

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group A - Community Residential Service Limerick
Centre ID:	OSV-0003939
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Geraldine Galvin
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
21 November 2016 16:00	21 November 2016 19:15
22 November 2016 14:45	22 November 2016 20:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to follow up on matters from the previous inspection. The last inspection was carried out in September 2014.

How evidence was gathered:

As part of the inspection, the inspector met with 12 of the 14 residents who were residing in the centre. Residents were able to express their views of the service provided. Overall, residents were satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them.

The inspector noted that since the September 2014 inspection, a number of improvements had been made in relation to fire safety arrangements. For example, new fire alarm systems were installed, emergency lighting updated and a reduction in the number of residents in the centre. The number of residents had reduced from 16 to 14.

The inspector spoke with staff who shared their views about the care provided in the centre, aspects of the service which worked well and areas which could be improved. The inspector spoke with the recently appointed person in charge and gained an

insight into their role in the operation of the centre.

The provider nominee met with the inspector and both the provider and the staff nurse to the community residential houses, were present for the inspector's feedback at the end of the inspection.

The inspector examined documentation such as care plans, risk assessments and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aimed 'to provide a homely environment' where residents can live 'with respect and dignity, express their individuality and be integrated into the local community'. The inspector found these aims had been achieved.

Accommodation was provided in three community houses on the suburbs of a city. Housing was two storeys with four to five residents were accommodated in each house. All but two bedrooms were single occupancy. Plans were in place that once a vacancy arose, those residents sharing rooms would be facilitated to have their own bedroom. For those residents currently sharing there were no apparent issues. Residents told the inspector they liked their room and were happy to share. Each house had a sitting room, a kitchen cum dining room, a shower room and downstairs toilet. Each house was attractively decorated and had a back and front garden.

The centre was part of the Daughters of Charity's community living facilities. Male and female residents were accommodated in this service.

Residents were able to get out and about on a daily basis. The houses were well maintained. Four residents went to the family home every weekend while other resident's spent some weekends with their family and some in the centre. All residents had day services or work available to them. Transport to and from day services was provided.

Overall judgment of our findings:

The inspector noted the good quality of life that residents enjoyed. The flexibility around care practices helped to ensure that residents retained their independence yet obtained the support they required as their needs dictated.

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents going out to activities, going to work and going shopping. Residents had many opportunities to spend leisure time together and develop friendships.

The inspector found the service to be in compliance with all seven outcomes inspected against. These findings are outlined under each outcome in the report.

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

Outcome 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):

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

Findings:

The inspector was satisfied that residents' rights and dignity were respected and that residents were consulted about how the house was run. Feedback was sought and informed practice. Residents were provided with a social model of care. Their homes were homely and well maintained. There was an ongoing focus on home improvements. Recently, curtains were replaced and walls painted. Plans were in place to upgrade the bathroom.

Residents were actively involved in an assessment to identify their individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, residents were supported to visit friends, attend local community events and engage in physical exercise. The documentation viewed was easy to read, well organised and generally up to date.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation.

Residents were facilitated to have contact with friends, family and significant others. For example, siblings were facilitated to spend time together and other residents enjoyed spending time with other service users with whom they had a close relationship. Residents' personal communications were respected. For example, each resident had an individualised communication plan outlining their preferences, likes and dislikes as it pertained to communicating with them.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents choose what time they went to bed, where they went shopping and who they met.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care. Residents attended church services and residents exercised their right to vote.

The centre was part of the local community. Residents were well known in the locality and enjoyed good relations with neighbours. Residents were enabled to take risks within their day to day lives. For example, go for walks, use public transport and go on holidays.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, residents were involved in a variety of work projects, attended concerts, went hill walking, went to the cinema, attended football matches and met family and friends. The activities programme also included exercise classes and sports such as Bocce.

The inspector noted that staff had very good awareness of each resident's personal care plan and very good awareness of the information contained in the residents' files.

Staff monitored how residents adapted and settled into their new home. For example, when a resident moved, their prior accommodation was held for a period of two months least they wished to return. The multidisciplinary team reviewed the transfer arrangements prior to the new arrangements being considered permanent.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. There were satisfactory procedures in place for the prevention and control of infection including the provision of staff training in hand hygiene.

