

**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-0003943
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:	Louisa Power
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 June 2016 09:30 To: 28 June 2016 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was a follow up inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The previous inspection was on 21 and 22 October 2014 and, as part of this inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence

As part of the inspection, the inspector met and interacted with seven residents who reported that they were happy with life in the centre, their choices were promoted at all times, the support they received was respectful and they were facilitated to access activities and services in the community. The inspector reviewed documentation such as policies and procedures, risk assessment and templates. Interviews were carried out with the person in charge, social care leader and person nominated to act on behalf of the provider.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre comprised two domestic style houses located in a suburban area close to large city. The service is available to adult men and women who have mild to moderate intellectual disabilities. At the time of the inspection, the residents were all female and many had reached retirement.

Overall findings

The inspector found major non-compliance in Outcome 07: Health and Safety and Risk Management. Inadequate fire containment measures were in place as recommended in a report by a suitably qualified professional in August 2014. Parts of the centre posed a significant falls trip and falls risk for one resident.

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met in a number of areas. This resulted in some positive experiences, but also poor experiences for residents, the details of which are described in the report.

Good practice was identified in the following areas:

- strong links with the community were promoted (outcome 1)
- residents felt safe (outcome 8)
- safe medicines management practices (outcome 12).

The inspector found that the lack of effective governance and management systems had resulted in:

- inadequate fire safety precautions (outcome 7)
- parts of the centre posing significant risk and not meeting a resident's assessed needs (outcome 7)
- outstanding referrals for input from occupational therapy (outcome 11).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

At the previous inspection, it had been identified that residents' personal and living space was not fully respected in one service unit as the service unit was used for other residents who did not have a day service or were unable to attend their day service due to ill health. The actions required were satisfactorily implemented. The person nominated to act on behalf of the provider outlined that an active retirement day service took place at an external location. Staff members were deployed to support residents in their own home if they were unwell.

At the previous inspection, it had been identified that activities for older residents were not sufficient to meet the specific and individual activities, interests and preferences of all older residents. The actions required were satisfactorily implemented. Residents attended an active retirement day service, provided by the organisation or other external organisations, or had supported employment. The activity records for the active retirement provided by the organisation were made available to the inspector which outlined that activities such as horticulture, music, arts, crafts, beauty therapy, knitting, crochet, watching movies and outings were facilitated. On the day of the inspection, residents went on a day trip which residents reported that they were looking forward to. Residents with whom the inspector spoke outlined that they enjoyed the activities at the active retirement group, especially meeting with their friends and joining in the activities.

Residents with whom the inspector spoke and interacted with stated that they felt safe and spoke very positively about their care and they received. Interaction between residents and staff was observed and the inspector noted staff promoted residents'

dignity and maximised their independence, while also being respectful when providing support assistance.

Systems were in place to promote the involvement of residents and their representatives in the centre. Regular 'house meetings' took place in each service unit. Items discussed included complaints management, rights, fire safety, ideas for holidays and day trips, décor and maintenance. The minutes demonstrated that each resident was given the opportunity to raise any issues during the meeting. An advocacy representative had been appointed by the residents living in the centre. The inspector spoke with the advocacy representative who outlined that she met the person nominated to act on behalf of the provider regularly to discuss feedback from local meetings and from individual residents. The advocacy representative confirmed that the person nominated to act on behalf of the provider was approachable, effective and always endeavoured to facilitate resident choice.

Staff were observed providing residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents were encouraged to choose their activities for the day. The inspector saw that steps were taken to support and assist residents to provide consent and make decisions about their care and support.

The inspector observed that residents were supported in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Staff were observed to knock on bedroom doors before entering. Suitable locks were provided on the doors of toilets and sanitary facilities. Sanitary facilities were shared and the inspector noted that staff took appropriate measures to promote the privacy and dignity of residents during personal care. However, the measures were not outlined in intimate care plans.

Residents' personal communications were respected. Some residents reported that they had their own personal mobile telephones while others reported that they could access the telephone provided in the centre at all times. Wireless internet was provided throughout.

