

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Our Lady's 2 - St Joseph's Residential Service
Centre ID:	OSV-0004020
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Lorraine Macken
Lead inspector:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 15 September 2016 09:30 To: 15 September 2016 19:40

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

Outcome 04: Admissions and Contract for the Provision of Services
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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's registration inspection in August 2014 were also followed up as part of this inspection.

How we gathered our evidence

The inspector met with a number of the staff team which included care staff, household staff, the person in charge, the clinical nurse manager (CNM)¹ and a student nurse. Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time observing staff engagement and interactions with residents. During the inspection process the inspector met with some residents' family members who were visiting the centre that day. Overall, residents appeared happy and contented in their home and the residents' representatives reported that they were truly satisfied with the care and support provided to their relative. They

highlighted the person centred approach that underpinned the delivery of care and support to their relative and the quality of communication that they had experienced from the team regarding their relative's needs and wishes.

Also, the inspector noted the manner in which residents' spiritual needs were acknowledged and supported by the staff team.

As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises, paying particular regard to improvements that had been identified as required on the previous inspection.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided to residents within this centre. It was situated within a campus based setting in a suburban area. The statement of purpose stated that it was currently home to residents with varying degrees of intellectual disabilities, that the number of residents will decrease with the eventual closure of the centre planned by 2020. The mission statement outlined that the service aimed to meet the individual needs of the mixed age group with a particular emphasis on care of the older adult and to provide a range of meaningful activities both on and off the campus. Also, the service aimed to achieve a high standard of care where the ladies are treated with dignity and respect, their personal happiness is considered and to allow each individual to develop to their full potential.

Residents' support needs included dementia, a number of medical conditions, mental health needs, physical disabilities, communication supports, epilepsy and behaviours that challenge. There was capacity for 14 residents but it was now home to 10 female residents over 18 years of age.

Overall judgment of our findings

Twelve outcomes were inspected against and seven outcomes were found to be of moderate non-compliance. The inspector found that residents' healthcare and medication needs were supported. Due to the actions implemented since HIQA's last inspection safe and suitable premises and admissions and contract for the provision of services were assessed as compliant. Records and documentation to be kept was found to be substantially compliant with some improvement required in the maintenance of residents' documentation.

The action required from the previous inspection under use of the centre's resources was not achieved, this related to the provision of adequate staffing levels to meet residents' needs.

Significant areas for improvement were identified in the core outcomes of governance and management, workforce in particular the provision of adequate staffing levels in the evening, and social care needs with meaningful engagement and opportunities for residents prioritized. Residents' level of community participation and involvement needed to be developed particularly with the long term plan to close this centre. From a safety perspective some improvement was required for residents in their health and safety and risk management. With regard to safeguarding of residents, staff training gaps required attention and some improvement was needed in the regulatory requirements for the usage of restrictive practices.

These findings along with others are further detailed in the body of the report and 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 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The inspector found that the action required from the previous inspection had been addressed. The admission policy and transfer criteria had changed to reflect the long term plan to close this centre. This was observed in the centre's statement of purpose.

Judgment:

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:

The inspector found that the wellbeing and welfare of residents was supported with

their needs outlined in their personal plan. However, improvements were required for some residents regarding the identification, implementation, review and evaluation of their social goals. There was evidence of the resident and their representatives' involvement in the assessment, planning and review process. Additionally, residents were noted to be well supported by members of the multidisciplinary team. Improvement though, was required with regard to the provision of accessible plans and documentation for residents.

The inspector observed that each resident's needs were documented in a file which was subdivided into a care plan and a medical file. The medical file comprised their healthcare information and informed their related support requirements. Their care plan had 17 sections which included the resident's profile, a variety of assessments, a number of plans, including their person centred plan. The service user assessment framework focused on the resident's activities of daily living and underpinned their emerging needs evaluation. The inspector observed evidence that this process was regularly completed with the resident.

The resident's person centred plan focused primarily on their social assessment, goals and plans. However, the inspector noted that significant improvement was required to ensure that this section of the resident's care plan systematically and comprehensively supported their social care needs. There was evidence that activity sampling had been completed with residents but the outcomes for the resident were not clearly evaluated and integrated into their subsequent social goal review and planning processes. For example, in one file it was clearly recorded that the resident enjoyed attending shows and musicals but there was no evidence that this critical information was incorporated into her social goal planning. Additionally, the inspector observed in another resident's file that there was a lack of follow up and future goal planning once the original goal target was achieved. Overall, the inspector noted that residents' level of activity was low with a lot of unstructured downtime observed, especially in the evening period. The majority of activities that residents attended were campus based.

