

**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-0003936
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Breda Noonan
Lead inspector:	Julie Hennessy
Support inspector(s):	Philip Daughen (Day 2) Vincent Kearns (Day 1)
Type of inspection	Unannounced
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 February 2016 06:30	10 February 2016 17:00
02 March 2016 09:30	02 March 2016 13:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This is the second inspection of this designated centre, which forms part of a congregated setting. This was a follow-up inspection, both to determine the current level of compliance against the Regulations and because this centre continued to operate beyond a date that was agreed between the provider and the Authority to cease operation of the centre.

This centre provides care and support for residents with a moderate, severe and profound intellectual disability. At the previous inspection, it was identified that the design and layout of the centre was not suitable for its stated purpose as it did not meet residents' individual or collective needs in an acceptable way.

The building in which the centre is located is single storey of traditional masonry construction with a pitched roof above that is tiled. Many of the internal walls are non structural partition walls. Each resident is provided with their own bedroom. The centre also contains shared living and dining rooms as well as other areas such as

bathroom facilities, laundry and an office.

Since the previous inspection, a notice of proposal to refuse and cancel registration of this centre was issued by the Authority. In response to this notice, the provider agreed to voluntarily close the centre and proposed a closure date of 15 December 2015, which was agreed by the Authority. This closure date has since passed and the provider cited lack of funding for not proceeding with the agreed closure. However, the provider failed to notify the Authority in writing that the centre would not be closing on or by the agreed date.

The provider has been requested to re-submit a notification relating to the closure of this centre that is based on a funded service plan. The provider has also been requested to submit a transition plan for each of the five residents who currently reside in this centre.

Overall, the inspector found good practices relevant to key outcomes for residents. Residents appeared happy and content and there was an obvious warm rapport between residents and staff. Staff interacted with residents in an appropriate and kind manner. Staff supported residents to use verbal and non-verbal communication and express choice about day to day matters. Staff demonstrated that they knew residents' needs and abilities well.

However, four major non-compliances were identified:

Under Outcome 5 social care needs, inspectors found that the current personal planning process was limited. The impact on residents of the lack of multi-disciplinary review in personal plans was evident. For example, it had only been documented as part of the recent assessment process that one resident who communicated verbally would like to and should be afforded an opportunity to live with other residents with verbal communication skills.

Under Outcome 6 safe and suitable premises, the poor design and layout of the premises did not meet individual resident's mobility, dignity or intimate care needs nor did it provide appropriate private space.

Under Outcome 7, health safety and risk management, the centre was not constructed in a manner capable of containing fire and preventing the spread of fire and smoke throughout the building in the event of a fire. This was previously identified by an external fire consultant in a report completed on behalf of the provider.

Failings under Outcome 14, governance and management of the centre are outlined above.

Other non-compliances identified related to medication management, behaviour support plans and the statement of purpose for the centre.

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:

At the previous inspection it was found that a resident's right not to participate in religious ceremonies was not fully respected; a goal had been suggested for a resident to attend Mass when it was not clear whether it was the resident's wish to do so. Since the previous inspection, residents' wishes had been established and were reflected in personal plans.

At the previous inspection, it was found that there were times when residents' dignity was compromised due to limitations in the design and layout of the premises. The space in the shower room was not adequate and the bath was not an accessible bath. In addition, there were no sinks in residents' bedrooms. Where mobility needs were high, this meant that not all personal care needs could be addressed in the shower or bathroom areas. The inspector found that staff had endeavoured to ensure that their practices had the least possible impact on the dignity of the resident. Since the previous inspection, means of installing a changing facility in the shower room had been explored. However, due to the confined space in the shower room, this has not been possible. As a result, the finding is unchanged. This is addressed under Outcome 6: Safe and Suitable Premises.

Judgment:

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):

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

Findings:

At the previous inspection, it was found that while the majority of residents with communication needs had a communication care plan that was specific to that resident, one resident with communication needs did not have a communication care plan and multidisciplinary (MDT) input had not been sought for that resident.

Since the previous inspection, an assessment had been completed for all residents by a speech and language therapist (SALT). All residents now had a communication care plan that included information such as how the resident might express themselves using verbal or non-verbal communication. One care plan, for example, included clear information about the use of Lámh (a manual sign system used by children and adults with intellectual disability and communication needs in Ireland) and a visual schedule that had been devised for another resident. This information was specific to and aided communication with the individual resident. Inspector observed that staff supported residents to communicate and implemented communication care plans in practice.

