### Centre name:
A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd

### Centre ID:
OSV-0003078

### 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:
Ciara McShane

### Support inspector(s):
Catherine Glynn

### Type of inspection:
Announced

### Number of residents on the date of inspection:
5

### Number of vacancies on the date of inspection:
0
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 June 2016 10:00</td>
<td>22 June 2016 17:10</td>
</tr>
<tr>
<td>23 June 2016 09:30</td>
<td>23 June 2016 13:30</td>
</tr>
</tbody>
</table>

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

|--------------------------------------------------------|---------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------|------------------------------------------|--------------------------------|----------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------|--------------------------------|--------------------------------|

**Summary of findings from this inspection**

**Background to the inspection**

This was an announced inspection that was completed as a result of the Providers application to HIQA to register the centre. It was the centre’s first inspection and was completed over two days.

**How we gathered our evidence**

The inspectors met with the staff members on duty during the course of the inspection this included the person in charge. The inspectors also met with the service manager and a clinical nurse manager who attended feedback. As part of the
inspection the inspectors spoke with the aforementioned staff, reviewed documents such as the centres' policies, the safety statement, personal plans and the statement of purpose. The inspectors also completed a walk around of the premises. The inspector carried out observations throughout the inspection and communicated with all five residents who lived at the centre.

Description of the service
The provider had produced a document called the statement of purpose, as required by the Regulations, which accurately described the service provided. The statement of purpose stated the service provided long stay residential care to five residents who required low support.

The centre was a semi detached house that was within walking distance to a nearby village. At the time of inspection the centre comprised of two twin bedrooms and one single bedroom in addition to a staff office which was also used for staff sleepovers. There was a main bathroom upstairs and a wet room on the ground floor. The centre was equipped with sufficient number of bathrooms and showers to meet the needs of the residents. The centre also had a large lounge room which was nicely decorated and a dining room. A large kitchen with a dining area was also available to residents. At the time of inspection plans were in place to convert the dining room to a bedroom so that two of the existing residents would have their own bedroom, therefore there would be only one shared twin bedroom.

Summary of regulatory compliance
Eighteen outcomes were inspected against, one outcome was found to be of major non compliance with three moderate non compliance. The inspectors found that residents were actively involved in the running of the centre and they spoke positively about the support they received from staff. A number of residents were independent and attended day services and had meaningful employment. Residents' healthcare needs and social care needs were being met as reflected in their records.

Areas for improvement were identified in terms of safeguarding, privacy and risk management and in particular the risk of fire. Staffs' training was not up-to-date in terms of safeguarding, safe administration of medication and manual handling.

These findings along with others are further detailed in the body of the report and 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):
This was the centre’s first inspection by the Authority.

Findings:
There were policies and procedures in place to ensure residents' rights and dignity were respected, however, issues were identified in relation to protecting the privacy and dignity of residents in shared bedrooms. Improvements were also required in relation to complaints.

Efforts had been made to promote residents’ privacy, through consultation at house meetings which reflected residents’ choice. Residents had appropriate facilities for their belongings and had space to engage with visitors privately if they wished. One resident had been facilitated with their own bedroom, which was part of their personal plan. Two residents’ continued to share a bedroom, which was found not to promote privacy at all times.

Residents spoke about support from staff and management within the organisation. They felt informed and supported in their centre. House meetings were held on a weekly basis. Minutes of the house meetings were read and detailed issues such as health and safety, maintenance issues, booking holidays and day trips. There was also a display of meal choices and activity planning in the centre in a format suitable to all residents. All residents had access to house information such as house meetings and audits.

A residents’ guide was available in a suitable format in the centre. This included information about services provided and the procedure for making complaints. From discussion with residents, they were aware of the complaints process and knew who to report a complaint to. Residents reported to inspectors that they were confident with reporting a complaint as reflected in the complaints log. Staff spoken with were familiar
with the complaints process. A complaints log was in place and the complaints procedure was displayed in the centre. Areas for improvement were required with regards to complaints. While the complaints procedure was in place the inspectors found that a number of complaints had not been completed and closed off on. It was also unclear if some complaints had achieved a satisfactory outcome for complainants. The charter of rights was displayed on the kitchen wall and in a format suitable for all residents.