There was a complaints policy which was also available in an accessible format and had been reviewed in February 2015. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. The 'easy read' version of the policy was displayed prominently throughout and had been recently updated to reflect the change in the local complaints officer.

The inspector reviewed the complaints log detailing the investigation, responses and outcome of any complaints. The complaints form also recorded whether the complainant was satisfied. The investigation undertaken in response to complaints was thorough, comprehensive and prompt.

Residents were encouraged and facilitated to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly in line with the centre-specific policy. Residents were supported to do their own laundry if they wished and adequate facilities were available.

Residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. Money competency assessments were completed for each resident which outlined the supports and training needs, if any, required. Staff outlined a transparent and robust system for the management of residents' finances who required support in this area. An itemised record of the all transactions with the accompanying receipts was kept.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote and staff confirmed that information had been provided in relation to a recent general election. Residents were supported to access religious services and supports in line with their wishes.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

Findings:
Residents were facilitated to communicate in line with the centre-specific policy, reviewed in July 2015 but one plan of care and associated communication passport required review to reflect the resident's current status. Residents had diverse communication needs; some residents did not use verbal communication.

A comprehensive assessment of each resident's individual communication needs was completed annually and this informed the plan of care developed for this area. Residents were facilitated to access assistive technology, aids and appliances to promote their full communication capabilities. Visual aids and picture books were available to facilitate communication with some residents, in line with their assessed needs. Staff were observed to effectively communicate with and promote the effective communication of all residents. Staff with whom the inspector spoke were knowledgeable in relation to

each resident's communication requirements and means of communication.

Some personal plans reviewed in relation to communication were comprehensive and outlined individual requirements, interventions and goals in relation to effective communication. The inspector saw and staff confirmed that access to speech and language therapists was facilitated for residents, in line with their needs. The advice of speech and language therapists was incorporated into some residents' plans of care and was seen to be implemented in practice. However, for one resident who did not use verbal communication, the plan of care and associated communication passport required review due to changes in the resident's condition and living situation. In addition, the person in charge and person nominated to act on behalf of the provider confirmed that a referral to speech and language therapy had not been made following these changes to support the development of an up to date plan of care and to guide staff.

Judgment:

Non Compliant - Moderate

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 had been identified that the review of the personal plan was not multi-disciplinary. There was evidence of multidisciplinary team involvement seen by the inspector for all residents, in line with their needs, including psychiatry, speech and language therapy, general practitioner (GP), optical, audiology and psychology services. However, the inspector reviewed a sample of personal plans and saw that the review was not multi-disciplinary. This was confirmed with residents, the person in charge and the person nominated to act on behalf of the provider. The person nominated to act on behalf of the provider outlined that a process was being rolled out across the service to ensure that the review of the personal plan was multi-disciplinary and would be completed by the end of October 2016.

A sample of residents' plans was reviewed. An assessment of the health, personal, social care and support needs of the resident was completed annually and the information recorded as part of the assessment was individualised and person centred. The assessment formed the basis of an individual plan of care. A plan of care had been developed for each resident. The plan of care outlined residents' needs in many areas including communication, comprehension and decision making, eating and drinking, mobility, personal care, safe environment, sensory needs, spirituality and relationships. Residents with whom the inspector spoke confirmed that they were consulted with and participated in the development of the plan of care. Personal plans were made available to residents in an accessible format.

Goals and objectives were clearly outlined. Goals were specific; the person responsible for supporting the resident in pursuing the goal and the timeframe were clearly outlined. There was evidence of resident involvement in agreeing/setting individual goals. There was also evidence that goals were achieved. Residents with whom the inspector spoke outlined their goals for the coming year which included gardening, trips away, planning birthday parties and community involvement. It was clear that the goals developed for residents would maximise each resident's personal development and would enhance their retirement.