However, for one resident who had a speech and language assessment completed on 2 December 2014, a report was not available in the centre. Staff told inspectors that they had been verbally told that the recommendation arising from the assessment related to a pictorial schedule and inspectors found that this recommendation had been implemented by staff. However, as the report was not in the centre it was not possible to determine whether there were other recommendations that should have been implemented.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the previous inspection, it was found that the setting of personal goals for each resident required improvement. Goals were mainly activity-based instead of outcome-focussed, making it difficult to see how goals contributed to the quality of life of the resident. Also, in most plans, it was not specified whether goals were short, medium or long-term nor were the supports needed to meet personal goals outlined.

While inspectors found at this inspection that while improvement had been made in relation to ensuring that long-term goals were also considered in personal plans and the supports required to achieve goals was now specified, further improvement was required to ensure that the individualised assessment and personal planning process met the requirements of the Regulations.

A comprehensive assessment of each resident's health, personal and social care needs had been completed since the previous inspection, in anticipation of this centre closing. However, personal goals were not based on such an assessment of residents' health, personal and social care needs. In addition, the review of the personal plan was not multi-disciplinary, as required by the Regulations. Ultimately, there was no link between the assessment process, the setting of personal goals and the review of the personal plan.

Inspectors reviewed the multi-disciplinary assessments that had been completed since the previous inspection. A number of recommendations pertained to supporting residents' current needs. These included supporting residents to communicate effectively with new staff, to manage their own behaviours that may challenge, to build self-esteem and self-awareness and to increase community integration. Inspectors found that the current personal planning process was limited and did not ensure that such recommendations would then inform a personal plan, the effectiveness of which would then be reviewed annually (or more regularly if required). The impact on residents of the lack of MDT review in personal plans was evident. For example, it had only been documented as part of the recent assessment process that one resident who communicated verbally would like to and should be afforded an opportunity to live with other residents with verbal communication skills.

Judgment:

Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the previous inspection, it was found that while staff endeavoured to create a homely and comfortable environment for residents - the design and layout of the centre was not suitable for its' stated purpose and did not meet residents' individual or collective needs in an acceptable way.

Since the previous inspection, the provider and person in charge had endeavoured to address some of the previously-identified failings and these changes are detailed below. However, overall the findings relating to the premises were unchanged at this inspection as the design and layout of the premises continued to deviate in a major way from acceptable quality standards.

At the previous inspection, it was found that the number and standard of showers, sinks and the bath were not sufficient to meet the residents' needs. In particular, the centre did not adequately meet the individual mobility or privacy and dignity needs of one resident. Since the previous inspection, a new 'wet room' had been created in the shower room. This new shower room was accessible, fitted with hand rails and a shower chair and was in a good condition. However and as previously mentioned in Outcome 1: Residents' Rights, Dignity and Consultation, the shower room was an insufficient size to accommodate a changing table. As a result, a resident's personal care needs could not be addressed in the shower or bathroom areas.

The failings relating to the standard and suitability of the bathroom and toilets were unchanged at this inspection.

The bath was not an accessible bath and could only be used by one resident. The flooring was not of an easy-to-clean material. Although the bath was visibly clean, it was not in an acceptable state of repair and some areas could no longer be properly cleaned. For example; there was discolouration on the bath surface; the area surrounding the taps was stained and; there was grime in the corners where the bath met the skirting board. There was a sink in this room and although clean, there was also discolouration evident on the surface and the seal between the sink and wall was missing.

There were two toilets in the centre. Toilet seats were intact and clean although mismatching. Grab rails were provided and were intact and secure. There was a small

sink that was difficult to access in the confined space and potentially posed difficulty for ensuring effective hand hygiene.

At the previous inspection, it was found that where facilities or premises could no longer be properly cleaned, that this presented a potential risk of infection to residents and this finding was unchanged at this inspection. This failing will also be referenced under Outcome 7: Health Safety and Risk Management. For example, the centre required a 'deep clean' as dust and cobwebs were observed in difficult to reach areas, some ceiling tiles were missing, discoloured or damaged and paintwork, walls and doors throughout the centre were scuffed and damaged.