Interactions between staff and residents were observed to be warm and respectful. Residents spoke positively about staff and engaged with inspectors openly. Advocacy services were available to residents and could be accessed when required. Two residents at the time of inspection availed of advocacy services. Another resident was looking into advocacy courses with support from staff.

Overall the centre aimed to maximise the residents' ability to exercise independence and choice in their daily lives. For example, residents were supported to engage in many activities of daily living independently, such as staying in the centre alone for periods of time without staff present, accessing the community and using public transport.

**Judgment:**
Non Compliant - Moderate

**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:**
The inspectors found that the person in charge had responded effectively to residents’ communication needs. For example, the inspectors reviewed a behaviour support plan which was in picture format. Each personal plan detailed residents’ preferred method of communication. There was a communication policy in place.

Key information was readily available throughout the centre in an accessible format. For example, the complaints policy, residents’ guide and information on access to advocacy services and college courses.

Residents had access to television, internet and radio. A number of the residents had mobile phones and computerised tablets.
**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:**

Overall, it was evident that residents were supported to develop and maintain personal relationships. This was reflected through conversations with staff and residents and also seen in the residents' personal plans. Families participated in the lives of the residents through healthcare needs, holidays abroad and short breaks.

Residents’ friends and family were welcome to the centre. A visitors’ policy was in place which had no restrictions regarding visiting times.

Residents frequently accessed their local and wider community. At the time of inspection a number of residents accessed their community independently; they accessed local hairdressers, coffee shops and supermarkets. The residents also used the local transport services independently to attend work, day services and outings. There was an allocated bus for the centre to support residents to attend services and social activities.

A number of holidays had occurred for residents with families and friends. For example, two residents told the inspector of a recent holiday abroad. Other residents were also planning their holidays with family members. Staff were supporting residents to make holiday arrangements such as financial planning.

**Judgment:**

Compliant

---

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

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

Findings:
The centre had policies regarding the discharge, transfer and admission of residents. There had been no recent admissions or discharges from the centre. The majority of the residents had been living at the centre for a significant length of time.

Each resident had a contract of care that clearly outlined the services to be provided and any additional charges they may incur. Two contracts of care had not been signed off on, the provider was also aware of this.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspectors found practice regarding residents' health, personal and social care needs were in compliance with the regulations.

Each resident had a comprehensive assessment of needs that clearly outlined their needs. The inspectors found that residents' needs were reviewed at a minimum annually or as changes occurred. For example, where there was a change in a resident’s emotional well being this was updated to reflect same. Reviews of residents' needs, where applicable, included the support of a multidisciplinary team (MDT) with the resident at the core of these reviews. Residents’ representatives were also invited to MDT reviews as seen documented throughout residents' personal plans.

The inspectors found that each resident actively participated in the development of their personal care plan in particular areas relating to goal setting. Residents also signed the sections of the care plans they participated in.
Each resident had clear goals recorded in their personal plans. Residents spoke to inspectors about their goals, both the goals they were actively engaged in and ones which they had recently completed. Goals were clearly recorded and identified, along with a stepped approach and the person(s) and resources to assist the resident achieve the goal were also clearly defined. A goal review occurred frequently, for the most part monthly, and reflected what steps of the goals the resident may have progressed with. Where residents no longer wished to participate in a previously identified goal this too was outlined. Residents' keyworkers supported them in this process.

Residents’ plans were accessible, in parts, such as support needs explained through the use of pictures.

**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:**
The inspectors found, for the most part, the centre was modern, well maintained and within walking distance to a large village. Residents spoke positively about their home and were proud to show the inspectors around it. Some areas for improvement were identified during the inspection.

The centre, at the time of inspection consisted of a ground floor complete with a kitchen come dining area, a separate dining room, a lounge room, a staff office which was also a sleepover room and a downstairs wet room complete with toilet facilities. There was also an additional annex on the ground that was made up of storage areas. The first floor of the centre was complete with two twin bedrooms and a single bedroom in addition to a bathroom. The bathroom was complete with a bath that also had a shower facility. To the rear of the ground floor there was a back garden complete with a patio area. Residents told the inspectors they often enjoyed using the back garden in particular during the summer when they could have barbeques.

