

**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-0003948
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Simon Balfe
Lead inspector:	Julie Hennessy
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
31 May 2016 10:00	31 May 2016 17:00
01 June 2016 09:00	01 June 2016 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was the fourth inspection of this designated centre. This inspection was the second follow up inspection in response to notices of proposal to refuse and cancel registration of the centre that were issued by the Health Information and Quality Authority (HIQA) to the Daughters of Charity. This inspection followed up on non-compliances from the previous inspection.

Description of the service

Group E as a designated centre comprises two community houses and can accommodate 11 residents. One house is a two-storey dwelling that can accommodate six residents. The second house is a single-storey dwelling that can accommodate five residents. Residents' care needs included support in relation to behaviour that may challenge.

How we gathered our evidence

Inspectors visits to the houses included times that residents were at home. Residents appeared happy in their home and told or indicate to inspectors that they were looking forward to going to their day service or participating in certain activities. Staff were observed to support residents to use verbal and non-verbal communication to express their choices, feelings and wishes. Staff were also observed to support residents' independent living skills.

Overall judgment of our findings

Overall, inspectors found that the provider demonstrated increasing compliance with the regulations over the previous two inspections with sustained and significant improvement found at this inspection.

A new service manager had commenced in the service five weeks prior to this inspection. Despite the short time in the role, the service manager demonstrated that he had reviewed many arrangements in place for providing care and support to residents and had identified key areas that required strengthening in the service.

At the previous inspection, it was identified that a new person in charge had commenced in the centre six days prior to that inspection. As a result, it was not possible for inspectors to determine the effectiveness of the person in charge in addressing non-compliances at that inspection. At this inspection, the person in charge demonstrated that he knew the residents well, their needs and abilities and was aware of key challenges that remained. Staff said that the person in charge was approachable and supportive. The person in charge had progressed the actions that required completion under his remit and control satisfactorily since the previous inspection.

At this inspection, of 13 outcomes, seven were either compliant or substantially compliant with the regulations.

At the previous inspection, three outcomes were identified to be at the level of major non-compliance that related to social care needs, fire safety and staff training. At this inspection, satisfactory progress had been made in relation to the previous failings as they related to fire safety and staff training. However, Outcome 5: Social Care Needs remained at the level of major non-compliance the centre was not suitable for the purposes of meeting the assessed needs of each resident. The impact for residents include residents living in a more restrictive environment than they required and the environment not being conducive to supporting residents with behaviours that may challenge. Since the previous inspection, the provider had submitted an action plan to HIQA in relation to inappropriate placements in the centre. This plan was not accepted by HIQA as it was not funded or time-bound. The provider was requested to re-submit a revised action plan which will be reviewed by HIQA.

Findings are discussed in the body of this report and required actions to be taken to address any non-compliances are outlined in the action plan at the end of this 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 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):

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

Findings:

At the previous inspection, it had been identified that where a bedroom was shared; it did not meet the needs of those residents. Inspectors saw during this inspection that each resident had their own bedrooms and bedrooms were not shared.

At the previous inspection, it had been noted that some bathroom facilities did not have the option of being locked. Inspectors noted that locks had been fitted to the bathroom facilities in one service unit. However, the bathroom facilities in the other service facility did not have the option of being locked.

At the previous inspection, a 'click lock' device that could not be operated by residents was fitted on some residents' wardrobes restricting access to their personal possessions. Inspectors observed that the 'click lock' device had been removed from the wardrobes and a standard lock fitted allowing the resident access to the key and thus to their wardrobes.

At the previous inspection, the weekend activities were limited and activity planners were not maintained for residents in one service unit. Staff outlined and inspectors saw that activities for residents had weekends had been increased. The activity planners and person plans indicated that walks, picnics, meals out, shopping, socialising and overnight trips away were facilitated at weekends.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall, residents' social care needs were supported by staff. Some actions were outstanding or identified on this inspection. Not all personal plans had been reviewed within the previous year. It was not demonstrated how the review of the personal plan was multi-disciplinary. A satisfactory plan to address the suitability of the centre to meet all residents' needs and abilities was yet to be received.