At the previous inspection, it was found that hand hygiene facilities were not adequate to meet residents' needs and this finding was unchanged at this inspection. This failing will be addressed under Outcome 7: Health Safety and Risk Management.

At the previous inspection, it was found that while some bedrooms were spacious and personal, others were not acceptable in size and layout. This finding was unchanged at this inspection. For example, in two bedrooms, the rooms were very narrow and the bed could not be accessed from both sides. Natural light was limited in four bedrooms and there was no view from windows in these rooms, as windows were small and too high to see out through.

At the previous inspection it was found that the communal space in this centre did not adequately meet the needs of residents and did not address private or quiet space for residents. As observed at the previous inspection, there was a large and bright communal room, with an adjoining small but adequate additional room that residents used for activities or interests such as arts and crafts and listening to music. Since the previous inspection, a vacant bedroom had been converted to an 'activity room' for residents. Although confined in space, it did afford an extra space that residents could use, for example, in which to listen to music. However, the centre still did not provide for adequate private or quiet space for residents, in accordance with their individual needs. In particular, inspectors found that residents access a larger room adjoining the centre for private or quiet time. However, this room belonged to another centre and could not be used all of the time. In addition, as this room was used by a resident with extreme behaviour that challenges, it was bare and not a pleasantly decorated or comfortable room.

At this inspection as on the previous inspection, inspectors found that the centre was warm and tidy and efforts had been made to make it homely. Bedrooms were personalised. Walls were decorated with colourful and pleasant pictures. However, not all rooms were homely, in particular the kitchen where the furniture was observed to be mismatching and unattractive.

It was found at both this and the previous inspection that areas where hazards were present were restricted as appropriate, including the laundry room, sluice room and storage rooms and medicines and chemicals were securely locked away. Access to other areas was restricted to ensure the safety of individual residents and following risk assessment and included the kitchen preparation areas.

The inspector observed that risk assessments had been completed and identified measures which were required in the centre to prevent accidents and included hand-rails, grab-rails and a shower chair. However, inspectors observed at this inspection that two of the radiator covers in the main sitting room were damaged and posed a risk of injury.

At the previous inspection, it was found that outdoor space was inadequate and this was relevant given the failings of the premises itself and the failings relating to private and communal space to meet residents' needs. This finding was unchanged at this inspection. Outdoor space comprised outdoor furniture that was on tarmac, accessed by some vehicular traffic. As a result, it was not a secure space, meaning that residents could not access this space independently. Staff made efforts to compensate for the lack of outdoor space as much as possible by taking residents out for regular walks. Within the wider campus itself, there was ample outdoor space, including a large visually stimulating and pleasant sensory garden.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall, while inspectors found a number of effective arrangements in place in terms of risk management, limitations of the physical design and layout of the centre had an impact on the ability of staff to prevent and control the spread of infection and the prevention of the physical spread of fire and smoke throughout the building in the event of a fire.

At the previous inspection, it was found that adequate procedures were not in place for the prevention and control of healthcare associated infections as some facilities or parts of the premises could no longer be properly cleaned. This presented a potential risk of infection to residents and this finding was unchanged at this inspection. For example, the centre required a 'deep clean' as dust and cobwebs were observed in difficult to reach areas, some ceiling tiles were missing, discoloured or damaged and paintwork, walls and doors throughout the centre were scuffed and damaged.

At this inspection inspectors did find that arrangements were in place to ensure the day-to-day cleaning of the centre and cleaning logs were maintained to demonstrate such

cleaning took place.

However, at this inspection inspectors observed on the morning of the inspection that creams used during intimate care were shared between two residents, which had implications in terms of cross- infection. This was discussed with the person in charge on the day of inspection.

At the previous inspection, it was found that hand hygiene facilities were not adequate in standard or number to meet residents' needs and this finding was unchanged at this inspection. Due to the intimate care needs of residents, this presented a risk in terms of the ability of staff to prevent and control the spread of infection.

Inspectors did find that staff had received training in hand hygiene and that staff had access to advice in relation to the prevention and control of infection.

At the previous inspection, a number of fire safety related failings were identified.

At this inspection, it was found that many of these had been addressed since the previous inspection. For example, upgrading of the fire alarm and emergency lighting system had been completed.

