

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003084
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:	Raymond Lynch
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:	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 1 day(s).

The inspection took place over the following dates and times

From: 21 April 2016 10:00 To: 21 April 2016 18:00

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

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

Summary of findings from this inspection

This was the centre's first inspection by the Health Information and Quality Authority (HIQA). The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application to register the centre as a centre for four adults with a disability.

The centre consisted of a two story semi-detached house that accommodated four residents. Overall the inspector found that the care provided to the residents was individualised and person centred. Suitable and sufficient facilities, management structures and guidance documents were available and in place to support the operation of the centre.

The person in charge facilitated the inspection and was interviewed as part of a registration process. The provider nominee was also met with as part of this registration process. Both were found to be knowledgeable of their remit and responsibilities to the Health Act and regulations. The inspector found that both were also responsive to and supportive of the inspection process.

The inspector met with and spoke to all residents over the course of the inspection. Feedback from both residents and relatives was extremely complimentary of the quality of service provided

Documents, care plan and policies were reviewed and discussed with person in charge and staff over the course of the inspection. The overall findings are presented in the body of this report.

Of the 18 outcomes assessed 11 were found to be compliant, including healthcare needs, safeguarding, governance and management and general welfare and development. Five outcomes were found to be substantially complaint including residents rights and consultation, workforce and social care needs. One outcome was found to have a moderate non compliance which was Health, Safety and Risk Management.

These issues are further discussed along with the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that arrangements were in place to ensure the rights, privacy and dignity of residents were promoted and residents' choice was supported and encouraged. However, information on how to make a complaint or what advocacy supports were available was not on public display in the centre.

Procedures and arrangements were in place and described by the person in charge to enable residents to exercise choice and control over their life in accordance with their preferences and to maximise their independence. Completed questionnaires by the residents informed the inspector that residents were satisfied with the quality of service received and were consulted with regarding their personal care and running of the centre. Family members were also very complimentary of the service provided.

Arrangements were also in place to promote and respect resident's privacy and dignity, including receiving visitors in private.

A policy was in place on informed consent and decision making in the centre, which was last reviewed in October 2013. The purpose of the policy was to support each resident to make their own decisions and to develop their fullest potential so as they would be enabled to lead an independent and satisfying life. The inspector observed that residents' meetings formed part of the arrangements for consultation and decision making processes. Meetings were usually held on a weekly basis. From a sample of minutes viewed, the inspector noted that residents made decisions and agreed upon items such as weekly menus and social outings.

A complaints policy and log book was also in place. The complaints policy was last reviewed in 2015 and was to enable the residents to bring matters of concern to the attention of the service with the aim of finding a satisfactory solution. On checking the log book the inspector observed that complaints were being managed appropriately and effectively in line with the policy. For example, one resident had complained that they didn't want to go on group holidays with the centre anymore. This complaint was recorded and was appropriately actioned and the resident did not participate in the group holiday in 2015.

Another resident had expressed dissatisfaction with their day service placement. On reviewing the log book the inspector observed that with multi-disciplinary input, an alternative solution was found for the resident, of which they appeared satisfied with. The resident was supported to attend a more appropriate day service setting and was also supported to stay at home if they chose not to go to the day service.

While the inspector was assured that complaints were being managed effectively, it was observed that there was no information on how to make a complaint or how to access an independent advocate on public display in the centre. When this was brought to the attention of the person in charge and provider nominee they said that would address this situation in consultation with the residents living in the centre.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

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

Findings:

There was a policy available in the centre on communication with residents and overall the inspector found that arrangements were in place so that residents were supported and assisted to communicate in accordance with their assessed needs and preferences.

The inspector found that the policy on communication, which was updated in 2015, aimed to support staff by setting standards of good communication practices with residents and how best to provide information to them. Residents' communication needs were explicitly identified in their assessment and personal planning process. From a sample of files viewed the inspector observed that personal plans captured individual communication preferences, abilities and support requirements. Assessment documents and templates related to personal plans also provided information on how best to

communicate with each resident.

Where required, information was also made available in an easy to read format or by use of picture/visual aids. The inspector observed that a lot of the information held in the centre, was also provided in an easy to read version to suit the communication needs of the residents. Residents also had ample access to radios, TV's and newspapers.

