

**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-0003942
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:	12
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

From: 21 July 2016 12:30 To: 21 July 2016 20:00

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

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

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 outstanding from the previous inspection.

How evidence was gathered

As part of the inspection, the inspector met with nine of the 12 residents. 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 2015 inspection, a number of improvements were made with regards to the fire safety arrangements. In particular emergency lighting was installed, evacuation plans were displayed and a bedroom adjacent to the kitchen had a change of use.

The inspector noted the good quality of life that residents enjoyed. The flexibility around care practices helped to minimize the occurrence of incidents around behaviours that challenge. Residents were independent in so far as possible and residents appeared happy. Providing this level of care required flexibility with rostering, cooperation from staff and a cultural awareness of how residents needs are best met.

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" and where residents could "live with respect and dignity, express their individuality, live as members of a household, and be integrated in the local community." Accommodation was in three, two storey semi detached houses. Between four and five residents occupied each house. Each house had a sitting room, kitchen, personalised bedrooms, sanitary facilities and laundry facilities. The mission of the Daughters of Charity, as set out in its statement of purpose, is "to effectively plan, develop and facilitate a person centred high quality, holistic and adult focused service".

The centre is part of the organisations' community living facilities. The service is available to both male and female residents. This centre was occupied by female residents.

Residents were able to get out and about almost on a daily basis. The houses were well maintained. Residents availed of day services from Monday to Friday. Transport was provided to and from the day services.

Overall judgment of our findings

The inspector found that care was provided in a holistic environment in which respect was a core element of all interactions. The inspector saw residents going on outings, being able to spend leisure time together and develop friendships. Residents were offered independence while safeguarding security.

In the nine Outcomes inspected, the centre was found to be in compliance with regulations. The reasons for these findings are explained 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):

No actions were required from the previous inspection.

Findings:

Residents and their representatives were actively involved in an assessment to identify residents individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, one resident obtained a bus pass which was part of her goals. The resident told the inspector how pleased she was with this and the inspector saw it documented as part of her personal plan. Residents were provided with assistive technology such as computer tablets. Providing such equipment supported residents to learn new skills and be independent.

Residents and their family members were consulted and involved in the review process. For example, discussions took place with family members and the resident with regards to the frequency of home visits.

Residents were provided with a social model of care. Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, watching particular television shows, attending a day service or chatting with staff. Individual residents engaged in their own specific interests outside of the centre such as bowling, horse riding, going to the cinema and dining out. Residents were enabled to take risks within their day to day lives. For example, go for walks, go on holidays and enjoy a social drink.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care, in the manner in which they maintained written documentation and in the manner in which they knocked on the resident's door before

entering. Residents told the inspector that they were consulted about how the house was run.

The centre was part of the local community. Residents were well known in the locally. Residents had access to radio, television, social media, newspapers, internet and information on local events. Residents had their own mobile phones. A land line phone was also in each house and the inspector saw residents receiving phone calls.

Educational achievement of residents was valued and proactively supported by practices in the centre. There was a robust assessment process to establish each resident's educational/employment/training goals.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose which was to provide an environment that was homely. The premises met the needs of residents and promoted residents' safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. The house was free from significant hazards which could cause injury. There was sufficient furnishings, fixtures and fittings. The centre was clean and suitably decorated.

There was adequate private and communal accommodation. There were well equipped kitchens with sufficient cooking facilities and equipment. There was adequate toilets, bathrooms, showers which were adapted to meet the needs of residents.

Since the last inspection the number of residents in one house reduced by one, thus allowing all residents in the house to have their own bedroom. Two residents continued to share a room in one of the other houses. The provider informed the inspector that once there was a vacancy in the house, the number of residents would decrease to ensure each had their own room.

Also, since the last inspection, the bedroom adjacent to the kitchen in one of the houses was converted to a sitting room making the room safer from a fire safety perspective.

There were suitable outside areas for residents. Residents had access to transport.