Staff and the person in charge outlined that the plan of care was subject to a review on an annual basis or more frequently if circumstances change. The inspector saw evidence that the review was carried out with the maximum participation of the resident. The review did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. Changes in circumstances and new developments were included in the personal plan and amendments were made as appropriate. However, the inspector noted and the person in charge confirmed that one personal plan had not been reviewed since February 2015. The person in charge confirmed that the personal plan review meeting had been cancelled and was rescheduled for 29 July 2016.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The design and layout of the centre was in line with the centre's statement of purpose and met residents' individual and collective needs in a homely and comfortable way. Each resident had her own bedroom.

The centre comprised two domestic detached houses located within a short drive of each other. The centre was located in the suburbs of a large city close to local amenities and transport links.

Service Unit A was a bungalow and comprised seven bedrooms. One of the bedrooms was for staff use and doubled up as office space. Another bedroom was a spare bedroom and was not in use. Adequate sanitary facilities were provided with one en-suite bedroom, a shower room and bathroom.

Service Unit B was a two storey house and comprised five bedrooms. One bedroom on the ground floor was occupied by a resident. Three of the bedrooms on the first floor were for resident use. One of the bedrooms upstairs was for staff use and doubled up as office space. Adequate sanitary facilities were provided with one en-suite bedroom, downstairs toilet and shower room.

There was adequate private and communal space for residents. Bedrooms were personalised with the resident's choice of soft furnishings, photographs and personal memorabilia. Ample storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a sitting room and kitchen/dining area provided in both premises. A pleasant sun room was available for residents in Service Unit A. All rooms were of a suitable size and layout for the needs of residents.

The centre was clean and suitably decorated. The residents had input into the décor of the centre and each area reflected the residents who resided there. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings. Suitable adaptations such as grab rails were provided where appropriate.

Each premises had a kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. A contract was in place for the disposal of waste.

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):

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

Findings:

Overall, there was evidence that a proactive approach had been implemented in relation to risk management to promote and protect the health and safety of all. However, there were inadequate fire safety measures within the centre and Service Unit B required adaptation due to the assessed significant trip and falls risk posed by the step and stairs for one resident.

At the previous inspection, it was identified that improvements were required to ensure learning from near misses, errors and incidents involving residents. The inspector reviewed a sample of incident forms and saw that near misses, accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from such events. The inspector noted that the improvements identified were implemented in a timely fashion. Incident forms were reviewed by the person nominated to act on behalf of the provider in a timely manner.

At the previous inspection, the centre was not in compliance with fire safety legislation. The provider had arranged for a fire safety report to be completed by a suitably qualified person in August 2014. The inspector saw and the person nominated to act on behalf of the provider confirmed that the high priority works recommended in the report (installation of emergency lighting, thumb locks to final exit doors and fire panels) had been completed. However, works relating to fire containment including the installation of fire doors, increasing the depth of insulation in the ceiling, fitting of a fire safe hatch in the attic and 'firestopping' the ceilings had not been completed. Due to the potential catastrophic impact of a fire, the inspector judged this outcome to be at a level of major non-compliance due to insufficient fire containment in this centre.

Following the inspection, the provider sought a review by a suitably qualified person who confirmed that 'high risk' works had been completed. The report was submitted to HIQA by the provider. A specialist inspector has reviewed the report and this will inform ongoing regulatory activity.

There was a health and safety statement in place which outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, last reviewed in March 2015. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

The inspector reviewed the risk register and saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review. Adequate controls were in place to mitigate risks. However, a report from an occupational therapist indicated that the stairs and steps constituted a 'significant trip and falls risk factor' and that, in daytime and night time, the stairs posed a 'considerable risk' for the resident. The occupational therapist recommended a number of housing adaptations to mitigate the risk including the provision of a downstairs bedroom. The person in charge and person nominated to act on behalf of the provider indicated that a plan was being developed to implement these recommendations.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility failure. Suitable provision was made to cover an event where the centre may be uninhabitable.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was to be serviced on an annual basis, most recently in April 2016. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas.