The centre was provided with an adequate number of escape routes, which were identified as being clear on the date of inspection. Where doors were secured with magnetic locks on escape routes, it was confirmed to inspectors by staff that these locks released on activation of the fire alarm. There was also a means to disable the lock locally if required. Some doors were secured with key operated locks although it was also noted that these locks were not in use where the door was on an escape route. As already mentioned, the centre was equipped with a fire detection and alarm system as well as emergency lighting. It was noted that the fire alarm system was capable of displaying the location of the activation on the panel enabling the fire and evacuation procedures to be implemented in a timely fashion. The system was also capable of alerting staff in neighbouring areas and buildings in the event of a fire.

The primary fire safety failings identified on this inspection related to the construction of the building in which the centre was located. The building was not constructed in a manner capable of protecting the escape routes from the effects of heat and smoke and containing a fire should one occur. There were some fire resistant doors installed within the centre but the provision of same was incomplete. Many of the internal walls would be incapable of containing a fire due to the nature of their construction or due to the presence of glazing within the walls.

The centre was provided throughout with a suspended ceiling of lightweight construction with ceiling tiles constructed of particle board or similar material. The ceiling was not capable of containing a fire within the room below should one occur. The roof space above the suspended ceiling was largely continuous as the majority of the internal walls within the centre terminated at the level of the ceiling and did not continue up to meet the roof. This meant that in the event of a fire, heat and smoke would be able to enter the roof space from the room of the fire and travel unchecked throughout the centre bypassing all the walls and doors provided below. This could

potentially lead to occupants being trapped due to the unseen movement of heat and smoke throughout the centre in the roof space before descending in an area of the centre remote from the fire. Inspectors did note however that smoke detectors linked to the fire alarm were provided within the roof space in order to detect smoke within it at an early stage.

In relation to fire safety management within the centre, inspectors identified many areas of good practice. There was a system of comprehensive daily and weekly fire safety management checks within the centre. There was also weekly health and safety walkabout checks to identify possible health and safety hazards including fire safety hazards such as damage to electrical appliances and the accumulation of lint with laundry equipment such as clothes driers. Inspectors identified one of the checks, relating to the checking of doors within the centre, was not filled out for all doors. Apart from that, the checks appeared to be completed as required. The inspector found that the necessary arrangements were in place for maintenance of fire safety equipment. The fire detection and alarm system, the emergency lighting and the fire extinguishers were recorded as being serviced as required.

Inspectors found that the fire procedure was displayed within the centre and that any staff questioned were familiar with same. The needs of the residents in the event of an evacuation had been assessed and recorded. Staff were aware of the needs of the residents in this regard also. Inspectors reviewed documentation confirming that the staff has received fire safety training.

Inspectors noted that fire drills were being carried out regularly within the centre. The records relating to the drills included important details including the date, time, time taken for evacuation and the participants. These records indicated that the centre could be evacuated in a timely fashion at all times, including at night.

However, due to the fire safety failings relating to the building as described above, the centre remained at the level of major non-compliance.

At the previous inspection, inspectors found that the system in place to identify hazards and complete risk assessments was not sufficiently robust. Since the previous inspection, a system had been introduced to identify hazards and there was a risk register in the centre that comprised comprehensive risk assessments. In addition, there were individual risk assessments for residents for whom specific risks to their health, safety or wellbeing had been identified. However and as previously mentioned, an inspector observed that two of the radiator covers in the main sitting room were damaged and posed a risk of injury.

Judgment:
Non Compliant - Major

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:

At the previous inspection, failings were identified in relation to behaviour support plans.

At this inspection, an inspector reviewed the behaviour support plans for residents with behaviours that may challenge and found that improvements were required in order to ensure that staff respond to behaviour that is challenging in a consistent way. Where residents had changing mental health needs, while the relevant risk assessment had been reviewed, the resident's care plan had not been updated to reflect changing circumstances or recent input from the psychiatrist. In addition, the inspector found inconsistencies between the behaviour support plan, guidelines for when behaviour incidents occur and restrictive practice documentation. For example, one document referenced a restrictive practice that was no longer in use. Staff on the day of inspection were able to articulate recent changes and how to support residents with behaviour that may challenge or mental health needs. However, the available documentation required updating and streamlining to ensure that it provided clear direction for all staff as to how to support residents with mental health needs or behaviour that may challenge. This was of particular relevance as residents residing in this centre will be moving at some point to other centres when this centre closes and will require consistent care and support to manage this area of need.