One resident was currently in the process of getting a specialised telephone that they could use independently to call relatives and friends. This piece of assistive technology was being sourced in order to support the resident's overall independence and promote their full capabilities.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that family contact and links with the community were being supported and encouraged. However, issues were identified with regard to links with the community but these were discussed and dealt with under Outcome 17: Workforce.

A policy was in place in relation to visitors which was reviewed and updated in June 2014. The policy summarised the arrangements in place to support the residents receive visitors of their choice in a manner that was respectful to the rights of the people with whom they share their home. The inspector observed that the policy supported residents to be facilitated to receive visitors in private with no restrictions on family visits, except if requested by the resident or due to a health and safety risk.

The inspector read feedback from family members through questionnaires distributed prior to the inspection. Feedback was extremely complimentary of the service and staff working in the centre. Feedback also informed the inspector that they felt the care their family members received was excellent.

From a sample of files viewed, the inspector also observed that family members formed an integral part of the individualised planning process with each resident. Residents and families members were invited to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident.

While the inspector satisfied that residents used the local amenities and a designated car was provided for trips further afield, it was observe that they could be better supported to develop and maintain personal relationships and links with their community. For example, because of the staffing arrangements in the centre trips to local amenities had to be carefully planned in advance. This was because there was only one staff member on duty each evening Monday to Friday inclusive.

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:

There were policies and procedures in place for admitting residents, including transfers, transitions, discharges and the temporary absence of residents from the centre. However, the inspector observed that some charges to be applied for services provided were not explicitly stated in residents' Contracts of Care.

The inspector observed the policy on admissions, discharge and transfer of residents which set out the requirements to comply with service level agreements and to ensure quality of service was delivered in keeping in line with the principles of person centred planning. Residents' admissions were in line with the policy and the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services. However, the inspector noted that there were no recent admissions to this centre.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre. An easy to read version was also available to each resident. The contracts of care in place stated the services to be provided and the fees to be incurred by residents for such services.

However, the inspector observed that not all fee to be charged to residents were explicitly stated in their contracts of care. For example, residents were required to pay a portion of staff costs on social outings and holidays. These fees were to cover staff expenses such as meals. These fees were not included in residents' contracts of care.

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 inspector found that arrangements were in place to provide for the social care needs and supports for each resident and assessments pertaining to residents needs had multi-disciplinary input and review as and when required. However, it was also observed that due to staffing arrangements in the centre, some social care goals were limited or at times were not happening for residents.

From a sample of files viewed each resident had a personal plan in place which aimed to support and improve outcomes for them. Personal plans were reviewed on a regular basis by staff working in the centre and with the support of allied health care professionals where and when required. Plans took into account the residents social care needs, and overall health and emotional wellbeing. The plans were in an accessible format and were found to be informative of what was important to each individual such as their communication needs, people of importance, family members, sensory needs and how best to support choice.

Each resident had opportunities to participate in activities which were meaningful to them. For example, some residents attended a day services centre where they participated in activities of their choosing such as tapestry and rug making. Outings were also supported through day services and activities such as cinema and bowling. Another resident was supported to take classes in flower arranging one evening a week.

Through the process of person centre planning residents were also being supported to maximise their independence. For example, from a sample of plans viewed one resident wanted to be supported to manage their personal care needs independently. The staff team were actively supporting this goal through a process of task analysis which identified a baseline for the individual and what skills they would need to develop in order to achieve the goal. The inspector observed that this was a work in progress and

the resident in question had made good progress with achieving the goal.

However, the inspector observed that not many goals identified by the residents involved using their local community. On further investigating of this the inspector noticed that it was due to the staffing arrangements in the centre. There was only ever one staff on duty in the evening time Monday to Friday inclusive. This meant the outings in the evening times required very careful pre-planning and trying to source additional staffing resources. Because of this some outings and social care activities were curtailed. The person in charge and provider nominee assured the inspector that additional staffing hours would be sourced and secured by June 2016 in order to address this issue.

Judgment:
Substantially 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 inspector found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There were appropriate facilities in place and the layout of the centre promoted residents' safety, dignity, independence and wellbeing. However, it was observed that some parts of the centre required redecorating and refurbishing.

The centre comprised of a two storey semi-detached house, which was suitably furnished and fitted for occupancy by four residents. Resident accommodation included four single occupancy bedrooms. One communal ground floor bathroom with showering facilities was also available for use along with a communal bathroom upstairs .