The fire panel and emergency lighting in each service unit was serviced on a quarterly basis, most recently in May 2016. Records of daily and monthly fire checks were kept. These checks included inspection of the fire panel, final exits, emergency lighting and fire safety equipment. The fire panel was activated weekly to confirm that it was operational.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. The training matrix confirmed that fire training was completed for all staff. However, the training matrix indicated that one staff member required refresher fire training.

Fire drills took place at least every two months. Residents and staff reported that they had all attended a recent fire drill. The inspector noted that a detailed description of the fire drill, duration, participants and any issues identified was maintained for many fire drills. However, for four fire drills since March 2016 in Service Unit B, the record did not record the number of residents present at the time of the drill. Therefore it could not be demonstrated that all contingencies of staffing and resident occupancy had been considered during fire drills.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated every three months and in line with resident's changing needs.

Procedures were in place to for the prevention and control of infection. A comprehensive infection prevention and control policy was available, dated July 2015. The centre was visibly clean throughout. Precautions in relation to the residents' pet were in line with evidence based practice to prevent cross contamination. The inspector saw evidence

that the pet was under the care of a veterinarian, appropriately immunised and regularly preventative treatment was administered for worms and fleas. Staff confirmed that personal protective equipment such as gloves and aprons were available. A robust procedure was in place for the safe handling of laundry and alginate bags were available for the safe handling and segregation of soiled laundry. The management of devices such as nebulisers and blood glucose monitors was in line with evidence based practice. The inspector noted that staff observed appropriate and regular hand hygiene and prompted residents in relation to hand hygiene. The training matrix indicated that all staff members had completed infection prevention and control training.

Vehicles were available and records confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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):

No actions were required from the previous inspection.

Findings:

Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Supports were in place to ensure that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in January 2016. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if an allegation was made against a member of the management team.

The intimate care policy, dated May 2015, outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular

basis. The plan outlined in detail the supports required and the resident's preference in relation to the gender of staff delivering personal care.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and staff stated that there was an open culture of reporting within the organisation.

The inspector noted that all incidents, allegations and suspicions of abuse since the last inspection were appropriately and comprehensively recorded, investigated and responded to in line with the centre's policy, national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, reviewed in May 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques.

At the time of the inspection, residents did not require support with behaviours that challenge. Staff with whom the inspector spoke were aware of the process to access specialist input, if required. A plan of care in relation to coping strategies was developed for each resident which guided staff in a proactive and positive approach to support residents. The plan of care outlined the resident's individual personality, triggers and how each resident displays happiness or unhappiness.

The policy in relation to restrictive practices was made available to the inspector. The policy had been reviewed in July 2014, was comprehensive and was in line with evidence-based practice. Staff with whom the inspector spoke were knowledgeable in relation to the policy and outlined that restrictive practices were not in use in the centre at the time of the inspection.

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 were supported on an individual basis to achieve and enjoy best possible health. Residents had a number of assessed healthcare needs which were met to a high standard by care staff with regular nursing support. However, improvements were required in relation to the documentation of each resident's wishes in relation to care and support during times of illness.

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Access to a medical practitioner was facilitated regularly. There was clear evidence that where treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry, psychology, audiology, dental, dietetics, optical and chiropody. However, the inspector saw that referrals for two residents made in October/November 2014 in relation to occupational therapy were still outstanding and this was confirmed by the person in charge. The occupational therapy department had assigned a risk rating of moderate to the referrals.

Plans of care had been developed in line with residents' individual healthcare needs such as epilepsy, diabetes, asthma, high blood pressure, oral care, women's health, constipation, continence, high cholesterol, visual impairment mental health, skin care and nutrition. Staff with whom the inspector spoke demonstrated knowledge of the plans of care and the inspector saw that the plans of care were implemented in practice.