The inspector acknowledged during the inspection process that both the person in charge and the management team were aware of the areas that required improvement in the provision of residents' social care needs, and plans were afoot to address these deficits. There was a commitment that a new comprehensive assessment of need would be completed for each resident and this process had commenced. Discussion and planning in the supporting of improvement was evident with staff training and education regarding the person centred planning process scheduled to shortly take place. The templates and documentation utilised in the residents' social care assessments and planning were also under review to ensure that they were fit for purpose. A resident's file was recently audited and the person in charge was planning to integrate and generalise the recommendations across other residents' files.

Overall, the inspector noted that there was little evidence of accessibility of documentation in residents' files and that their personal plan was not available to them in an accessible format.

The inspector found that the resident and their family members were involved in the assessment, planning and review process of residents' needs. In general, the inspector observed that there was a natural expectation that residents' families would be kept

informed and participate in these processes. During the inspection, the inspector met with and spoke with the relatives of two residents who attended on that day. Both families reported to the inspector that they were very happy with the care and support that their relative received and highlighted the person centred approach that underpinned the provision of these supports. Also, they stressed the constant level of communication that staff had with them regarding their relative's needs and wishes. Each resident was supported by a key worker from both the day and night staff nurse complement.

The inspector observed that residents were well supported by members of the multidisciplinary team, which was noted to be responsive to their assessed and evolving needs. This included support from physiotherapy, psychiatry and occupational therapy.

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 inspector found that the action required from the previous inspection had been addressed. A new bath and hoist had been installed in the main bathroom and this facility was accessible to all residents.

Also, the inspector observed that a new storage area was created and was used to store residents' equipment.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that there were systems in place to ensure the health and safety of residents, staff and visitors. However, some improvement was required with fire management and some of the centre's risk documentation required updating.

The centre had all the required policies, procedures and health and safety documentation in place. This included a missing persons policy. However, the health and safety statement was due a review since July 2016.

The centre had a risk management policy which included the specified risks identified in Regulation 26. The centre had a robust risk management system which identified and addressed risks to residents. The risk register included slips, trips and falls, challenging behaviour and manual handling.

There were also individual risk assessments for falls, absconding and fire which were regularly reviewed. The inspector reviewed a sample of incidents and found that they were well managed and followed up appropriately. Auditing of incidents was completed by staff nurses who then reported findings and trends to the person in charge. All the incidents were subsequently reviewed at the service's health and safety meeting which was attended by two centre representatives.

Staff were provided with training in the moving and handing of residents.

There was evidence in the fire register that daily, weekly and three monthly fire prevention checks were completed. The centre had appropriate fire equipment in place. The inspector reviewed certificates that fire equipment extinguishers, the fire alarm and emergency lighting was serviced regularly. However, the inspector noted that the fire blanket was not directly available in the kitchen area but was outside on the corridor. This was because it was shared with the kitchen of another centre which was situated on the same corridor.

Residents had a fire risk assessment completed to support their evacuation needs. Fire drills were carried out regularly and the inspector reviewed a random sample. Staff were knowledgeable of the fire procedure. However, it was noted that an identified evacuation issue with a resident had not been communicated as required post the completion of a drill and thus the review process was not completed with the resident.

The centre had systems in place for infection control. The centre employed household staff and the inspector found the centre to be clean. There was adequate hand wash facilities and personal protective equipment available throughout the centre.

The vehicles used by the centre were not inspected as part of this inspection.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents as required. The centre promoted a restrictive free environment for residents but some improvement was required to meet all regulatory requirements.

The inspector observed that there were systems present for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. The inspector noted that there was a process for responding to the presentation of any unexplained bruising with residents. Staff outlined how they would respond to potentially abusive situations for residents and were clear with regard to their reporting responsibilities. However, staff training in relation to safeguarding residents was found to be out of date and some staff had only attended a policy update workshop.

Residents' personal and intimate care needs were outlined in plans which informed their required supports in this area of need and staff practices.

The inspector found that residents' positive behaviour support needs were identified and supported. Residents were supported by the multidisciplinary team which included a clinical nurse specialist (CNS) in behaviour, social work and psychiatry. The inspector met the CNS during the inspection process and noted that there was evidence of regular reviews of behaviour that was challenging which was responsive to changes in the frequency and severity of the residents' presentation.

