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

### Centre ID:
OSV-0003746

### Centre county:
Dublin 15

### Type of centre:
Health Act 2004 Section 38 Arrangement

### Registered provider:
Daughters of Charity Disability Support Services Ltd

### Provider Nominee:
Lorraine Macken

### Lead inspector:
Ciara McShane

### Support inspector(s):
Michael Keating and Helen Thompson

### Type of inspection
Unannounced

### Number of residents on the date of inspection:
14

### 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

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<th>From:</th>
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<td>02 June 2016 09:40</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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**Summary of findings from this inspection**

**Background to the inspection**

This was an unannounced inspection that was completed as a result of HIQA's remit to monitor ongoing compliance with the Regulations. It was completed over one day. Actions from the centres' last inspection were also followed up on.

**How we gathered our evidence**

Inspectors met with a number of the staff team including care staff, household staff and the nursing team. The inspector also met with the person in charge and the clinical nurse manager on duty. 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 inspectors' carried out observations throughout the day and communicated with a number of residents.

**Description of the service**

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The statement of purpose stated the service catered for individuals with mid stage dementia where they can no longer be supported in their existing placements. It also catered for residents who had more complex nursing and palliative needs of persons with late stage dementia.
The centre was a purpose built centre catering for the specific needs of residents with dementia. Each resident had their own en suite bedroom that opened onto a garden area. There were visitor rooms available to meet with family and friends. There was a kitchen in each of the units and a dining area. In addition there were three courtyard areas that were well maintained, in bloom and complete with raised flower beds. The centre was located on a campus-type setting along with six other designated centres.

Summary of regulatory compliance
Seven outcomes were inspected against. For the most part the provider had put appropriate systems in place to ensure the regulations were being met. The inspectors found that residents' healthcare needs were being met as reflected in their records. The premises was purpose built and met the needs of residents. Areas for improvement were identified in terms of governance and management in addition to safeguarding. Staffs' training was not up-to-date in terms of safeguarding which was found to be an action on the previous inspection 22 months ago. Other areas for improvement included the review and update of residents' needs as laid out in their plans.

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

Findings:
The inspectors reviewed aspects of residents' rights, dignity and consultation and found that the actions from the previous inspection had been completed and systems in place to manage complaints were in line with the requirements of the regulations.

The inspector reviewed the guidelines regarding the management of residents' monies and found that since the last inspection arrangements had been put in place which were reflective of long stay charges.

The inspectors reviewed the centres complaints process and found the centre maintained a complaints log. There was a complaints policy in place which had been reviewed February 2015. The complaints policy identified person(s) responsible in terms of reporting and managing complaints. Details about an independent advocacy service were also outlined.

An inspector spoke with a family member, who was visiting the centre at the time of the inspection, who stated they were made aware of the complaints process and in general spoke positive about the centre.

Judgment:
Compliant
**Outcome 05: Social Care Needs**

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

**Theme:**

*Effective Services*

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

No actions were required from the previous inspection.

**Findings:**

Personal plans were reviewed by the inspectors and for the most part personal plans were found to be reflective of the quality care and support provided by staff to residents in terms of their social, emotional and physical needs.

The inspectors reviewed a sample of residents' personal plans and found that residents had a comprehensive assessment of needs which outlined all aspects of their care including health, personal and social care. The centre was purpose built to meet the specific needs of residents with dementia.

In terms of residents social care needs, it was evident from their personal plans, the level of activation was wholly dependent on the resident and what they may or may not be capable of achieving at any given time of the day. Activities took place at the centre including baking and assisting residents, where appropriate with gardening. There were raised flower beds in the centre that were accessible to residents.

Residents had goals set that were appropriate to their abilities. Goals, as reviewed by the inspectors, were often short term and included visits with family members, short holidays and trips to the theatre to name but a few. Goals were clearly defined and a stepped approach was use. It was therefore evident how the goal would be achieved and who was assisting the resident in achieving the goal. Where residents needs were met this was evidenced.

Areas for improvement were identified in terms of documentation. For example, where a review of residents' needs had resulted in changes to their care provision, these were not at all times reflected in their plans. This was seen in the plan of care relating to a resident's sleep pattern. The resident had been reviewed May 2016 but the plan of care was not updated to reflect same. Staff, spoken with however, were knowledgeable of the resident's needs.

The inspectors also noted that all aspects of the personal plan were not updated at a minimum yearly as required by the regulations. Examples of this included care plans such as breathing and skin care. However, staff spoken with were knowledgeable of the
most up-to-date care to be provided.