There was a small homely kitchen which was well equipped and a separate dining room of a good size to accommodate meal times and social activities. Utilities such as the washing machine and tumble dryer were kept in the outside shed which was well protected from the elements and were right next to the kitchen. Residents were supported to manage their own laundry in the centre.

There were well kept gardens to the front and back of the centre. The back garden had a designated area for a patio and the person in charge informed the inspector that new garden furniture had been ordered and was soon to be delivered.

One resident invited the inspector to see their bedroom. The inspector observed that it was spacious, clean, warm and comfortable and was decorated with the resident's own personal belongings. There was also adequate storage space available in the bedroom and throughout the centre.

The premises had adequate heating, lighting and ventilation and were clean and suitably decorated. However, some parts of the centre required updating and refurbishing. For example, the dining room, while homely, required complete redecorating. The paint work was in a poor state of repair as was some of the furniture.

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 inspector found that arrangements were in place to ensure that the health and safety of residents, visitors and staff were promoted. There were policies and procedures in place for risk management and emergency planning. The centre also had policies and procedures relating to health and safety and suitable arrangements were in place for the prevention and control of infection. However, the inspector observed that there were no fire doors in place in the centre.

A risk management policy was in place in the centre, which was last reviewed in March 2015. The policy applied to all employees of the service and stated that all hazards and risks were to be identified proactively and that all accidents, complaints and near misses were to be effectively managed. The inspector found that the policy was being implemented throughout the centre and included the identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

Overall the inspector observed that centre was proactive in managing risk. For example, from a sample of files viewed the inspector noted that one resident had a fall recently in their bedroom. With immediate effect the person in charge arranged for a mobility assessment and falls risk assessment for the resident by the physiotherapist. The issue

was also discussed at the next staff meeting where it was agreed to ensure to support the resident to keep their bedroom clutter free. The person in charge also arranged for a double banister to be put in place as an additional support to the resident when ascending and descending the stairs. The inspector observed that since these arrangements were put in place no more falls had been recorded.

There was a fire policy in place which had been updated and reviewed in 2015. The policy clearly stated that plans must be in place and developed to ensure all occupants of the house can escape safely in the event of a fire. The inspector observed that there was adequate means of escape, including emergency lighting, and all exits were seen to be unobstructed. The fire alarm and panel was serviced and maintained on a quarterly basis and fire safety equipment was serviced annually, the last service being in April 2015. A certified electrician checked the emergency lighting on a three monthly basis. The inspector noted that the last checks were in February 2016. Individual evacuation plans and procedures through the process of individual risk assessment for each resident were also completed and up to date.

Fire drills were held at regular intervals and fire records to include details of fire drills were maintained. The last drill was scheduled in March 2016 and no issues were identified. The inspector observed that the importance of fire drills and safe evacuations were also regularly discussed at house meetings with residents. All staff were trained in fire safety and safe evacuation procedures. Daily checks of all fire exit routes were completed by staff and fire emergency equipment checked weekly.

However, it was observed that there were no fire doors in place in any part of the centre. It was also observed that there was inadequate signage to inform people of the exits and meeting points in the event of a fire. Because of this the inspector was not satisfied that there were adequate systems in place for the containment of fire.

There was a safety statement in place which had been updated in 2015. The objective of the statement was to set out and provide for a safe place of work and a healthy environment for all residents and staff. The statement clearly outlined the roles and responsibilities of staff and management in ensuring a safe environment for all in the centre.

There was also a policy in place for missing persons which was implemented in 2013. The policy provided guidance and procedures for staff to follow on what to do in the event of a resident going missing. To date this had not been an issue in the centre. An emergency planning policy was also in place and last reviewed in 2014. It explicitly set out the protocols of what to do in the event of an emergency occurring in the centre.

There was an infection control policy and manual available in the centre. The inspector observed that there were adequate disposable hand towels, warm water and hand sanitizing gels throughout the centre.

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:

The inspector found that adequate arrangements were in place to keep residents safe in the centre.

There were policies, procedures and training arrangements in place to keep residents safe and protect them from abuse. For example, there was a policy on the protection and welfare of vulnerable adults and management of allegations of abuse which had been implemented in January 2016. It was also observed that all staff had training in safeguarding of vulnerable adults. Staff were able to verbalise to the inspector how they would manage any allegation of abuse in the centre, making explicit reference to the protection and welfare policy on site and the appropriate reporting procedures.