In general, the inspector observed that a restraint and restrictive free environment was promoted. It was noted that there was a plan to remove a recently introduced restrictive practice by the completion of an assessment of behaviour that was challenging for the resident involved. The inspector found evidence that restraints were recognised and reviewed by the multidisciplinary team.

However, the inspector observed that there was no evidence of current consent nor

regular communication with a resident's family regarding the usage of a restraint in response to their relative's behaviour that was challenging. At the feedback meeting the inspector was informed that the person in charge and provider nominee were drafting a template document to underpin this regulatory requirement.

Also, there were gaps identified in positive behaviour support training. Staff had not been provided with training and education to facilitate them in fully supporting the needs of some residents, for example, in positive behaviour support and mental health knowledge.

During the inspection staff were observed to treat residents in a warm and respectful manner with the inspector observing that residents appeared contented. This finding was endorsed by residents' family members who visited during the inspection process. The family representatives particularly highlighted the person centred approach that was present in the centre.

The centre had all the policies in place as required by regulation.

Judgment:

Non Compliant - Moderate

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:

Overall, the inspector found that residents had limited facilitation of community participation and new experiences. Also some residents' opportunities to engage in meaningful activities needed to be further explored and developed.

As per previous inspection findings the inspector observed that residents were primarily engaged and participated in campus based activities. There was an activation centre which facilitated music, relaxation, arts and crafts, table top and social activities. The inspector reviewed a number of residents' daily activity schedules and noted that all their planned activities were campus based. Also, the activity options were minimal with, for example, mass every morning and then one hour of structured time scheduled in the morning and afternoon period. The inspector noted that there was one activity only planned for a number of residents' weekends. During the inspection process the

inspector observed that some residents experienced a lot of unstructured, unoccupied time. This finding did not correlate with the expectation for residents as outlined in the centre's statement of purpose.

The inspector noted that activity sampling had been completed with residents but it was not evident that this had informed the development and facilitation of new experiences.

Additionally, there was little evidence of residents having a presence in their community. The inspector was informed by staff that residents were generally facilitated with one community outing a month. A documentation review demonstrated that for some residents this consisted of a visit to the shopping centre, a bus drive with care staff and a visit home. Volunteers were active in the centre and supported some residents with accessing the community.

The inspector observed that the person in charge and management team were aware that improvement was needed in the provision of these supports for residents. Planning was commenced to address this need through improvements in residents' social care needs and in the provision of education with staff, for example, ASDAN training was noted to be scheduled. Also, the inspector noted that the service's activity manager was involved and supported the team in this area.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents in this centre were supported to achieve and enjoy the best possible health.

From a review of residents' plans, observation and discussion with residents' family members the inspector found that residents' healthcare needs were being responded to in a timely manner, assessed, supported and reviewed. The inspector noted that residents were supported by a multidisciplinary team which included psychiatry, clinical nurse specialists in dementia and challenging behaviour and physiotherapy. The inspector observed that case conferences and reviews were scheduled for residents as required to assess and support their evolving needs. Residents also attended allied health care services which included neurology and haematology clinics.

The inspector observed that residents were well supported by their general practitioner who visited the centre on a daily basis and on the day of inspection attended a case conference for a resident.

Residents' nutritional needs and preferences were assessed and documented. The inspector noted that a dietician was available to residents as required. Specialised diets were facilitated and residents' weight and nutritional requirements were monitored.

Meals were provided from a centralised kitchen on the campus. The inspector found that residents' choice and preferences were acknowledged and supported both in the planning of menus and each day when meals were served. Staff showed the inspector the visual menus that were available to support residents in their choice making. Drinks and snacks were available outside of residents' mealtimes. A mealtime experience was observed and was found to be a relaxed, social event for residents.

The inspector was informed that residents like to bake and make pancakes, especially at the weekend.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place.

A pharmacist was available to the residents and there was evidence of ongoing review of the residents' medical status and their medication. This was completed by the residents' medical practitioner and by their psychiatrist.

Medication in this centre was only administered by registered nurses. The inspector observed the bank list of nursing staff signatures with their initials and correlating registration numbers.

There was a system in place for reviewing and monitoring safe medication management practices. Medication management auditing was conducted for each resident's

medication prescription and recording sheet on a monthly basis with incident forms completed if any issues were identified. The inspector noted that this process had recently been revised, post review with the pharmacist.

The inspector noted that no residents in this centre were responsible for the administration of their own medication.