**Judgment:**
Substantially Compliant

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**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Overall the inspectors found that the health and safety of residents, visitors and staff was promoted and protected in the centre. The inspectors found that adequate precautions against the risk of fire were in place. Inspectors observed that the premises was clean and household staff were present to maintain this during the inspection.

Health and safety and risk management in the centre was underpinned by the required policies and procedures. These included a risk management policy, incident reporting policy, a health and safety statement and a policy for the unexpected absence of a resident. No issues were found by the inspectors regarding the management and control of infection. The inspectors found that the centre had processes in place for the identification, recording, investigation and learning from serious incidents. Also two of the centre's staff were members of the provider's health and safety committee.

Inspectors noted that staff in this centre had completed manual handling training, two staff were attending this training on the day of the inspection.

Fire equipment was available in the centre and the inspectors observed adequate means of escape with unobstructed fire exits. The purpose built premises was of a high specification with fire doors noted throughout. Floor plans were displayed on walls which highlighted the nearest evacuation point.

The inspectors found that fire drills had been completed as required in this centre. Staff spoken with were knowledgeable regarding the evacuation procedure for residents and described the residents' individualised evacuation plans. Staff also noted to inspectors that they had been trained in the use of assistive evacuation equipment. Staff were aware of the recording requirements for residents following fire drills and of the centre's review of each drill process. In addition, the acting PIC informed inspectors that the provider's fire manager conducted regular auditing of fire drill documentation.

The centre had checklist systems in place to ensure the checking and testing of fire equipment, of assistive evacuation equipment and means of escape. The inspectors
noted that an external fire safety company had conducted a service in May 2016. 

Post inspection, the inspector met with the person in charge who stated there were concerns regarding residents' beds not fitting through final exit door. The person in charge stated she would review this.

**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspectors found there were arrangements in place to safeguard residents and protect them from the risk of abuse; however improvements were required in terms of staff training.

There was a policy in place that had been updated to reflect the national HSE policy and guidelines. Staff spoken with by the inspectors were aware of the types and indicators of abuse and for the most part spoke knowledgably about abuse. Staff were not aware of who the designated officer was in relation to safeguarding however, they stated they would communicate concerns/allegations to the person in charge.

The inspectors made observations between staff and residents that were respectful and warm. There were no concerns at the time of inspection regarding allegations of abuse. However, where previous concerns had been raised the inspectors found that robust investigations had taken place in line with the centres' policies and procedures.

Intimate care plans were in place that were found to be comprehensive and reviewed regularly. This was found to be appropriate considering the ongoing changes relating to the resident group.

An improvement had been identified relating to staff training; a number of staff working at the centre had not received full training in terms of safeguarding residents. This was
also an action on the previous inspection.

The inspectors found that the centre had policies to guide staff in the provision of positive behaviour support and the usage of restrictive practices for residents. Staff displayed knowledge of residents' individual behavioural support needs and of the higher likelihood of a resident with dementia presenting with challenging behaviour. The inspectors noted that residents were well supported and regularly reviewed by their general practitioner and the multidisciplinary team; this included clinical nurse specialists in dementia and consultant psychiatrist. The inspectors noted the increase in monitoring and review for a resident who had recently experienced a change in their presentation and was informed that their family was kept updated. Some forms of restraint such as bed rails were in use however, these were being used appropriately to safeguard the resident and monitored as a potentially restrictive practice.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
From a review of residents' personal plans it was evident that both long term and short term healthcare needs had been evaluated and accounted for. Records, reviewed by the inspectors, highlighted a multidisciplinary approach. Residents had timely access to a general practitioner (GP) in addition to speech and language, occupational therapy, clinical nurse specialists, psychiatry, chiropody and palliative care specialists to name but a few.

Residents' health care plans were comprehensive and it was apparent residents received support from clinical nurse specialist in terms of input relating to their diagnosis of dementia.

Residents' nutritional needs were clearly documented in terms of 'eating, swallowing and drinking'. Care staff were knowledgeable regarding these needs and were able to tell the inspectors about residents who were on modified and/or fortified diets.

Judgment:
Compliant
Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Governance and management arrangements were in place to oversee the centre, however improvements were required.