The management of epilepsy was in line with evidence-based practice. Residents were supported to attend regular reviews in relation to epilepsy management. Staff with whom the inspector spoke were conversant in the management of epilepsy and seizures. Where rescue medicine was prescribed, the inspector saw that the medicine was available at all times and staff had been trained in the administration of this medicine. Individualised epilepsy care plans had been developed for all residents with a diagnosis of epilepsy which outlined type of epilepsy, description of seizures, identified triggers, medicines prescribed, frequency of review, 'rescue' medicines prescribed and management of seizures.

Residents were supported to manage their diabetes effectively and in line with contemporary practice. Residents were supported to attend regular reviews in relation to diabetes and the associated complications. The individual plan of care was comprehensive and would adequately guide staff in relation to the management of diabetes and high/low blood sugars. Staff with whom the inspector spoke demonstrated comprehensive knowledge of the plan of care. Blood sugars were checked twice daily, in line with specialist recommendations, and a record was maintained to track trends. Documentation reviewed by the inspector indicated that nursing support had been sought, in line with the plan of care, when high/low blood sugars were noted and recommendations were implemented.

The management of dementia was guided by a clinical nurse specialist who reviewed each resident with dementia at least annually or in line with their changing needs. Recommendations as a result of this review were implemented by staff. A comprehensive and individualised plan of care was developed for each resident with dementia which was person centred and focussed on residents maintaining independence and autonomy. The inspector observed the interaction between staff and residents with dementia and saw that staff endeavoured to provide individualised and flexible support to residents. Residents were facilitated to be independent in completing their daily routines and staff were observed to ensure that residents were supported to maintain their functional abilities for as long as possible

The end of life policy was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death. The inspector noted that a comprehensive and sensitive discussion had taken place with residents and their representatives to residents' views in relation to loss, death, dying and end of life. A plan of care for end of life was developed based on this discussion. However, much of the information contained in the plan of care related to care after death. The person in charge confirmed that an individualised plan of care had not been developed in relation to care at times of illness for each resident. Therefore, information would not be available to guide staff in meeting all residents' needs whilst respecting their dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents had access to a dietician, in line with their needs, and recommendations made were seen to be implemented. The recommendations made by speech and language therapists in relation to food and fluids of a modified consistency were seen to be implemented. Residents were encouraged to be active through swimming, walking and participating in team sports.

Residents were encouraged to be involved in the preparation and cooking each meal. Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. The menu options for the week of the inspection included a chicken dish, beef stew, bacon and cabbage, beef burgers and shepherd's pie. The inspector joined a resident for lunch and saw that a healthy meal of soup and sandwich was prepared for the resident, in line with her preferences. The sandwich was presented as a 'finger food' to promote the resident's independence.

There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks and residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy read format.

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:

Medicines for residents were supplied by a community pharmacy. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The inspector saw a notice informing residents of a visit by the pharmacist to the centre.

There was a medicines management policy and had been reviewed in July 2015. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely throughout.

A sample of medication prescription and administration records was reviewed. Medication prescriptions records contained the required information as per the relevant legislation. Medication administration records identified the medicines on the prescription and allowed space to record comments on withholding or refusing medications. The records reviewed confirmed that medicines were administered as prescribed.

An individualised medicines management plan of care was developed for each resident which outlined the medicines prescribed, indications and directions. For residents who were prescribed inhaled medicines, a resident specific plan was developed to guide staff in relation to the safe and appropriate administration of these medicines and training had been provided to the resident in relation to inhaler technique.

Some residents with whom the inspector spoke confirm that they took responsibility for their own medicines. A comprehensive and individualised risk assessment was completed which took into account cognition, communication, reception and dexterity. Safe and secure storage was provided for residents and adequate oversight was in place to ensure compliance and concordance.

Staff outlined the manner in which medications which were out of date or dispensed to a resident but were no longer needed are stored in a secure manner, segregated from other medicinal products and were returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Staff with whom the inspector spoke confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. A system was in place for reviewing and monitoring safe medicines management practices. The results of the most recent medication management audit were made available to the inspector. The inspector confirmed that actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

Training had been provided to staff on medicines management, inhaled medicines and the administration of buccal midazolam.