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):

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

Findings:

Overall, the inspector found that the management systems in place in the centre ensured the delivery of safe and quality services. However, improvements were required to ensure that the service provided is effectively monitored and that residents and their representatives are consulted with regard to the quality of the service they receive.

No 2016 annual review of the quality and safety of care in the centre was available for the inspector to view, though it appeared that the last one had been completed in early July 2015. Additionally, there was no evidence of consultation with the resident or their families in the previously completed review .

The inspector observed that two six monthly unannounced visits were conducted but that they took place in April and September 2015. Also, identified areas for improvement from these visits were not systematically progressed, nor were improved outcomes for the residents clearly evident.

Some auditing processes were observed in the centre, this included care planning and the medication management systems.

The inspector found that there was a defined management structure in place with clear lines of authority and accountability. The person in charge was observed to be supported by a clinical nurse manager (CNM)3/service manager and by the provider nominee. She noted that there is good support available to her role with meetings scheduled as and when required. Additionally, the person in charge attended the

campus' weekly managers meetings where centre issues are discussed and learning shared.

Prior to taking up her new role, the person in charge had worked in the centre for a number of years and was clearly identifiable to the residents and their families. Additionally, the inspector noted that she had strong knowledge of residents' needs, wishes and their individual personalities. The person in charge was observed to provide good leadership, was cognisant of her statutory responsibilities and was committed to her professional development.

However, she did not have governance over the supervision system for permanent night staff in the centre. During feedback it was highlighted that there are plans for the person in charge to alter some shifts to facilitate her in working with and supervising the permanent night staff.

Also, the inspector observed that there were arrangements in place for staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided.

The inspector found that the action required from the previous inspection had been addressed. The person in charge now signed off on all staff member's leave requests, including the permanent night staff.

Judgment:

Non Compliant - Moderate

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspector observed that the identified action from the previous inspection had not been addressed as per the centre's action plan. The inspector found that the staffing complement available to support residents' needs and wishes was still significantly reduced in the evening period. However, the inspector did acknowledge that a review of the staffing provision was being conducted and an assessment of need was being completed for each resident.

Judgment:

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that there were insufficient staff to comprehensively support residents' needs, particularly in the evening period. This staffing issue was also impacting on the person in charge's role. Additionally, improvement was required in the provision of some staff training needs.

The inspector observed that in general there were four staff available to support residents' needs in the morning and afternoon with two staff on night duty. However, it was noted that there were insufficient staff to comprehensively support residents' needs, particularly in the evening period from 18:00 to 20:00, and to facilitate the person in charge to proactively oversee the quality of care and support provided. The inspector found that the staff complement dropped from four staff to two staff in the evening which was observed to limit any opportunity for residents to engage in social activities during this time. This limitation was highlighted by staff during the inspection process. Also, it was noted that on every second week only an additional staff supported residents during the twilight hours from 20:00 to 23:00.

The inspector observed that the staffing issues were also impacting on the person in charge's role. Documentation was reviewed which showed that her allocated supernumerary days were regularly lost as she had to cover a staffing gap. The person in charge highlighted that this had impacted on her ability to fulfil all her responsibilities. The inspector was informed that the staffing situation was under review and that a new staff member was due to commence duty the following week.

There were supervision arrangements in place for staff with the person in charge noted to be regularly available in the centre. The person in charge reported that she meets with staff on duty at handovers and communicates feedback from manager's meetings. Appraisals were also in place and the person in charge was in the process of completing day staff appraisals for 2016.

The inspector reviewed staff training records and found some gaps in training that was required to comprehensively support residents' needs. This included manual handling which was noted to be especially pertinent to the needs of some residents.

The inspector observed that a planned and actual staff rota was maintained for the centre.

A volunteer was active in supporting residents, especially in supporting community access. Their support was particularly acknowledged by a resident's family. The inspector observed that the volunteer had provided a vetting disclosure, had their role and responsibilities set out in writing and was receiving supervision.

Judgment:

Non Compliant - Moderate

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:

The inspector followed up on the action required from the previous inspection and found that it had been addressed. Residents had an intimate care plan to inform their required supports in this area of need and staff practices. Also, residents' weight and nutritional needs were monitored and recorded. Audits of these records were noted to be conducted.

However, during this inspection some other issues were observed in residents' recording and documentation maintenance. Significant information with regard to a resident's participation in the fire drill process was not recorded. This feedback was required to prompt a review of the resident's support needs. Also, the inspector observed that another resident's name was included on a fellow resident's core risk document.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Thompson
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-0004020
Date of Inspection:	15 September 2016
Date of response:	20 October 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 05: Social Care Needs

Theme: Effective Services

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

Some residents' social care needs required the completion of a comprehensive assessment.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A comprehensive assessment will be completed for all 10 residents which will ensure that each resident's social care needs are carried out.