At the previous inspection it was found that the designated centre was not suitable for the purposes of meeting the assessed needs of each resident. The impact on residents was that in one house, individual residents were living in a more restrictive environment than they required. In the second house, the environment had been identified by a psychologist (in a report dated July 2015) as not being conducive to supporting residents to progress and to reduce levels of behaviours that may challenge on a consistent basis.

Since the previous inspection, the provider had submitted an action plan to HIQA in relation to inappropriate placements in the centre. This plan was not accepted by HIQA as it was not funded or time bound. The provider was requested to re-submit a revised action plan. As a result, an acceptable action plan has not yet been received and remains at the level of major non-compliance.

At the previous inspection it was found that the review of the personal plan was not multi-disciplinary. Since the previous inspection, some progress had been made in this area. A multi-disciplinary goal-setting sheet had been introduced that provided a clear overview of the status of multi-disciplinary team input and any outstanding referrals. However, it was not clear how this arrangement met the requirements of the regulations for the review of the personal plan to be multi-disciplinary. For example for one resident, the multi-disciplinary review had taken place two months after the personal plan review and it was not demonstrated how or whether one informed the other.

At the previous inspection it was found that further improvements were required to the personal plans to ensure that any required supports to support residents to realise their personal goals were identified and clearly tracked. At this inspection it was found that residents' goals were clearly outlined, the actions required to achieve those goals was outlined and goals included a timeframe, a responsible person, room for comment if there were any difficulties realising the goals.

However, at this inspection the inspector found that the personal plan available for review for one resident was dated 2014. Personal goals had been updated separately, which reflected the resident's current interests and activities, such as participating in special Olympics and an exercise class, a goal to attend a concert and to commence gardening. However, the plan did not reflect their current situation, friendships or a key long-term goal in relation to a planned move. In practice however, the supports were in place to support this planned move, including supporting a friendship programme and making a referral to social work to support the planned move.

Judgment:
Non Compliant - Major

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

Findings:
At the previous inspection, there was inadequate maintenance overall in one service. Inspectors noted that many areas in this service unit remained in poor repair and the timeframe for the completion of the action had passed. The following were observed in this service unit: extensive damage to the flooring in all areas; handles missing from kitchen units; torn and damaged laminate on kitchen preparation area; stained and scuffed paintwork in communal areas; items of furniture, including the couch, were in disrepair, torn or damaged.

The person in charge and the house manager for this service unit outlined that a costed plan had been submitted in relation to replacement flooring. Notwithstanding this, on-going maintenance was inadequate overall in this service unit. The communal areas of this service unit were observed to be bare and lacked a homely feel while bedrooms were personalised with soft furnishings and personal effects.

At this inspection, an occupational therapist (OT) had completed an environmental assessment of the bathroom in one house and its suitability to meet the needs of all residents. Improvement works were identified, which included a new toilet, toilet grab-rails, a larger bath, bath grab-rails, a wet room with sloping floor, a shower unit and a towel radiator. Sensor lighting was also recommended. These works were also required to support behaviours that may challenge. The final OT report was dated 26 January 2016. A date for commencement of these works was not provided to inspectors.

Judgment:

Non Compliant - Moderate

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:

At previous inspections, it was found that risk management system required improvement to identify sources of injury and harm to residents and put in place effective control measures. At this inspection, a sample of generic and individualized risk assessments were reviewed in both houses. Inspectors found that individualized risk assessments were satisfactory. In addition, it was demonstrated that staff were actively using risk assessments as 'live documents' to determine whether the control measures in place were working. One gap was identified in that a specific hazard was identified by the multi-disciplinary team that related to infection control, which required a risk assessment.

At previous inspections, a number of failings were found that related to fire safety. The evacuation plan for a resident was not clear. Staff gave contradictory information in relation to their understanding of how to evacuate that same resident. Fire drill records did not indicate that that all relevant evacuation scenarios had been simulated. Also, there was an inner room used as a bedroom off the laundry room and this required review in terms of safe evacuation from this room. Finally, it was not confirmed whether all doors in the centre were fire doors, as required to contain fire and prevent the movement of fire and smoke throughout the centre.