There was also a policy in place for providing personal intimate care which had been updated in 2014. The policy set out a framework which protected the rights of each resident and staff when meeting the intimate care needs of the residents. The inspector observed that intimate care plans were in line with the policy and were informative of how best to support each resident whilst maintaining their dignity, privacy and respect.

There was also a policy on protected disclosure which had come into effect in February 2016. The policy was to encourage all employees to report any concerns they may have regarding any potential wrongdoing in the centre. The inspector observed that arrangements were in place to ensure the nominee provider and person in charge monitored the systems put in place to protect residents and ensure that there are no barriers to staff or residents disclosing any issues of concern. Staff working in the centre were able to identify who the nominated person was, if they had any safeguarding concerns and expressed that they would have no issue whatsoever in reporting a safeguarding concern if the need arose.

There was also a lone workers policy in place which was reviewed in 2014. This policy was underpinned by the safety statement and clearly detailed the duties of all staff working in the centre with regard to all health and safety issues. To support staff there was a 24 hour on call system in place which could be called upon for support at any time.

While residents were assessed to manage their own finances, they all required some level of support from staff. The person in charge informed the inspector that systems were in place to ensure that all residents' monies were safe and could be accounted for. On this inspection the inspector did not inspect any residents personal finance accounts.

There was a also policy in place for the provision of positive behavioural support which was reviewed in September 2014. The policy provided for the management and de-escalation of challenging behaviour. There were also guidelines on supporting a person with challenging behaviour. Their aim was to promote a safe, caring least restrictive and person centred environment in supporting a resident with behaviours of concern. From a sample of files viewed all staff were fully trained in managing behaviour that were challenging including de-escalation and intervention techniques as required. It was observed that one staff member required refresher training in positive behavioural support. However, from speaking with that staff member and observing them during the inspection, the inspector was able to determine that they knew the content of the behavioural supports plans in detail and could put them everyday practice. During feedback the provider nominee assured the inspector that refresher training would be provided for this staff member as a priority.

There was a policy in place on the use of restrictive procedures which was reviewed in July 2014. The policy informed that the service aspired to promote a restraint free environment and procedures were in place for the reduction and or elimination of any form of restraint. The inspector observed that there were no physical restraints used in the centre.

PRN medication was in use in the centre. However, it was observed it was used as a last resort and there were strict guidelines and protocols in place for its administration which were held on the residents care plans. From speaking with staff the inspector was satisfied that they had a thorough knowledge of the guidelines and protocols regarding PRN administration. It was also apparent PRN medication was only ever used in conjunction with advice from a clinical nurse specialist and administered as a last resort. The inspector observed that the last time PRN medication was used in the centre was in August 2015.

There was a policy on manual handling which was reviewed in 2015. The policy set out the importance of the health and safety off all residents and staff in the centre and in particular recognised the significance of injury associated with manual handling. On viewing a sample of staff files the inspector was satisfied that staff had undergone training in manual handling procedures.

A policy on bullying and harassment was kept in the centre, which was reviewed in 2012. The policy encouraged the promotion of an environment where all residents could live positively together and set out the responsibility of staff on how to manage a situation of bullying with appropriate reporting procedures.

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:

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The provider nominee, clinical and the person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

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:

The inspector found that arrangements were in place to ensure that the welfare and development needs of residents were promoted and residents were afforded education and training experiences based on their interests and assessed needs.

There was a policy on access to education, training and life skills development. The policy has been reviewed in 2015 and provided for a range of flexible supports for each resident in accordance with national policy and person centeredness. Where requested, residents were supported and facilitated to attend day services independent of the centre. In these centres residents were engaged in skills based activities such as tapestry and rug making. Recreational activities were also provided for such as outings, trips to cinema and bowling.

Residents were also involved in life skills training in the centre. For example, some residents were being supported to learn how to bake and prepare their own lunch. On the day of inspection the inspector observed one resident preparing and making their own lunch independently. Social activities were also catered for, such as outings to local shops, restaurants and going to mass.

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:

The inspector found that arrangements were in place to ensure that residents health care needs were regularly reviewed with appropriate input from allied health care professionals where and when required.

The person in charge informed the inspector that arrangements were in place in relation to residents having access to the local GP and a range of other allied health care services as and when required.