An inspector met with the person in charge post inspection and found them to be knowledgeable of the regulations and their responsibilities outlined within. The person in charge had only very recently commenced their role and had just begun to familiarise themselves with the centre. The person in charge had appropriate qualifications and had previous experience of regulation through her role of person participating in management. There was a plan in place for the person in charge's induction which she had commenced. Her role, at the time of meeting post inspection, was not supernumerary and the expectation was that her hours were completed in direct care. Considering the complex needs of the resident group and the number of residents it was unclear how this would allow for sufficient oversight and accountability and ensuring her legislative responsibilities would be met. The inspectors found the Provider had failed to put in place arrangements, for the person in charge, to have oversight of staff working 24 hours a day seven days a week. This in particular related to those staff who worked only nights. Arrangements were not in place for person in charge to oversee this; supervision of night staff was completed by a night sister. In addition the assigned night staff, for the most part, did not attend staff meetings.

The person in charge was supported by a team of clinical nurse managers (CNM) one of whom was always contactable. She was also specifically linked to one CNM3 for direct support. The clinical nurse managers involved in the operations of the centre reported to the service manager who visited the centre on a regular basis.

Judgment:
Non Compliant - Moderate
Outcome 18: Records and documentation

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

Theme:
Use of Information

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

Findings:
The provider had policies, procedures and guidelines in place specific to the designated centre. Some improvements were required in relation to same.

As outlined in Outcome 8, the policy on safeguarding required a revision to ensure that the expectations in terms of staff training, content of said training and the refresher timeframe were included.

The inspectors found there were some gaps in documentation. This was true for the documentation reviewed pertaining to:
1) The use of sensor mats for one resident.
2) Also for the same resident there was a protocol in place for the use of the sensor aids however, it was not evident who authorised the protocol as it was not signed nor was it clear when the protocol was developed as there was no date.
3) There was a daily checklist in place for an evacuation mat however, it had not been noted as been checked for a number of different days as observed by the inspector.

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:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003746</td>
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<tr>
<td>Date of Inspection:</td>
<td>02 June 2016</td>
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<td>Date of response:</td>
<td>05 July 2016</td>
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Requirements

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

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

Outcome 05: Social Care Needs

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 aspects of residents’ personal plans were not reviewed at a minimum annually.

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 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

**Please state the actions you have taken or are planning to take:**
The PIC will pilot a monthly care plan review with all key workers and co keyworkers. A monthly audit will commence whereby 2 to 3 care plans will be audited by PIC or nominated PPIM’s in order to achieve a bi-annual audit.

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

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that where changes were highlighted as a result of review, these were not at all time updated in the residents' personal plans.

2. **Action Required:**
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**
The PIC will pilot a monthly care plan review with all key workers and co keyworkers. A monthly audit will commence whereby 2 to 3 care plans will be audited by PIC or nominated PPIM’s in order to achieve a bi-annual audit.

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

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A number of staff working at the centre did not have training in the safeguarding of vulnerable adults.

3. **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:**
Immediate action was taken on this and staff who did not have safeguarding refresher training on the inspection date are due to attend same on 27/07/2016.
### 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:**

As outlined in the body of the report there were:

1. No arrangements in place to facilitate the person in charge have oversight and accountability for service provision 24 hours a day, seven days a week.
2. The person in charge was discharging her hours on the frontline. It was therefore unclear what arrangements were in place to ensure she could exercise her personal and professional responsibilities as outlined in the Regulations.

**4. Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The PIC will begin to work a 24 hour roster, she will trial working a 1400-2300hrs once a month. This will enable her to work alongside the night staff in the area for 3 hours per month which will allow time for an in depth handover. The PIC will be supernumery from 2100hrs - 2300hrs. This time will also be used to update night staff on their own professional development and the emerging care needs of the service users. The PIC will reflect this plan in a weekly roster, the progress of same will be reviewed and submitted in the next business plan.

**Proposed Timescale:** 31/08/2016

### Outcome 18: Records and documentation

**Theme:** Use of Information

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

The safeguarding policy did not outline the expectations in terms of staff training, content of said training and the refresher timeframe for staff.

**5. 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 took immediate action on this and forwarded this query on to her service manager, director of client services and the quality and risk officer.

The Quality & Risk Officer has linked with external stakeholders whom are collaborating to develop standardised content and agreed timeframes for refresher training in this area. Once agreed, the Service will adjust current practise where required and align ourselves to National Policy in this area. This will be reflected in the service safeguarding policy by way of a revision. The anticipated timeframe for this to be finalised is the end of 2016.

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report there were gaps in the documentation pertaining to Schedule 4.

6. Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The PIC will ensure for future visits that copies and records regarding fire safety, complaints, food, general records, notifications under regulation 31 are available and up to date for the visiting inspector where possible. Some records are not kept on site but are archived, in these instances records will be sought as required.

| Proposed Timescale: 30/09/2016 |