<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>SVC - SDN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0004023</td>
</tr>
<tr>
<td><strong>Centre county:</strong></td>
<td>Dublin 7</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Daughters of Charity Disability Support Services Ltd</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Mary Reynolds</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Helen Thompson</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Michael Keating</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>11</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 July 2016 09:30</td>
<td>07 July 2016 19:15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

**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 regulations. An announced registration inspection had been scheduled for this centre in November 2015 but due to notifications received just before the date of the announced inspection it then focused only upon the core outcomes. However, the findings of that core outcomes inspection were generally positive with all outcomes found to be compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The aim of this inspection was to inspect against the remaining outcomes, and to provide an update on the core outcomes inspected against in November 2015. The findings from both inspections will now inform the registration decision for this centre.
How we gathered our evidence
The inspectors met with a number of the staff team and the person in charge, who was available throughout the day. Inspectors also met and talked to four residents who resided in different units of the centre to gather their opinions on the quality of the care and support provided. Observation of staff engagement and interactions with residents also contributed to the findings.

As part of the inspection process the inspectors visited all units within the centre, spoke to the aforementioned staff and reviewed various sources of documentation which included residents' files. The inspectors also met with the provider nominee to garner information on the status of future plans for residents of the centre.

Description of the service
The service provider had produced a statement of purpose which outlined the service provided for residents within this centre. The centre was situated in a campus setting with the building comprised of six distinct units. These units were varied in accommodation style with one larger unit home to five residents, another unit was home to two residents with the other two larger units each subdivided into two separate apartments where residents were individually supported. There was capacity for 11 residents in the centre and on the day of inspection it was home to nine female and two male residents over 18 years of age. The statement of purpose stated that the centre was providing support to residents with an intellectual disability and may require specialist supports in relation to autism, mental health and behaviours that challenge.

Overall judgment of our findings
16 outcomes were inspected against, with residents' rights, dignity and consultation found to be moderately non-compliant. Improvements were required in this outcome to facilitate residents to have the freedom to exercise choice and control in their lives and to ensure that their privacy and dignity is respected within their personal space. Substantial compliance was found in communication, admissions and contracts for the provision of services, safe and suitable premises, general welfare and development, healthcare needs, governance and management, and records and documentation.

Compliance with the regulations was found in social care needs, health and safety and risk management, safeguarding and safety, workforce, family and personal relationships and links with the community, notification of incidents, absence of the person in charge and use of resources.

These findings along with others are further detailed in the body of the report and the action plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):
No actions were required from the previous inspection.

Findings:
Overall the inspectors found that residents were consulted with and participated in decisions about their care and the organisation of the centre. Residents were provided with information about their rights and had access to advocacy services. Residents and their representatives complaints were listened and responded to in an open and systematic manner which incorporated an appeals procedure. However, improvements were required to ensure that residents were facilitated to exercise choice and control in their lives and to ensure that their privacy and dignity was respected, especially with regard to their personal space.

The inspectors observed that there were some institutional type practices and restrictions in operation that negatively impacted on residents' opportunities to have the freedom to exercise choice and control in their lives. These included the residents' mealtime routine which throughout the day, was dictated by the delivery of meals from the service provider's centralised kitchen. Staff also highlighted this to the inspector. Additionally a number of environmental restrictions were hindering some residents in freely accessing all areas of their units, with the locking of kitchens preventing them in furthering their activities of daily living, for example involvement in preparing drinks, snacks and meals whenever they wanted.

Also, the inspectors found that night time checks were routinely being completed for all residents in the centre regardless of their assessed needs. These checks were conducted by the staff on duty in each unit throughout the night and additionally by the campus' night manager.
Staff were observed to treat residents with dignity and respect with the inspectors noting some particularly warm, person-centred interactions. Residents' care and support was co-ordinated around their individual needs, preferences and wishes and they were involved in the day to day running of their units. They were provided with information about their rights and had access to an independent advocacy service. Their personal communications were respected and they were facilitated to have private contact with their friends and families.

The use of CCTV with residents was underpinned by the required policy and the inspectors noted that it was implemented in line with same. The use of this was for a single reason and was recognised as a restrictive practice. The use of the camera was directed by clearly defined guidelines and was only used upon occasion. Inspectors noted that the use of the camera was required less frequently, being used five times in the past six months in line with an associated behaviour protocol.

The inspectors found that the centre had a complaints process which was reviewed and audited on a monthly basis. This process was user-friendly, accessible to all residents and displayed in a prominent place. The inspectors noted that the complaints process was compliant with all the regulatory requirements. The centre's complaints log showed evidence of meetings held, actions taken and resolution in response to complaints.

**Judgment:**
Non Compliant - Moderate

---

**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
In general the inspectors found that residents' communication needs were being met in the centre. However some improvements were required with the implementation of environmental communication supports.