From a sample of files viewed the inspector observed that healthcare plans were informative of how each resident were supported to experience best possible health regarding personal hygiene, dental care, mobility, skin care, eye care, foot care and positive mental health. The inspector found that monitoring documents were available and maintained in the centre. From a sample viewed, these files informed the inspector that regular GP check-ups were facilitated and clinical observations and treatments were provided for. Consultations with the dentist, optician, dietician, speech and language therapist, physiotherapist, chiropodist and GP were provided for as and when required.

Positive mental health was also provided for and where required residents had access to psychology and psychiatry supports. The inspector observed that care plans promoting best possible mental health had recently been reviewed in 2016.

Health care plans were informative of how best to manage special conditions such cholesterol. Residents were being supported with a special care plan promoting a healthy diet with the input of a dietician.

The inspector found that arrangements were in place to ensure residents' nutritional needs were met to an acceptable standard. Weights were recorded and monitored on a monthly basis. Menu planning and healthy choices formed part of discussion between residents and staff in weekly meetings.

Mealtimes were observed to be relaxed, person centred and taken at the residents pace. Staff were also observed interacting and chatting with residents while preparing the dinner in the kitchen.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

The inspector found that the medication management policies were satisfactory and that practices described by the person in charge were suitable and safe. However, it was observed that one staff member required training in the safe administration of medication.

The medication management policy in place had been reviewed and updated in January 2015. It identified the principles and procedures in relation to medication management practices in the centre and applied to all staff working there. A locked drug press secured in the staff office/sleep over room was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There was a system in place to record any drug errors occurring in the centre. It was observed that the only recent issue regarding medication management was when a staff member omitted to sign off on a drug they administered. This was recorded and reported accordingly. It was also discussed at a staff team meeting which resulted in a sign being placed on the drugs press to remind staff to sign off on all medications administered.

There were no controlled drugs in use in the centre. The person in charge regularly audited all medicines kept in the centre and from viewing a sample of these audits the inspector observed that all medications in use in the centre could be accounted for at all times.

The inspector observed that one staff member required training in the safe administration of medication. This was highlighted to the management team during feedback at the end of the inspection. The nominee provider assured the inspector that a bespoke on-site medication training package would be provided to this staff member as a matter of urgency. The staff member would also be prioritised to attend the full safe administration of medication course in the near future. This issue was discussed and actioned under Outcome 17: Workforce

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:

The centre had a statement of purpose which outlined the aims, objectives and ethos of the centre and the services and facilities to be provided to residents.

The statement of purpose had recently been reviewed and arrangements were in place for it to be reviewed annually or sooner if required. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013

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 clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. From speaking with the person in charge it was evident that she had an in-depth knowledge of each resident's support needs. She was also aware of her statutory obligations and responsibilities with regard to management of the centre.

As part of this registration inspection and previous registration inspections the nominee provider was spoken with and attended the feedback provided at the end of the inspection. She was also found to be aware of her statutory obligations and responsibilities in this role.

The person in charge was supported by a small team of managers who had a visible presence in the centre. She was also supported by a team of suitably skilled and experienced staff. The inspector found that the person in charge provided good support, leadership and direction to her staff team.

The inspector examined the annual review of the quality and safety of care and support of the centre, which was carried out on behalf of the provider nominee and in accordance with the Regulations. Announced and unannounced visits/audits were also carried out in the centre. From a sample viewed, the inspector was satisfied that these visits and audits were bringing about positive changes in the centre. For example, one unannounced visit identified that some complaints needed to be addressed and closed off. This issue was addressed in February 2016. Another audit also identified the need for financial capacity assessment to be carried out for each resident residing in the centre. These also had been carried out in February 2016.

There was also an on-call system in place 24/7 to support staff should the need arise. Staff spoken with were aware of this support and how to use it if required.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The nominee provider and person in charge were aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

In 2015 the person in charge had been away for a prolonged period of time and HIQA was notified of this and of the interim arrangements put in place to manage the centre.

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:

While the inspector observed that resources were available to meet residents needs as required and in line with the statement of purpose, it was also observed that the staffing arrangements in place on the day of inspection were not adequate in meeting all of the social care needs of the residents. However, the provider nominee and person in charge assured the inspector that plans were in progress to address this issue.

Core staffing levels were rostered that reflected the whole time equivalent numbers included in the statement of purpose and function. The centre had secured additional staffing hours that would commence in June 2016 and this was to further support the activities of the centre.

The person in charge confirmed that the centre had the resource of a vehicle to support residents transportation needs/wishes. The inspector observed that all documentation regarding the vehicle, such as servicing road tax and NCT were up to date.