The inspector reviewed the process involving incidents of residents being injured by other residents. Based on the two examples reviewed, there was a robust system in place. Incidents were reviewed by the relevant committee, risk assessments were reviewed and updated where required and actions were outlined and closed off when completed.

The inspector reviewed the management of PRN ("as required") medication as it related to behaviour that may challenge. The inspector found that PRN medication was given as prescribed, the use of PRN medication was carefully recorded and its use was monitored via a drugs and therapeutics committee.

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:

One aspect of this outcome was included in this inspection arising from a review of residents' healthcare needs.

Where residents were at a very high risk of developing pressure sores, inspectors reviewed an assessment by the MDT team. The assessment by the physiotherapist referenced a night-time positioning programme in place since April 2015. The assessment specified that the same resident required turning in bed once during the night. When asked, the person in charge told inspectors that the resident was turned once each night. However, there was no record maintained in the centre to enable the person in charge to monitor or confirm that this re-positioning took place.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

One aspect of this outcome was added on this inspection as inspectors found that medication had not been administered as prescribed.

Since the previous inspection, a new medication management system had been introduced in the centre. This involved a change in prescription and administration

records being used. Inspectors reviewed the administration records for a resident and found that they did not match the doctor's prescription. The person in charge told inspectors that a medication had been withheld following a verbal conversation with the resident's doctor for a period of one day. However, there was no record of this discussion with the prescriber in the nursing notes and the medication was not recorded as a 'withheld' medication.

In addition, the new system involved the pharmacy pre-printing a description of the medication, including the route and dose of the medication, on the administration sheet. However, where changes to medications were made, there were times when this information was copied from the original prescription by hand onto the administration sheet by nursing staff. Inspectors observed two examples of where the original prescription had not been accurately copied as the version on the administration sheet included amendments or additions to the original prescription. This practice was not in line with professional guidance on medication management from An Bord Altranais agus Cnáimhseachais and the changes made were not by a prescriber. Also, the hand-written version was unsigned and undated.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the previous inspection, it was found that not all of the information required by Schedule 1 of the Regulations was contained in the Statement of Purpose.

Since the previous inspection, while some of the outstanding information had been included in the Statement of Purpose, further information was required in order to ensure that the Statement of Purpose accurately reflected the service provided by the centre. For example, the number of residents for whom it is intended that accommodation should be provided was not accurate and the criteria for admissions was not clear as it did not state that the centre will not be accepting any further admissions (including emergency admissions).

Judgment:

Non Compliant - Moderate

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:

Aspects of this outcome were included arising from developments since the previous inspection, as described in the summary of this report.

The centre forms part of a congregated setting. At the previous inspection, it was identified that the design and layout of the centre was not suitable for its stated purpose as it did not meet residents' individual or collective needs in an acceptable way. In response, the provider nominee told inspectors that there is a long-term plan in place to re-locate residents to more suitable residential accommodation and to close this centre.

Since the previous inspection, a notice of proposal to refuse and cancel registration of this centre was issued by the Authority. In response to this notice, the provider agreed to voluntarily close the centre and proposed a closure date of 15 December 2015, which was agreed by the Authority. This closure date has since passed and the provider cited lack of funding for not proceeding with the agreed closure. In addition, the provider failed to notify the Authority in writing that the centre would not be closing on the agreed date.

The provider has been requested to re-submit a notification relating to the closure of this centre that is based on a funded service plan. The provider has also been requested to submit a transition plan for each of the five residents who currently reside in this centre.

Judgment:

Non Compliant - Major

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):

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

Findings:

At the previous inspection, a gap in medication management training was observed. At this inspection, training records indicated that staff training was up to date and the clinical nurse manager had identified and scheduled any required staff training.

On the day of inspection, staffing levels were appropriate to meet residents' needs and to facilitate activities for residents who were in the centre at different times during the day. One care staff was on duty at night-time. Staff told inspectors that they felt that staffing arrangements and levels were satisfactory to meet residents' needs both during the day and at night-time.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the previous inspection, the policy in relation to access to education, training and development for residents was not in place. Since the previous inspection, while a policy had been devised, it did not consider all of the relevant Regulations pertaining to access to education, training and development. The provider nominee told inspectors that the policy was currently undergoing revision.