At this inspection, it was found that the majority of actions had been completed, with the exception of the fire doors. Personal emergency evacuation plans were clear and considered both cognitive and mobility needs of residents. Fire drills had been completed and demonstrated that the centre could be evacuated in a safe and timely manner. The inner room had been addressed via the installation of a fire door.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall, there were measures in place to protect residents from being harmed or suffering abuse. Positive behaviour support plans were in place and being implemented by staff. Some improvement was required in relation to following the processes in place for review and approval of restrictive practices.

At the previous inspection, it had been identified that protocols in relation to the use of chemical restraint were not always followed. At this inspection, inspectors noted that a restrictive intervention had not been reviewed by the multidisciplinary team when circumstances or rationale had changed. Inspectors saw that the access to some food items were restricted in one service unit and the house manager outlined a clear rationale for this restriction. This restrictive practice had been approved by the multidisciplinary team for individual residents. However, where circumstances had changed and this restriction now applied to another resident, the multidisciplinary team had not reconvened to discuss this change of circumstances and to ensure that the restriction was applied in line with regulatory requirements and to ensure that the least possible restriction was used for that resident.

At the previous inspection, it was found that behaviour support plans were inconsistent in their quality; while some provided clear guidance for staff, others did not. Since the previous inspection, the input of a psychologist from another part of the organisation was provided to the centre to support staff in the review of residents' behaviour support plans. Behaviour support plans viewed included proactive measures, the use of distraction and diversion techniques, the level of supervision required, residents' preferred routines, approved interventions, communication needs and considerations at other times e.g. during transport. Staff articulated this information to inspectors and were observed to follow the guidelines in practice. Other key information was also available and known to staff, such as risk assessments, preferred means of

communication and intimate care protocols.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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 not all restrictive practices had been notified to the Chief Inspection at the end of each quarter. Inspector observed that a comprehensive notification of all restrictive practices in place had been made by the person in charge at the end of each quarter.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
At the previous inspection, it was identified that not all residents were availing of a suitable day service. In addition, a formal assessment of each resident's education, employment and training goals were not on file for residents. In the action plan following the previous inspection, the provider outlined that the day service requirements of a resident was reviewed at a meeting between day services and the centre staff on 15/10/2015 and at a meeting between the staff team. In addition, the

representative of the provider, the day service team and the HSE were also meeting regarding the same day placement issue on the 05/11/2015 and recommendations would be made and a plan put in place with responsible people for completing same. The house manager and person in charge described how different options had been trialled and were being pursued by the day service team. However, the outcome of these meetings was not available in the residential service for review.

In relation to the assessment of each resident's education, employment and training goals, two sample assessments were reviewed in residents' files. In addition, skills teaching programmes that were being followed in the day service were on file, to enable staff to support those same skills in the residential service where applicable. For example, skills related to dressing, making tea, doing laundry and loading/unloading the dishwasher independently, walking, playing music and gardening. These skills (and interests) were then recorded by staff in an activity recording sheet. Opportunities for new experiences were being explored, for example, staff were researching a computer course for one resident.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Overall, inspectors found that residents' healthcare needs were supported by staff. Improvements were required in relation to the process for making multidisciplinary referrals to ensure that the appropriate referral was being made and in relation to the provision of psychology support for residents who required such support.

At the previous inspection, it had been identified that care plans had not been developed based on each resident's assessed needs. At this inspection, inspectors reviewed a sample of residents' care plans and saw that care plans were in place in line with each resident's assessed needs. However, some interventions in place such as a monitor for epileptic seizures and how to support a resident while taking routine bloods were not outlined in the care plan. In practice however, staff and the person in charge were all clear in relation to why interventions were in place and how to support residents.

At the previous inspection, it was noted that clear processes may not always be in place to guide non-nursing staff in relation to the timely and appropriate reporting of epileptic seizures to medical professionals. At this inspection and based on a sample of care plans reviewed, inspectors saw that comprehensive seizure management plans were in place and staff with whom inspectors spoke demonstrated adequate knowledge in relation to these plans.

A booklet (hospital passport) was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The hospital passport was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare. However, at this inspection it was noted that the hospital passport did not contain comprehensive information in relation to the allergies of a resident.