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:

Effective management systems were in place that supported and promoted the delivery of safe, quality services. There was a clearly defined management structure in place which identified the lines of authority and accountability. The quality of care and experience of the residents was monitored on an ongoing basis. The person in charge had the required qualifications, skills and experience to manage the centre.

The provider had arranged for an unannounced visit to the centre in the last six months to assess quality and safety of the care and support in the centre. The inspector read a report of the most recent unannounced visit which had been completed in April 2016. The report demonstrated a proactive approach and pertinent deficiencies were identified. A robust action plan had been developed following the unannounced visit and there was evidence of meaningful progress against the action plan.

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was also appointed as the person in charge in two other centres. A social care leader was appointed in the centre to ensure the effective governance, operational management and administration of the centre. The inspector spoke with the social care leader who confirmed that the person in charge was accessible at all times. The inspector observed a good and supportive working relationship between the person in charge and the social care worker. Record of regular formal meetings between the person in charge and the social care leader were made available to the inspector. There were established regular weekly management meetings attended by the person in charge, the person nominated to act on behalf of the provider and the clinical nurse managers. Meetings between the person nominated to act on behalf of provider and the social care leader took place six times per year.

The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge was a registered nurse in the area of intellectual disabilities and had many years' experience in this area. The person in charge was employed full time by the organisation as a clinical nurse manager. The person in charge demonstrated an in-depth knowledge of the residents and residents were comfortable in her presence.

The annual review of the quality and safety of care in the centre from 2015/2016 was made available to the inspector who saw that it was comprehensive and was based on the Standards and Regulations. Areas for improvement were identified and actions completed in a timely fashion.

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:

At the previous inspection, gaps were noted in relation to the completion of training in relation to behaviour that challenges and competency of staff who administered medicines. The training matrix indicated that staff training in relation to behaviour that challenges and competency of staff who administered medicines was up to date.

There was a planned and actual staff roster in place which showed the staff on duty during the day and the sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. The person in charge and person nominated to act on behalf of the provider outlined that every effort was made to ensure a consistency and continuity in staffing. However, residents with whom the inspector spoke outlined that there had been a lack of consistency in staffing in service unit B and they articulated the impact on them. Residents outlined that they had not been informed of the changes and they did not know the staff nor did the staff know the residents and their needs. The social care leader confirmed that relief staff were being used to address a short fall of one whole time equivalent in service unit B. The roster indicated that at least 50% of shifts in service unit B were covered by relief staff on the week of the inspection.

Staff files were kept centrally at the organisation's head offices and were not examined as part of this inspection. There was evidence of effective recruitment and induction procedures; in line with the centre-specific policy, last reviewed in June 2014.

Regular staff meetings were held every two months and were attended by the person in charge. Items discussed included health and safety, audit findings, supervision, maintenance and residents' needs. A system of supervision had been implemented from December 2015. Records of these meetings were made available to the inspector which demonstrated the supervision was meaningful and impacted positively on the quality of care provided.

Staff with whom the inspector spoke were able to articulate clearly the management structure and reporting relationships. The inspector saw that copies of both the Regulations and the Standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents. However, the training matrix indicated that refresher manual handling training was outstanding for one staff member.

Volunteers received supervision and vetting appropriate to their role and level of involvement in the centre.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

At the previous inspection, it had been identified that improvement was required to records in respect of each resident to ensure accuracy, completeness and ease of retrieval. The inspector noted that residents' records were kept securely, were easily accessible and were kept for the required period of time. The inspector found that the system in place for maintaining files and records was very well organised.

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:

Louisa Power
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-0003943
Date of Inspection:	28 June 2016
Date of response:	20 July 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The measures to promote the privacy and dignity of residents during personal care, in the context of shared sanitary facilities, were not outlined in intimate care plans.

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 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The intimate care plans for the residents will be updated to reflect the measures taken to promote each residents privacy and dignity during personal care in the context of shared sanitary facilities.