Proposed Timescale: 30/12/2016

Theme: Effective Services

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

Some residents' personal plans were not informed by a systematic review of their social care activities.

2. Action Required:

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

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

All residents goals in personal plans will be SMART. A schedule for evaluations to be included and all reviews will take into account changes in circumstances and new developments

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

Residents' personal plans were not available to them in an accessible format.

3. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Each resident's PCP will be in an accessible format for each resident and where appropriate their representative.

Proposed Timescale: 31/03/2017

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:

An identified evacuation issue with a resident had not been communicated as required following the completion of a fire drill.

4. 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:

The identified evacuation issue with a resident has been communicated to PIC and all the relevant documentation has been completed. Support Plan in place for the identified resident to assist with fire drill / evacuation

Proposed Timescale: 09/10/2016

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:

Staff had not attended training to respond to behaviour that is challenging and to support residents to manage their behaviour.

5. Action Required:

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

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

Session facilitated by Psychiatrist on management of residents with diagnosis of bipolar/mental health to be held on 01.11.2016 and follow up sessions to be scheduled for staff. CNS Behaviour to facilitate focus sessions on positive behaviour support. Studio 3 training ongoing

Proposed Timescale: 30/11/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

There was no evidence of current consent nor regular communication with a resident's family regarding the usage of a restraint in response to their relative's behaviour that was challenging.

6. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Documentation has been devised to ensure consent and regular communication with residents' family regarding the usage of restraint. This document will be sent to residents' family three monthly following review of therapeutic interventions by the MDT

Proposed Timescale: 26/09/2016

Theme: Safe Services

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

There were gaps in some staff member's safeguarding training.

7. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Email sent to Quality and Risk Officer on 20.10.2016 in relation to Safeguarding Training. Awaiting response and review of same

Proposed Timescale: 30/11/2016

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:

Residents had limited opportunities for community involvement and participation.

8. 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:

Plans for scheduling opportunities for community involvement and participation for each resident will be developed based on the findings of SIS Assessments. Where appropriate these plans will focus on opportunities for education, training and employment and this will include introduction of ASDAN Packages.

Proposed Timescale: 31/03/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

No 2016 annual review of the quality and safety of care in the centre was available for the inspector to view.

9. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Quality and Risk Manager will carry out the 2016 Annual Review of Quality and Safety in the Centre on 16.12.2016

Proposed Timescale: 16/12/2016

Theme: Leadership, Governance and Management

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

The required six monthly unannounced visits by the registered provider or their nominee were not conducted in this centre.

10. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Nominee Provider will ensure that a 6 monthly unannounced visit will take place in the centre

Proposed Timescale: 30/11/2016

Theme: Leadership, Governance and Management

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

The person in charge did not have a system to ensure governance over the permanent night staff that worked in the centre.

11. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The PIC will commence 10am to 10pm shift on 26.10.2016 to clinically supervise night staff in Our Lady's 2

Proposed Timescale: 26/10/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The staffing complement available to support residents' needs and wishes was significantly reduced in the evening period.

12. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Roster review to be completed by Service Manager incorporating need to increase staff complement for the evening period. Review will include level of activity of residents during the evening and also assessment of need during this period.

Proposed Timescale: 28/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Staffing numbers were not consistently maintained to a level that comprehensively supported residents' needs.

13. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Roster review to be completed by Service Manager incorporating need to increase staff complement for the evening period. Review will include level of activity of residents during the evening and also assessment of need during this period. There has been an improvement in the supernumerary status of the PIC since inspection with additional staff covering staffing gaps where possible

Proposed Timescale: 28/02/2017

Theme: Responsive Workforce

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

Some gaps were found in the provision of staff training.

14. 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:

Staff requiring up to date mandatory training have been highlighted by PIC. An email sent to CNM3 with the responsibility for staff training on campus on 20.10.2016.

Proposed Timescale: 30/11/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Residents' records were not maintained as required to their individual needs.

15. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Information in relation to a residents participation in fire drill as identified during inspection has been completed. Also documentation in relation to another residents name included on a fellow residents core risk document has been rectified. Both completed

Proposed Timescale: 16.09.2016 and 09.10.2016 respectively

Proposed Timescale: 09/10/2016