At the previous inspection, a referral for sensory integration to the occupational therapist sent on 15.05.2014 had not taken place. At this inspection, the person in charge confirmed that a sensory integration assessment had been completed and inspectors saw that the recommendations had been implemented. However, inspectors noted that a referral for sensory integration for another resident, as recommended by the speech and language therapist, had been sent on 09.09.2015. The person in charge confirmed that the assessment had not taken place. In addition, the basis for making this specific referral was not clear as it had not been discussed by the multi-disciplinary team.

The person in charge and house managers outlined that access to psychology services was limited as there was no dedicated psychologist in the service. Inspectors noted that referrals had been sent to psychology services on a repeated basis following multidisciplinary reviews of residents. The person in charge confirmed that these referrals had not been actioned and that he continued to raise this issue on a weekly basis with management due to the detrimental effect of ongoing behaviours that challenge on residents and their peers. Inspectors acknowledge that the provider had been actively recruiting for a psychologist for a considerable period of time but this had been unsuccessful to date. The provider was actively exploring means of progressing this action.

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:

Only the aspects in relation to medication safety were examined as part of this inspection. A notification of a medication incident that required immediate hospital treatment had occurred on 7 May 2016. Inspectors noted that the appropriate immediate response following the incident; the out of hours general practitioner service was contacted who recommended that the resident be transferred to hospital. The resident was discharged from hospital a number of hours later with no long-lasting effects. The person in charge and the house manager outlined that the incident was reported to a clinical nurse manager 2 and was then reviewed by the quality and risk manager. A review of the incident was undertaken and recommendations were made. Inspectors noted that the recommendations made had been implemented. However, the review of the incident was not adequate; the review was not multifactorial and focussed on the operator rather than a systems-based approach. Therefore, it was not demonstrated that all aspects of the medicines management cycle had been reviewed to prevent recurrence of a potentially catastrophic medication-related incident and deemed this to be a major non-compliance.

Judgment:

Non Compliant - Major

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):

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

Findings:

At the previous inspection, it was outlined that the statement of purpose did not meet the requirements set out by Schedule 1 of the Regulations. The statement of purpose did not adequately outline the specific care needs and facilities provided by the centre to meet these needs. The arrangements for residents to access employment, training and development were not clearly set out. The admissions criteria for this centre were not clearly specified. Since the previous inspection, a revised statement of purpose had been submitted to HIQA that met the requirements set out by Schedule 1 of the regulations.

The statement of purpose submitted required a small number of amendments to reflect the current arrangements in place in the centre. The name of the representative of the provider was out of date and the criteria for admission was still not specific to the centre.

Judgment:
Substantially 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):

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

Findings:

Overall, reassurance was provided in relation to the changes made to governance and management of the centre.

At the previous inspection, it was identified that a new person in charge had commenced in the centre six days prior to that inspection. As a result, it was not possible for inspectors to determine the effectiveness of the person in charge in addressing non-compliances. At this inspection, the person in charge demonstrated that he was suitably qualified and experienced to fulfil the role of person in charge. The person in charge knew the residents well, their needs and abilities and was aware of key challenges that remained. Staff said that the person in charge was approachable and supportive. The person in charge had progressed the actions that required completion under his remit and control satisfactorily since the previous inspection.

A new service manager had commenced in the service five weeks prior to this inspection. The service manager was suitably qualified and experienced in the field of intellectual disability nursing and health and social care management. Despite the short time in the role, the service manager demonstrated that he had reviewed many arrangements in place for providing care and support to residents and had identified key areas that required strengthening in the service.

At the previous inspection, the provider was asked to submit details in relation to the specific clinical nurse manager (CNM3) supports allocated to the centre, both in terms of time and the nature of such supports. Since the previous inspection, this information was provided to HIQA.

At the previous inspection, inspectors were told of a new quality improvement system that included auditing and would be underpinned by training for all managers was to be implemented. At the feedback meeting following this inspection, the assistant chief

executive officer told inspectors that support had been provided to management in the centre by the National Quality and Improvement Division of the HSE

At the previous inspection, inspectors found that the annual review required improvement to ensure that it effectively reviewed the quality and safety of care in the centre. Since the previous inspection, the annual review has been revised by the quality and risk officer, the assistant chief executive officer, the director of nursing and the provider representative.