Proposed Timescale: 30/07/2016

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:

One plan of care and associated communication passport required review due to changes in the resident's condition and living situation

2. 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 plan of care for one resident and associated communication passport has been reviewed since the inspection to reflect the changes in the resident's condition and living situation. The communication plan of care and passport will be reviewed again as changes occur and following the assessment and recommendations made by the speech and language therapist.

Proposed Timescale: 30/07/2016

Theme: Individualised Supports and Care

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

A referral had not been made to speech and language therapy to maximise a resident's communication in line with the resident's assessed needs.

3. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

A referral to Speech and Language Therapist has been completed since the inspection on 01/07/2016 in order to maximise the resident's communication skills.

Proposed Timescale: 01/07/2016

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 plans was not multi-disciplinary.

4. 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:

All personal plans are currently being reviewed by the Multi-disciplinary Team and will be completed by the end of August 2016. Any recommendations from this review will form an integral part of each individual's plan of care.

Proposed Timescale: 31/08/2016

Theme: Effective Services

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

One personal plan had not been reviewed since February 2015.

5. Action Required:

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

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

The individual personal plan will be reviewed and updated at the residents scheduled meeting on 29/07/2016.

Proposed Timescale: 29/07/2016

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:

The stairs and steps constituted a 'significant trip and falls risk factor' for a resident.

In daytime and night time, the stairs posed a 'considerable risk' for the resident.

6. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The application for a mobility grant is awaiting to be submitted with costed plans for the centre. The service is planning to renovate the garage downstairs to relocate the resident residing upstairs and in doing so will eliminate the risk of trips and falls for that resident. On receipt of the grant, the service will then review the funding required for the works to establish if they can be completed within existing resources.

In the interim, the service manager will seek the input from an Occupational Therapist to assess the suitability of a chair lift for the individual resident to access her bedroom safely and reduce the risk of falls. This assessment will be completed by 24/08/2016. Other vacancies within the CRS where there is a downstairs bedroom available will also be considered for this resident if the resident so wishes to move.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

The centre was not in compliance with fire safety legislation.

7. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The service had enlisted an external fire consultant agency in 2014 who completed a fire safety risk assessment. This consultant reviewed this risk assessment in light of works completed. The report from the fire consultant was submitted to HIQA by the provider.

Proposed Timescale: 02/09/2016

Theme: Effective Services

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

The training matrix indicated that one staff member required refresher fire training.

8. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The respective staff member is scheduled to attend the next fire training refresher training date which is scheduled for 07/09/2016.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

For four fire drills since March 2016 in Service Unit B, the record did not record the number of residents present at the time of the drill.

9. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

All fire drills will now record the number of residents present at the time of the drill.

Proposed Timescale: 15/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Referrals for two residents made in October/November 2014 in relation to occupational therapy were still outstanding.

10. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The Provider Nominee has referred the two residents to the Primary Care Community Occupational Therapist to complete a follow –up assessment on 18/07/2016. If this is not completed in a timely manner, the Provider Nominee will enlist the services of a consultant O.T. to complete the assessments by 16/09/2016.

Proposed Timescale: 14/10/2016

Theme: Health and Development

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

Information was not be available to guide staff in meeting all residents' needs whilst respecting their dignity, autonomy, rights and wishes at end of life and times of illness.

11. Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

All resident's care plans are being updated to outline what each resident wishes are for their end of life care and at times of illness.

Proposed Timescale: 30/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was evidence that inconsistency in staffing was impacting on residents

12. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The Provider Nominee is currently recruiting staff to replace staff who have left the service. A staff has been allocated to this centre to ensure that there is consistent staff present for the residents.

Proposed Timescale: 24/07/2016

Theme: Responsive Workforce

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

The training matrix indicated that refresher manual handling training was outstanding for one staff member.

13. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The respective staff member is scheduled to attend the next manual handling refresher training date which is scheduled for 20/09/2016.

Proposed Timescale: 20/09/2016