At the time of the inspection the dining room was not in use as there were plans to change the dining room to a staff office/bedroom and the staff bedroom was being changed to a bedroom for a resident. This meant that three residents would have their
own room and two residents would share a twin room. Residents were happy to no longer use the dining room in place of residents having their own bedrooms.

The centre, for the most part, was well maintained. The residents themselves actively participated in household chores. Areas of the centre had recently been repainted, the remainder was due for completion post inspection. Areas for improvement were identified. In the back twin bedroom, the curtains were coming away from the rails and repair work was required to a window. Areas of rust were observed in the bathroom on both the radiator and shower curtain rail. There was also a tile missing from behind the toilet facility.

**Judgment:**  
Substantially Compliant

---

**Outcome 07: Health and Safety and Risk Management**  
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

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

**Findings:**

The inspectors found that while there were systems and processes in place for the management of risk and in the prevention and detection of fire, improvements were required with regards to the containment of fire and smoke in addition to some aspects of risk management.

Systems were in place for the management and review of risk. There was a risk management policy in place that outlined all the information as required in the regulations. A safety statement was in place complete with a risk register. Some risks identified in the risk register were not centre specific. For example, the use of a hoist was detailed however, this was not relevant to the centre. The risk register outlined 'raw risk' and 'residual risk', the 'residual risk' was calculated once control measures were put in place.

The inspectors found that individual and environmental risk assessments were in place. Individual risk assessments were maintained within residents' personal plans, most of which had been recently reviewed and updated were required. The inspector reviewed a falls risk assessment for a resident. A falls screening tool was also used as part of this process as to was an environmental safety checklist for falls prevention. The falls risk assessment identified an uneven exit point at the backdoor as a risk and the resident concerns had recently fallen here. However, the inspectors observed this area still posed as a risk to the resident.
It was evident that learning from incidents occurred. The inspectors reviewed recent fire drills and note that one resident did not evacuate. A staff member spoke with the resident who stated they did not hear the alarm. A vibrating pillow was purchased for the resident to mitigate the risk.

Arrangements were in place for the detection and prevention of fire however some improvements were identified. Staff and residents were both aware of the evacuation plans. A centre specific evacuation plan was reviewed by the inspectors and evacuation maps were located throughout the centre. All fire equipment, including fire extinguishers, 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. Evacuation drills frequently occurred at the centre, the outcomes of which were recorded. The inspectors found that the centre was not equipped with fire doors, therefore there was no mechanism in place to contain fire or smoke should such an incident occur.

Procedures were in place regarding infection control. Colour coding was in use and mops were appropriately stored. Good practice regarding hand hygiene took place which was supported by appropriate hand hygiene facilities.

**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:**
While inspectors found areas of compliance in terms of safeguarding and safety improvements were required to ensure that all residents were protected from abuse.

Some systems were found to be in place to ensure residents were safeguarded and free from abuse however, improvements were required to ensure residents were consistently protected from abuse. The centre had policies and procedures in place in relation to safeguarding. The policy had recently been updated to reflect the change in national policy. Staff spoken with were knowledgeable of indicators of abuse, types of abuse and
their local reporting mechanism. Although staff were knowledgeable, a number of staff did not have the appropriate mandatory training in relation to the safeguarding of vulnerable adults. The inspectors reviewed incident and accident reports, reviewed residents’ questionnaires, read daily notes and spoke with residents and staff, all of which highlighted an ongoing safeguarding issue. As a result the inspectors found that residents were not at all times protected from abuse more specifically psychological abuse. This was discussed in great detail with the provider and person in charge during the inspection process and they had been aware of same. The evidence relating to this finding is not further detailed in this report in order to avoid adverse mention.

Systems were in place to support residents safely manage their finances. Each resident had access to their own money with majority of the residents requiring little to no support in terms of managing their finances. Residents had bank accounts and received regular statements, for those residents that required support staff assisted them to balance and understand their statements. Residents were supported, by staff, to put saving plans in place for holidays as seen outlined in their goals. Staff spoken with spoke competently on how they supported residents to manage their finances. The person in charge completed regular financial audits.