Since the previous inspection, the provider was required to submit a report of an unannounced visit to the centre to the chief inspector, as part of an escalation process and to provide reassurance in relation to the quality and safety of care provided in the centre. The report of the unannounced visit was comprehensive, involved consultation with residents and their representatives and provided reassurance in relation to the governance and management of the centre.

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):

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

Findings:

Overall, inspectors found that there were sufficient staff with the right skills and experience to meet the assessed needs of residents. A small number of gaps in training records were identified.

At the previous inspection, a number of gaps identified (including in relation to healthcare planning, risk assessment, fire safety and the recognition of what constitutes a restriction), indicated that a system of on-going support was required to the staff team to facilitate them to deliver quality safe care to residents.

Since the previous inspection, training to staff had been provided in relation to healthcare planning, identification of what constitutes a restriction and risk assessment. The impact of this training and on-going support to the staff training resulted in

demonstrable improvements to the quality and safety of care to residents, as detailed throughout this report.

At the previous inspection, it was identified that not all agency and relief staff working in the centre had received mandatory training, specifically in relation to the protection of vulnerable adults, the management of behaviour that challenges or fire safety. At this inspection, training records indicated that agency staff had received training in these areas as required to support residents.

A review of training records identified that of 14 core staff, the majority of staff training was up to date as it related to the protection of vulnerable adults, behaviour that challenges, fire safety, manual handling, food safety, medicines management and infection control/hand hygiene. However, one staff required training in relation to fire safety and another staff required training in relation to behaviour that challenges.

At this inspection, it was found that there had been a lot of changes in the staff team. Staff described to the inspector that such changes had been having an impact on a resident for whom routine and consistency was particularly important. An inspector spoke with the person in charge and the representative of the provider about these changes in the context of continuity of care for residents. The person in charge provided reassurance that the changes were required, were in residents' interests and that the staff team was now stabilizing. In addition, a review of the agency staff list demonstrated that the use of agency staff in this centre had significantly decreased since previous inspections.

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

Findings:
At the previous inspection, it was found that policies in relation to safeguarding and access to training, education and development required review in line with the relevant legislation. Since the previous inspection, these policies have been updated and developed.

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:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003948
Date of Inspection:	31 May 2016
Date of response:	02 August 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:

Some bathroom facilities did not have the option of being locked.

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:

Thumb locks will be placed on all bathrooms in the centre to provide privacy and dignity for all service users.

Proposed Timescale: 12/09/2016

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:

At the previous inspection it was found that the designated centre was not suitable for the purposes of meeting the assessed needs of each resident. A realistic, funded and time bound plan had not been submitted to HIQA to address the inappropriate placement of a number of residents in this centre.

2. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

Works are been carried out in another identified centre to provide more appropriate accommodation for one resident. This work will be completed by 31/9/16.

Following this transition the service will develop an apartment in one house in the centre which would provide more suitable accommodation for another resident.

The above actions and the reduction in the overall numbers in the centre will assist in addressing the assessed needs of residents. The Service is also endeavouring to secure an alternative house which when available will allow the transfer of one individual to more appropriate accommodation.

Proposed Timescale:

Theme: Effective Services

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

Despite the introduction of a multi-disciplinary goal-setting sheet, it was not demonstrated that the review of the personal plan was multi-disciplinary.

3. 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 recommendations made by multidisciplinary teams will form part of all care plans. The Person in Charge will audit and ensure ongoing review of all care plans on a three monthly basis. The organisation has secured a Psychologist for two days a week. On commencement they will have input into the MDT as required. The PIC will ensure all MDT goals are in SMART format, specific, measureable, achievable, realistic and timed.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

Not all personal plans had been reviewed within the previous year.

4. Action Required:

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

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

The PIC will review all personal plans in the centre and update the plan accordingly.

Proposed Timescale: 15/08/2016

Theme: Effective Services

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

The hospital passport did not contain comprehensive information in relation to the allergies of a resident.

5. Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

All resident's hospital passports will be reviewed and updated to provide relevant information regarding the service user. This will be overseen by the PIC and the PPIM.

Proposed Timescale: 15/08/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A date for commencement of the bathroom works recommended by the occupational therapist (OT) was not provided to inspectors.