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 a health and safety statement. There were satisfactory procedures in place for the prevention and control of infection. 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. There were also arrangements in place for responding to emergencies. Reasonable measures were in place to prevent accidents. Staff were trained in moving and handling of residents where required.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. 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. 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 were kept which included details of fire drills, fire alarm tests and fire fighting equipment. Emergency lighting was in place. Residents were familiar with the fire drill procedures.

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. 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 told the inspector that they felt safe. Staff had received training in understanding abuse especially as it pertains to adults with disability.

Any incidents, allegations, suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

Efforts are made to identify and alleviate the underlying causes of behaviour that was challenging for each individual resident. Therapeutic interventions were implemented in consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed to assess their impact on improving behaviours of concern and improving the lives of the resident.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. At the time of inspection no restrictive practices were in place.

The use of medication to manage behaviour that challenges was monitored. Staff were trained in the use and implications of restrictive procedures including the use of medication.

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. Individual residents' health needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health care services which reflected their care needs.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. For example, residents were supported in their medical plans of care to partake in exercise, avail of vaccinations and have regular blood checks. Residents confirmed to the inspector that they availed of these health promotion initiatives. End of life care was provided in a manner that met the needs of the resident. The inspector saw sensitively written end of life care plans which detailed the resident's wishes.

Food was nutritious, appetising and varied and available in sufficient quantities. It was available at times suitable to residents. Residents took a lunch with them to their day service. Special dietary needs were accommodated. For example, staff were familiar with the needs of residents on a gluten free diet and a diabetic diet. Residents likes and dislikes with regards to food was noted and made readily accessible to staff. Residents regularly assisted with preparing meals and baking. The inspector was present for the evening meal and saw that it was a social pleasant occasion.

The advice of dieticians and other specialists was implemented in accordance with each residents personal plan. For example, a celiac diet plan was in place for one resident. Residents' weight was recorded monthly.

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 and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their own medication following an appropriate assessment. At the time of inspection no resident was self medicating.

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

All staff with responsibility for administration of medicine had completed training in this area. It was a condition of employment that such training would be completed before staff were given responsibility for medication. The staff with whom the inspector spoke with were clear and confident in their role of administering medication.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which were to be provided for residents.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

It was kept under review and at the time of inspection was being updated to reflect the recent change in the management personnel. A copy of the revised statement of purpose was to be submitted to HIQA. The Chief Inspector had already been notified in writing prior of the proposed changes.

The statement of purpose was available in a format that was accessible to residents.

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 of the centre were conducted by the provider or someone nominated on their behalf. Improvements came about as a result from such audits. For example, it was identified on the audit the need to have staff photographs displayed indicating who was on duty. The inspector noted this had been implemented.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The person in charge was on leave at the time of this unannounced inspection. It was clear from discussions with residents and staff that she was supportive of staff and residents' needs, provided leadership and was knowledgeable of the legislation of her statutory responsibilities. The provider confirmed that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Residents could identify the person in charge and the person who was deputising for her in her absence.

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):

No actions were required from the previous inspection.

Findings:

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Staffing levels took into account the statement of purpose and size and layout of the building.

There was a staff rota. It was displayed on the notice board in the centre.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence based practice. For example, staff had up to date medication management training, hand hygiene training as well as their mandatory training.

There was a good induction programme available to new staff. This was confirmed by staff had had recently begun work in the centre. A system was in place whereby new staff shadowed regular staff for up to three weeks. Training was provided during this time to the new staff member. Staff were competent to deliver care and support to residents because their learning and development needs had been met and in particular via their induction and ongoing support programme.

In so far as possible, the same staff worked with residents to ensure continuity of care. Staff reported that they felt supported in their role. They had 24/7 access to a manager and stated there were no barriers to contacting management staff.

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. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role and a staff appraisal system was in place.

There were effective recruitment procedures that included checking and recording required information. Staff files were held in a central office and had been checked separate to this inspection.

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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