There were policies in place for the management of behaviours that challenge. The inspectors reviewed a resident’s behaviour support plan and found that it had been recently developed. Staff spoke n with were knowledgeable about the support plan. The behaviour support plan clearly identified the behaviours, the triggers in addition to proactive and reactive strategies. It was based on a traffic light system which staff were also aware off. For example, green was an indicator of a stable mood. The behaviour support specialist developed the plan in conjunction with the resident and staff.

**Judgment:**
Non Compliant - Major

<table>
<thead>
<tr>
<th>Outcome 09: Notification of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</td>
</tr>
</tbody>
</table>

| Theme: |
| Safe Services |

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

| Findings: |
| Following discussion with the person in charge, the inspectors found she was aware of her obligation to notify HIQA as per the requirements of the regulations. HIQA had received notifications in relation to this centre. The person in charge was able to outline the legal requirements for notifications and time periods involved. Records of notifications were maintained in the centre. |
While good practice was evident, the inspectors found that HIQA had not been informed in writing of some adverse incidents. This was evident from a review of documentation; daily logs, incident forms and complaints logs.

**Judgment:**
Non Compliant - Moderate

---

**Outcome 10. General Welfare and Development**

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

**Theme:**
Health and Development

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

**Findings:**
The inspectors found residents had opportunities for new experiences and social participation. Residents were also actively involved in employment, training and education.

At the time of inspection, residents informed inspectors of their employment with external organisations and their involvement in educational opportunities regarding nutrition and advocacy. One resident had long term employment with a local shop. Two other residents were actively employed in charitable organisations. As part of their employment they had completed required training in areas such as food hygiene.

Residents attended a variety of day services that provided for their individual needs and interests. Each resident had a keyworker who supported them to engage in activities and employment of their choosing.

Residents had a busy schedule of activities in the week, which included basketball, shopping, meeting friends and attending church. Residents talked of positive experiences including holidays abroad and meaningful trips with friends. The person in charge had ensured resources were available at weekends to promote independence and maximise social activities without limiting any individual’s choice.

**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:**
Residents' healthcare needs were being met and systems were in place to ensure appropriate healthcare was provided having regard to the residents' personal plan.

There was good access to the general practitioner (GP) and allied health professionals. Residents told the inspector about their GP whom they visited when required. The inspector reviewed the appointment logs for some residents and observed that they were regularly seen by their GP. There was also good access to allied health professionals such as the dentist, optician, psychologist, dietician and speech and language therapist (SALT) as required. Where recommendations had been made by allied health professionals, the staff team, with multidisciplinary support where required, developed care interventions. These clearly described the support required and were updated where necessary. From a review of residents' care interventions it was evident that the care and support residents were receiving, in relation to their identified care needs, was ensuring positive outcomes for residents.

Residents were supported to attend screening appointments. Where this had occurred the related information was documented in their personal plans including the outcome and any follow ups which may have been required.

**Judgment:**
Compliant

### Outcome 12. Medication Management
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.
**Findings:**
The inspectors found there were policies and procedures in place for the management of medication which was in line with the information required in the regulations.

There was a centre specific medication policy in place which detailed the local procedures and arrangements. This outlined the centres’ arrangements had with the local pharmacist. Staff told the inspectors about the procedures in place for collecting the weekly medication. Residents were involved with this process and one resident who self medicated collected their own medication.

Medication was dispensed in blister packs and a weekly supply was securely stored at the centre. Staff spoken with competently told the inspector about the arrangements in place to administer medication and they were familiar with reporting medication errors and returning medications to the pharmacist. The staff member showed the inspector the system that was used to return unused or out of date medications to the pharmacist.

Where residents were self medicating completed risk assessments in place. A monthly review was completed to ensure the resident was correctly self administering. There was also a system in place to oversee medication stock control. Two staff checked the medication stock weekly. The person in charge also completed their own medication audit inclusive of as required (PRN) medication and medication errors.