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:

While the inspector found that there was experienced, caring, skilled and competent staff working in the centre, there was insufficient staffing arrangements in place to meet some of the assessed social care needs of the residents.

The inspector found that due to the staffing arrangements in the centre some of the social care needs were not being met in a timely manner for the residents. On viewing a sample of the social care plans the inspector observed that there were few community social care goals identified for the residents. This was because there was inadequate staffing arrangements in place in the evening times in the centre. On bringing this to the attention to the person in charge and the provider nominee, both assured the inspector that additional staffing hours would be in place by June in order to address this issue.

All staff were trained for their roles however, from viewing a sample of training records, some had not completed all required mandatory training and some needed refresher training. For example, one staff member did not have training in safe administration of medication. Another required refresher training in positive behavioural support.

The inspector observed that there was a policy on staff performance development in the centre. The main aim of the policy was to provide for a process of evaluating and developing all staff working in the centre. The person in charge informed the inspector that while she provided informal support to her staff team, there was no formal process of staff support in place.

A selection of staff files were reviewed over the course of previous inspections, including this centre and all contained the documents as required by Schedule 2 of the Regulations.

A volunteer policy was in place in the centre which outlined the structure and supports available to volunteers. However, on the day of inspection there were no volunteers in the centre.

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:

The inspector found that systems were in place to maintain complete and accurate records in the centre. However, some minor issues were identified with regard to the retrieval of some information and the updating of some policies.

A copy of insurance cover was available in the centre and the centre had written operational policies that were required and specified in schedule 5.

A resident's guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and the complaints process.

The inspector found that records that related to residents and staff were comprehensive and maintained and stored securely in the centre. However, and as identified above it wasn't always easy to retrieve the information and/or some of the policies due to the volume of information in some of the folders.

The person in charge was aware of the requirements in relation to the retention of records and a policy was completed to reflect these requirements.

A directory of residents was available which also met the requirements of the regulations.

Judgment:

Substantially 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:

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003084
Date of Inspection:	21 April 2016
Date of response:	29 May 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no information on how to make a complaint or how to access advocacy services on public display in the centre.

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 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

1. There is now information displayed on a notice board about how to make a complaint.
2. Information on advocacy is available to all service users on a notice board.

Proposed Timescale: 27/05/2016

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:

Not all fees for services provided to the residents were detailed in their contracts of care.

2. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The PIC has sent out an updated contract of care to each family.

Proposed Timescale: 01/06/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some social care goals were not being identified or were curtailed due to inadequate staffing arrangements in the centre.

3. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

1. Additional support hours are available each Saturday.
2. 0.5 WTE will be added to the current staff complement to facilitate social outings/social care goals.

Proposed Timescale: 01/07/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some parts of the centre required complete redecorating and refurbishment.

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 nominee provider and PIC will review the areas to be redecorated and refurbished and arrange for this to be completed.

Proposed Timescale: 01/12/2016

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:

Adequate arrangements were not in place for the containment of fire. There were no fire doors in the centre and there was inadequate fire signage regarding escape routes and meeting points.

5. 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:

1. The nominee provider will arrange for the installation of fire doors on doors leading from the kitchen.
2. The provider has consulted our fire consultants and they recommend that fire signage at escape routes is not warranted in a home.

Proposed Timescale: 01/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing arrangements in place were not adequate in meeting all the social care needs of the residents.

6. Action Required:

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

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

As for Outcome 05 –

1. Additional supports are available each Saturday.
2. 0.5 WTE will be added to the current staff complement to facilitate social outings/social care goals.

Proposed Timescale: 01/07/2016

Theme: Responsive Workforce

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

There was no process or records of formal supervision taking place in the centre.

7. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The PIC will identify Supervision training on her Training Needs Analysis and commence supervision once trained.

Proposed Timescale: 01/01/2017

Theme: Responsive Workforce

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

One staff member had no training in the safe administration of medication. Another staff member required refresher training in positive behavioural support.

8. 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:

1. Local training has been provided to staff by local pharmacy.
2. Staff member will be prioritised for medication training.

Proposed Timescale: 01/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

It wasn't always easy to retrieve information due to the large volume of documentation kept on file. Some of this documentation also required review.

9. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The pic and nominee provider will review current documentation, archive some information and arrange for review of necessary policies.

Proposed Timescale: 01/12/2016