6. Action Required:

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

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

Bathroom works as recommended by OT will be completed by 31/10/16

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

There was inadequate maintenance overall in one service unit.

7. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The Registered Provider has met with the maintenance supervisor around essential maintenance and repairs needed in the centre. All essential maintenance will be completed.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

The communal areas of a service unit were observed to lack a homely feel.

8. Action Required:

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

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

Since the last inspection new curtains, pictures, ornaments, cushions and throws have been purchased in consultation with residents and with staff support to make the centre more personalised and homely.

Proposed Timescale: 30/06/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A specific hazard was identified by the multi-disciplinary team that related to infection control and an assessment had not been completed by a suitably qualified person.

9. Action Required:

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

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

A Risk assessment and relevant protocols to be completed by PIC in conjunction with PPIM, staff team and infection control officer.

Proposed Timescale: 26/08/2016

Theme: Effective Services

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

Fire doors were not installed in all necessary rooms to contain fire and prevent the movement of fire and smoke throughout the centre.

10. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

All of the high priority fire risk actions (as recommended by a fire consultant) have been put in place, including upgrading of active systems to L1 standard. A letter of assurance from the fire consultant, in relation to this centre, will be forwarded to HIQA.

Proposed Timescale: 10/09/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A restrictive intervention had not reviewed by the multidisciplinary team when circumstances or rationale had changed

11. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Restrictive Practices were reviewed and updated at MDT on 30/6/16. The person in charge with the staff team will review the restrictive practices for the centre at the monthly staff meetings to ensure that all restrictions are identified and documented and multi disciplinary team approved.

Proposed Timescale: 30/06/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The progress made to address the failing identified at the previous inspection was not evidenced in the centre. At that inspection, it was identified that not all residents were availing of a suitable day service.

12. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

Day service placement for one service user has been discussed at MDT on 30/6/16. Service user is currently sampling one full day in an alternative day service. This is to be reviewed with the day service team in September.

Proposed Timescale: 30/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some interventions in place were not outlined in residents' care plans.

A hospital passport viewed did not contain comprehensive information in relation to the allergies of a resident.

13. Action Required:

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

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

The Person in Charge will audit care plans in the centre to ensure all interventions used are outlined in the care plans. All service users hospital passports will be reviewed and updated to provide relevant information regarding the service user. This will be overseen by the PIC and the PPIM.

Proposed Timescale: 15/08/2016

Theme: Health and Development

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

The process for making multidisciplinary referrals was not clear.

Access to psychology services was limited.

A referral for sensory integration, as recommended by the speech and language therapist, had been sent on 09.09.2015 had not taken place.

14. 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 organisation has secured a Psychologist for two days a week. We are awaiting a commencement date. All multidisciplinary recommendations for each resident will be reviewed by the house manager and keyworker. The house manager will update the Person in Charge on progress in relation to the implementation of these recommendations. Where recommendations have not been implemented, the Person In Charge and Clinical Nurse Manager 3 will identify responsible people for ensuring these recommendations are actioned.

The PIC will contact the OT to progress the referral made on the 9/9/16.

Proposed Timescale: 30/09/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The review of a serious medication related incident was not adequate.

15. Action Required:

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

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

CNM3 has drawn up new guidelines re medications and has distributed same to the centre. Care Staff being interrupted during the drug round was a significant factor in the medication incident. This has been discussed at the local house meeting and medication errors will remain an agenda item for future house meetings to ensure all staff of the designated centre will learn from incidents. The PIC will carry out supervised drug rounds at random intervals over the next six months in the designated centre. The findings will be documented and an action plan put in place where necessary.

Proposed Timescale: 31/12/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose submitted required a small number of amendments to reflect the current arrangements in place in the centre.

16. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The PIC will review and submit an updated statement of purpose for the centre.

Proposed Timescale: 19/08/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

A review of training records identified that of 14 core staff, one staff required training in relation to fire safety and another staff required training in relation to positive behaviour support.

17. 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:

Fire Safety training is scheduled to take place on the 9/9/2016. Positive behaviour training is scheduled to take place on 16/9/2016.

Proposed Timescale: 16/09/2016