Protocols were in place for PRN medication, staff spoken with were familiar with these also.

**Judgment:**
Compliant

---

**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:**
There was a statement of purpose that met the requirements of the regulations. Inspectors read the statement of purpose and found that it provided information about the service. It accurately reflected the services and facilities to be provided. It described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep this document up-to-date and to notify HIQA of any changes.
<table>
<thead>
<tr>
<th><strong>Judgment:</strong></th>
<th>Compliant</th>
</tr>
</thead>
</table>

| **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. |

<table>
<thead>
<tr>
<th><strong>Theme:</strong></th>
<th>Leadership, Governance and Management</th>
</tr>
</thead>
</table>

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

| **Findings:** |
| --- | --- |
| The inspectors found that overall there were systems in place ensuring oversight and accountability of the service provided. |

During the two day inspection the person in charge, who was employed as a social care leader and service manager were available. The inspectors found the organisational structure was reflective of that as outlined in the statement of purpose. The social care workers reported to the person in charge who in return was supported by a clinical nurse manager (CNM3). If the CNM3 was unavailable the person in charge contacted the nurse on-call. The on-call system was rotated amongst a team on CNM3's. The CNM3’s were supported by the service manager.

Formal arrangements were in place to support, develop and performance manage all members of staff. The person in charge told the inspectors that newly recruited staff were formally inducted to the centre and attended a series of probation meetings. Permanent staff received annual appraisals as part of the providers ‘performance management. The person in charge then met with the staff throughout the year to review the goals they had set. The person in charge attended management meetings and staff meetings were held locally, the inspectors reviewed minutes of these local meetings.

The inspector reviewed the centres' audits which were completed regularly throughout the year. The audits included finance audits, medication audits and evaluation of personal plans in addition to weekly health and safety checks. The provider nominee had carried out unannounced inspections of the centre as required. These reports were maintained in the centre. The reports identified areas for improvement. Where areas had been identified as requiring improvement a plan had been developed and put in place with time lines and persons responsible identified. An annual review of the quality and safety of care and support was available in the centre, residents had access to
same. Input from residents and their representatives was lacking and no formal arrangements were in place for capturing their views in terms of the annual review. The provider was aware of this and stated it was something they were reviewing.

**Judgment:**
Substantially Compliant

---

**Outcome 15: Absence of the person in charge**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

**Judgment:**
Compliant

---

**Outcome 16: Use of Resources**

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

**Theme:**
Use of Resources

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

**Findings:**
The inspectors found that sufficient resources were provided to meet the needs of residents.

The centre was maintained to an adequate standard inside and out although some improvements had been identified. The centre had fully equipped kitchens with laundry facilities. Equipment and furniture was provided in accordance with residents’ wishes.
and needs.

There was a system in place should the person in charge require additional staff hours as required. A transport vehicle was provided which was serviced regularly and in good working order at the time of inspection.

Judgment:
Compliant

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

Theme:
Responsive Workforce

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

Findings:
The staff numbers and skill mix available were found to be appropriate to meet the assessed needs of the residents at the time of the inspection.

A staff member had recently transitioned within the service which resulted in a vacancy. At the time of inspection the vacancy was being filled by the use of relief staff and agency staff. The inspectors read in the questionnaires completed by the residents stated that having relief was difficult at times because they didn't know them. From a review of the rosters it was evident that different relief staff were being availed off. The provider told the inspectors they were in the process of recruiting for the post.

Staff working at the centre, during the inspection, were knowledgeable of the residents and their needs. They were also aware of the local policies and procedures and residents spoke positively about them.

The inspectors reviewed the training records for staff and found that staff, working at the centre, did not all have up-to-date mandatory training. For example, there were training gaps relating to safeguarding, manual handling and the safe administration of medication. All fire training at the time of inspection was up-to-date.

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

Theme:
Use of Information

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

Findings:
Records and documentation were securely stored and the required policies were in place.

The inspectors reviewed the residents’ guide and found that it provided sufficient detail. The document described the terms and conditions in respect of the accommodation and service provided and a summary of the complaints procedure was outlined.

The inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained and up-to-date.