The risk management policy was implemented and covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. The risks identified were specific to the centre and specific to the residents. For example, risk assessments were carried out around a resident's risk of choking and residents taking their own medication. Staff were proactive in supporting residents to maintain their independence and at the same time minimise any risks that surrounded such independence. For example, supporting residents to walk home from work or travel on public transport.

There were arrangements in place for responding to emergencies. Reasonable measures were in place to prevent accidents. Staff had up to date training in moving and handling techniques.

Suitable fire equipment was provided. Fire exits were unobstructed. On the previous inspection it was identified that routine hazard inspections were not taking place. Such inspections were, at the time of this inspection taking place on a weekly basis. Also since the previous inspection the centre came into compliance with fire safety requirements. Priority works were identified by a qualified fire consultant which included the putting in place of fire alarms panels and emergency lighting. Such works were completed at the time of inspection.

There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. The residents sleeping upstairs were mobile and partook in fire drills which had swift evacuation times. Staff were trained and knew what to do in the event of a fire.

The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at monthly intervals and fire records are kept which included details of fire drills, fire alarm tests and fire fighting equipment. The emergency lighting and fire alarm panel were checked monthly.

Documentation was available from a competent fire safety person confirming that the works undertaken since the last inspection met the requirements of the fire safety legislation.

Overall there was a good balance between taking health and safety precautions and facilitating the independence of residents.

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):

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. This training was specific in understanding abuse as it pertains to adults with disability. From discussions with staff, the inspector was satisfied staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Residents in the centre stated they felt safe.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Some residents received support in managing their finances. These financial support arrangements were regularly reviewed and discussed with residents. If part of a resident's money management needed support from staff this was provided while facilitating the resident to have full independence in other parts of the management of their finances. The overall focus was to explore ways to ensure residents retained decision making about how their money was spent.

The use of medication to manage behaviour that challenged was monitored by the general practitioner and the psychiatric services. No restrictive practices were used in the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' health-care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Residents were able to attend the GP surgery independently. Individual residents' healthcare needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health care services if the need arose.

Residents took primary responsibility for their own care, including their health care. Residents were supported and encouraged to make healthy living choices such as availing of appropriate health screening, eating healthily and exercising. End-of-life care plans were sensitively written in conjunction with the resident.

Residents availed of meals in their work place or day service. Residents also cooked in the evenings at home and were supported to prepare their own meals as appropriate to their ability and preference. Residents did their own shopping and received support from staff if needed.

The advice of dieticians and other specialists was implemented in accordance with each residents needs. For example, one resident followed a modified consistency diet and staff were familiar with the appropriate action to in the event of an emergency. The inspector saw that meal times were positive social events that took place around the kitchen table.

Each resident had a hospital communication booklet which they took with them if they needed acute hospital care. This gave a summary of the resident's health needs, allergies, level of comprehension and other important information.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe. One resident managed their own medication. An assessment took place to ensure the safety of these arrangements.

There was good documentation around medication errors. Corrective action was taken to mitigate against recurring errors. This included the provision of updated medication management training. The number of errors had reduced. This was reported to be as a result of the corrective measures taken.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Such medicines were returned to the pharmacy which supplied them.

A system was in place for reviewing and monitoring safe medication management practices.

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:

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Six monthly unannounced inspections were carried out by the provider.

In general, residents were pleased with changes that took place over the previous two years, such as the upgrading of the premises, the reduction in resident numbers thus allowing more residents to have their own bedroom and the appointment of a new person in charge. However, residents who spoke with the inspector articulated what they interpreted as an excessive demand on staff in relation to maintaining documentation. This was discussed with the management team who were constantly

reviewing practice and aware of the balance that needs to be achieved between providing care and support to residents and ensuring documentation is accurate and up to date.

Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering. For example, staff attended staff meetings and engaged in regular supervision with their line manager.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge regularly met with her manager and received ongoing support from her. These included both formal and informal meeting. Minutes were maintained of formal meetings.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development and undertaking further education at the time of inspection. Residents could identify the person in charge.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. Staffing levels took into account the statement of purpose and residents desire for autonomy.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner while respecting the residents expressed need for independence.

The education and training available to staff enabled them to provide care that reflected contemporary practice. For example, staff had up to date training in moving and handling, adult protection, fire safety, food hygiene and infection control.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example staff reported they felt supported, had easy and regular access to management staff and felt they could bring issues to the attention of management.

There were effective recruitment procedures that included checking and recording required information.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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