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:

Julie Hennessy
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-0003936
Date of Inspection:	10 February 2016
Date of response:	31 March 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 02: Communication

Theme: Individualised Supports and Care

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

For one resident who had a speech and language assessment completed on 2 December 2014 the report was not available in the centre, as necessary to ensure that all recommendations were included in that same resident's communication plan.

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 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The speech and language therapy report has been forwarded to the centre by the speech and language therapist and all recommendations are included in the resident's communication plan.

Proposed Timescale: 01/04/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

The review of the personal plan was not multi-disciplinary, as required by the Regulations.

2. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Ongoing efforts are being made to include the review of the personal plans by the MDT. The Provider Nominee is scheduling a meeting with the MDT to organise a process that will ensure all personal plans are reviewed by the MDT.

Proposed Timescale: 29/04/2016

Theme: Effective Services

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

There was no link between the assessment process and residents' personal plans. As a result, personal plans did not reflect residents' assessed needs.

3. Action Required:

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

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

The personal plans will be reviewed to reflect the resident's assessed needs.

Proposed Timescale: 13/05/2016

Theme: Effective Services

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

As outlined in the findings, the personal planning review process was limited and did not meet the requirements of the Regulations. The review process did not allow for the effectiveness of the personal plan to be adequately assessed.

4. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The personal plans will be reviewed to reflect the resident's assessed needs and will reflect changes in circumstances and new developments. The PIC will audit the care plans to ensure that they are effective for each resident.

Proposed Timescale: 13/05/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

As detailed within the findings, some parts of the premises could no longer be effectively cleaned and areas accessed by residents (in particular the kitchen and available private space) lacked a homely feel.

5. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

A review of the centre has been completed by the Provider Nominee, the PIC and the centre Maintenance Manager. Works have commenced and will be completed by 29/04/2016 to ensure that all areas are cleaned effectively and decorated in a more homely manner.

Proposed Timescale: 29/04/2016

Theme: Effective Services

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

The designated centre did not meet the requirements of Schedule 6 of the Regulations. For example: rooms were not of a suitable size and layout to meet the needs of residents; private accommodation was not adequate and; the bath, showers and toilets were not of a sufficient number and standard suitable to meet the needs of residents.

6. Action Required:

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

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

A review of the centre has been completed by the Provider Nominee, the PIC and the centre Maintenance Manager. Works to upgrade the standard of the bathroom, shower and toilet areas will be completed by 29/04/2016. Two residents are currently being transitioned to new accommodation which will enable three remaining residents' have more space and more private accommodation. The number of toilets and bathroom will be sufficient for the remaining three residents'.

Proposed Timescale: 29/04/2016

Theme: Effective Services

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

Some parts of the premises were in a poor state of repair.

7. 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:

A review of the centre has been completed by the Provider Nominee, the PIC and the centre Maintenance Manager. Works have commenced and will be completed to ensure that all areas are of a good standard.

Proposed Timescale: 29/04/2016

Theme: Effective Services

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

As detailed within the findings, the premises was not designed and laid out to meet the aims and objectives of the service and the number and needs of residents:

Residents' dignity was compromised due to limitations in the design and layout of the

premises as the shower room could not accommodate a changing table.

The bath was not an accessible bath.

Two bedrooms were not acceptable in terms of size and layout.

Natural light was limited in four bedrooms and there was no view from windows in these rooms, as windows were small and too high to see out through.

Private and communal space was inadequate.

A secure outdoor space was not provided, as needed by the residents.

8. Action Required:

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

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

A review of the centre has been completed by the Provider Nominee, the PIC and the centre Maintenance Manager. Works to upgrade the standard of the bathroom, shower and toilet areas will be completed by 29/04/2016. Two residents are currently being transitioned to new accommodation which will enable three remaining residents' have more space and more private accommodation. The number of toilets and bathroom will be sufficient for the remaining three residents'.

The service plans to decongregate the remaining residents from this centre and move them to more suitable living accommodation and close this centre.

Proposed Timescale: 15/06/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Adequate procedures were not in place for the prevention and control of healthcare associated infections:

Some facilities or parts of the premises could no longer be properly cleaned;

Creams used during intimate care were shared between two residents;

Hand hygiene facilities were not adequate in standard or number to meet residents' needs.

9. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

A review of the centre has been completed by the Provider Nominee, the PIC and the centre Maintenance Manager. Works to upgrade the number of hand hygiene facilities will be completed. All staff have been met and updated on the requirement to ensure all measures are taken to prevent and control all healthcare associated infections.

Proposed Timescale: 29/04/2016

Theme: Effective Services

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

As described within the findings, the escape routes were not constructed in manner capable of being maintained free from heat and smoke in the event of a fire.

10. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Two residents are currently being transitioned to new accommodation which will enable three remaining residents' have more space and more private accommodation. The service plans to decongregate the remaining residents from this centre and move them to more suitable living accommodation and close this centre. All fire checks, equipment and drills are completed to ensure that all staff and residents' are vigilant in the event of a fire.

Proposed Timescale: 15/06/2016

Theme: Effective Services

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

While there as a system of regular fire safety checks in place, the extent of the checks relating to the doors within the centre was incomplete.

11. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

All doors within the centre are now included in all daily and weekly fire checks.

Proposed Timescale: 04/03/2016

Theme: Effective Services

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

The centre was not constructed in a manner capable of containing fire and preventing the spread of fire and smoke throughout the building in the event of a fire, in particular:

There were some fire resistant doors installed within the centre but the provision of same was incomplete

Many of the internal walls would be incapable of containing a fire due to the nature of their construction or due to the presence of glazing within the walls

The construction of the ceiling and the continuous roof space above it as described in the findings was not adequate for containing a fire and preventing the movement of heat and smoke through the centre.

12. 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 service plans to decongregate the remaining residents from this centre and move them to more suitable living accommodation and close this centre. All fire checks, equipment and drills are completed to ensure that all staff and residents' are vigilant in the event of a fire.

Proposed Timescale: 15/06/2016

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:

As detailed within the findings, it was not demonstrated that all staff would have the up to date knowledge required to support residents with behaviour that challenges or mental health needs.

13. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

All staff have been updated to ensure that they have the knowledge and skills appropriate to their role to respond and support residents in managing their behaviour that challenge. The behavioural support plan has been updated to ensure clarity on the residents current behavioural management support plan.

Proposed Timescale: 08/03/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

It was not demonstrated that MDT recommendations relating to specific care needs of a resident were being implemented.

14. Action Required:

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

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

All personal plans for the residents have been reviewed to ensure that MDT recommendations are being implemented.

Proposed Timescale: 16/03/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Inspectors found that medication had not been administered as prescribed:

As detailed within the findings, there were two examples of where an original prescription was copied onto the administration sheet with amendments or additions made to the original prescription;

Nursing notes did not detail a reported change in a prescriber's instruction;

A medication that was 'withheld' was not recorded as a 'withheld' medication.

15. Action Required:

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

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

A review of the medication prescription and administration has been completed. All prescriptions are sent directly to the pharmacy. The pharmacy now sends the labelled instruction to the centre as per the prescribers' prescription. This has eliminated any requirements for amendments or additions. Nursing notes will reflect the prescribers'

instructions fully. This action and process will be discussed at the next service Drugs and Therapeutics committee.

Proposed Timescale: 08/03/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Further information was required in order to ensure that the Statement of Purpose accurately reflected the service provided by the centre. For example, the number of residents for whom it is intended that accommodation should be provided was not accurate and the criteria for admissions was not clear as it did not state that the centre will not be accepting any further admissions (including emergency admissions).

16. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 centre's Statement of Purpose has been amended to reflect that this centre is not open for further admissions and will be sent to the Authority on 06/04/2016.

Proposed Timescale: 06/04/2016

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:

It was not demonstrated that the continued operation of this centre meets the requirements of the Regulations to provide a service that is appropriate to residents' needs.

17. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Two residents are currently being transitioned to new accommodation which will enable three remaining residents' have more space and more private accommodation. In the

interim, works to upgrade existing rooms, bathroom and kitchen facilities and resident's private space has commenced and will be completed by 29/04/2016. The service plans to decongregate the remaining residents from this centre and move them to more suitable living accommodation and close this centre.

Proposed Timescale: 15/06/2016

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 policy in relation to access to education, training and development for residents did not consider all of the relevant Regulations pertaining to access to education, training and development.

18. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 policy in relation to access to education, training and development for residents has been reviewed and will be ratified by the service CEO by 22/04/2016.

Proposed Timescale: 22/04/2016