Written operational policies, in particular those outlined in Schedule 5, were in place to inform practice and provide guidance to staff. The inspectors found that staff members were sufficiently knowledgeable regarding these operational policies.

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:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd |
| Centre ID:    | OSV-0003078 |
| Date of Inspection: | 22 June 2016 |
| Date of response: | 22 July 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:
Two residents continue to share a room that does not promote full privacy.

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 provider will regularly review the capacity of the centre and reduce it if a resident leaves.

   **Proposed Timescale:** 01/01/2017
   **Theme:** Individualised Supports and Care

   The Registered Provider is failing to comply with a regulatory requirement in the following respect:
   Provider failed to ensure all complaints were closed off. The provider did not ensure all complaints were recorded appropriately.

2. **Action Required:**
   Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

   **Please state the actions you have taken or are planning to take:**
   - All outstanding complaints have been closed off and recorded appropriately

   **Proposed Timescale:** 22/07/2016

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contract of cares for two residents had not been agreed in writing.

3. **Action Required:**
   Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

   **Please state the actions you have taken or are planning to take:**
   - The PIC will discuss the contracts of care with the two residents and advise the family of same.

   **Proposed Timescale:** 30/08/2016
<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report repairs were required to one bedroom and the main bathroom.

4. **Action Required:**
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
• The Provider will arrange for all repairs to be completed.

**Proposed Timescale:** 01/10/2016

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
1. The safety statement was not entirely centre specific.

2. A risk relating to back of the centre had not been mitigated.

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

Please state the actions you have taken or are planning to take:
• The safety statement has been reviewed to ensure it is site specific
• The Provider will consult with the service engineer regarding mitigating the risk

**Proposed Timescale:** 01/10/2016

| 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.

6. **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 Provider will consult with the fire consultant and take the appropriate action

Proposed Timescale: 01/01/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not protected from all forms of abuse.

7. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
- The Provider will report all allegations of abuse to the chief inspector of HIQA.
- The Provider will ensure that all residents are met by her and CNM3 on a regular basis to discuss any concerns.
- The PIC and house staff will meet all residents on a weekly basis to discuss any concerns that they may have.
- All residents will be reminded of the Independent Advocacy Service and given the opportunity to access same.
- A Good Friends Group will be established in the centre to encourage harmonious relationships.
- The Behaviour Support Specialist will continue to support and advise service users and staff.
- Regular MDT meetings will be held to review the support plan in place.
- All Staff will be trained in Studio 3 behaviour training to equip the team with skills to minimise the risk of abuse in the centre.
- The Behaviour support plan will be continuously reviewed.
- Staff will be vigilant to ensure that triggers of abuse are minimised.
- All complaints by service users will be addressed in a timely manner.
- Psychiatry reviews and review of medication will continue on a regular basis.
- Additional Support staff will be provided when required for social outings and activities that may be a trigger for abuse.
- Residents will have access to on-going social worker support.
- All Allegations of abuse will be monitored and if there is a sustained increase, an MDT will be held to discuss further necessary actions and supports.

Proposed Timescale: 01/10/2016
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All staff did not have the appropriate or up-to-date training in terms of safeguarding residents and the prevention, detection and response to abuse.

**8. Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
- Staff currently working in the centre will be provided with the necessary training required.
- New Staff being currently recruited will be trained at induction.

**Proposed Timescale:** 31/12/2016

---

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The provider had failed to submit all relevant notifications to HIQA.

**9. Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

**Please state the actions you have taken or are planning to take:**
- The provider and PIC will notify the chief inspector of all allegations of abuse.

**Proposed Timescale:** 23/06/2016

---

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The annual review did not allow for consultation with residents and their representatives.
10. **Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Please state the actions you have taken or are planning to take:**
- The 2016 annual review will consult with the residents and their representatives. This visit is scheduled for 6/9/2016

**Proposed Timescale:** 30/09/2016

---

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
As outlined in the body of the report all staff did not have up-to-date mandatory training.

11. **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 currently working in the centre will have mandatory training provided.
- New staff being currently recruited will be trained at Induction.

**Proposed Timescale:** 31/12/2016