthly report on each resident was prepared for management review, and a system of regular memos was in place. The person in charge conducted regular performance review with each staff member as required by the regulations.

The person in charge engaged with inspectors throughout the inspection process, and was interviewed by the inspectors. She was found to be appropriately skilled and experienced, and showed appropriate leadership and supervisory skills. She had a clear understanding of her responsibilities as person in charge under the regulations.

**Judgment:**
Compliant

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**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:**
There were appropriate arrangements in place to cover the absence of the person in charge, and the person in charge was aware of the circumstances under which she should notify HIQA of her absence.

**Judgment:**
Compliant

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**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:**
Inspectors were satisfied that the centre was sufficiently resourced. Resources were in place to meet the staffing and transport needs of residents.

The house was adequately furnished, and resources were available to manage the maintenance issues identified under Outcome 6.

**Judgment:**
Compliant

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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 current staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs. Both planned and actual rosters were maintained planned and actual roster

Staff engaged by the inspectors were knowledgeable about the individual care needs of each resident, including their preferences and their communication needs. Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring.

Staff training was up to date, with the exception of training in the safe administration of medications, as discussed under outcome 12 and an annual staff appraisal and continual supervision systems were in place.

A sample of staff files were reviewed by an inspector and found to contain the information required by the regulations.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
All of the records required under the regulations were in place.

There was a directory if residents in place and all the policies required under Schedule 5 of the regulations were in place and up to date.
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 report

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<td>Centre ID:</td>
<td>OSV-0003073</td>
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<td>Date of Inspection:</td>
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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’ privacy was not respected in relation to their personal and living space including access to bathrooms and bedrooms being used by residents from other centres on occasion.

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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 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:**
The Nominee Provider and the PIC will review this practice and put a plan in place to eliminate it.

**Proposed Timescale:** 01/01/2017

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**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 centre was not designed and laid out to meet the number and needs of residents.

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

**Please state the actions you have taken or are planning to take:**
The Capacity of the Centre will be reduced to 4 at this time.

**Proposed Timescale:** 24/06/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was not provision for the matters laid out in schedule 6, including rooms of a suitable size and layout suitable for the needs of residents, or baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents.

3. **Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
The capacity of the Centre will be reduced to 4 at this time and if someone leaves it will be reviewed again at that time.

**Proposed Timescale:** 24/06/2016
### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no fire doors in the centre.

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

**Please state the actions you have taken or are planning to take:**
The Nominee Provider will have the house assessed and fitted with fire doors.

**Proposed Timescale:** 01/01/2017

### 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:**
Staff had not received training in the safe administration of medications.

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

**Please state the actions you have taken or are planning to take:**
Staff will be trained in the safe administration of medication.

**Proposed Timescale:** 01/12/2016