There was a policy to underpin staff practice regarding communication with residents. The inspectors reviewed residents' files, observed staff interactions and talked to staff regarding residents' communication supports. The inspectors found that residents had communication passports to inform their individual supports which for some were integrated into their activity recording sheets. Staff were found to be aware of residents' communication supports.
However, the inspectors observed in a number of areas that some environmental communication supports for residents were not being utilised, for example, staff photo rotas and pictorial menus.

The inspectors observed that residents were participating in local community events and had access to radio, television, computers and magazines. Some residents were utilising assistive technology devices, for example IPADs to augment their communication.

**Judgment:**
Substantially Compliant

---

**Outcome 03: Family and personal relationships and links with the community**
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Overall the inspectors found that residents in the centre were supported to develop and maintain personal relationships and links with the wider community.

Throughout the inspection the inspectors observed that residents' families were involved in their lives. They participated in the residents' general care planning meetings and were consulted with and kept informed in move and transfer proposals. The inspectors noted that residents could freely accept visits from family and friends and had a private area available to receive them. Family members were observed to visit during the day of inspection. There was a policy in relation to visitors.

The inspectors noted that residents had developed links with the local community.

**Judgment:**
Compliant

---

**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):
No actions were required from the previous inspection.

Findings:
The inspectors found that the centre had policies and procedures in place for admitting residents which included transfers, discharges and the temporary absence of residents. As per their assessed needs and supports it was observed that residents' admissions were in keeping with the centre's statement of purpose. The admissions process was noted to consider the wishes, needs and safety of other residents in the centre.

The inspectors found that residents had a written agreement which stated the terms for their residence in the centre. Areas covered included care planning, medication, comments and complaints, personal effects, insurance and charges. However, charges to residents were not comprehensively outlined and at the time of inspection the provider was reviewing and drafting a new template document to address this deficit.

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):
No actions were required from the previous inspection.

Findings:
Overall the inspectors found that the wellbeing and welfare of residents in this centre was being maintained and residents were supported to pursue meaningful activities. Assessments were completed and set out in an individualised plan. Residents and their families were involved in the planning process. Residents were found to be supported when transitioning with the inspectors observing the consideration, consultation, support and follow up provided to a resident during a recent move.

From review of residents' files, observation and discussion with residents and staff the inspectors observed that the needs and wishes of residents were assessed as required. The inspectors noted that there was evidence of multidisciplinary input. Residents' plans
and information was available in accessible formats, for example, medication plans. The inspectors were informed that training in person centred planning was planned for staff.

Residents' interests and preferences were incorporated into their goal setting and daily activities. Residents' activities were varied with a number occurring in the local community.

The inspectors observed that residents were supported when moving and transitioning. There was evidence of a multidisciplinary meeting prior to a proposed move within the centre for a resident which outlined the rationale and support requirements for the resident, with these then incorporated into a transition plan. The inspectors noted that the outcomes for the resident following this move had been reviewed.

In addition the inspectors observed that the proposed plans for residents which are referred to outcome 6, incorporated the critical requirement of transitional planning for residents.

Judgment:
Compliant

**Outcome 06: Safe and suitable premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

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

**Findings:**
In general the inspectors found that the design and layout of the centre was suitable for it’s stated purpose. However improvements were required to ensure that the premises comprehensively met some of the residents’ support needs and to address the impact of restrictive environments, especially on residents that did not require it. This finding was acknowledged by the provider during the inspection process.

The inspectors observed that the premises did not fully meet the assessed needs and supports of some residents. The inspectors noted that moves within the centre, which in recent months were required to ensure residents' health and safety had resulted in some residents now living in units that did not fully promote their wellbeing and independence. Adequate size and space was observed as an issue and the inspectors noted that the restrictive environments that were required for some residents were concurrently impacting on others.
The provider had identified these issues and had plans in progress to address and improve residents' support requirements and facilitate their wishes. The inspectors were informed that the proposed plans involved all stakeholders which included the management team, the provider's admissions, discharge and transfer committee, persons involved in management of the centre, the multidisciplinary team, residents' families and the person in charge who throughout the inspection was observed to clearly advocate for the residents' needs and wishes.

The inspectors found that all residents had their own separate bedroom with storage facilities and there were enough bathrooms and toilets to meet the needs of residents. Communal rooms and spaces were bright and airy with direct access to gardens. There was also a sensory garden available to residents.

However, the inspectors observed that some residents' bathrooms were a little dirty, a garden area was unkempt with garden furniture requiring attention.

**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):**
No actions were required from the previous inspection.

**Findings:**

Overall the inspectors found that the health and safety of residents, visitors and staff was promoted and protected in the centre. The inspectors found that adequate precautions against the risk of fire were in place. No infection control issues were identified.

Health and safety and risk management in the centre was underpinned by the required policies and procedures. These included a health and safety statement, a risk management policy and an incident reporting policy. No issues were identified by the inspectors regarding the management and control of infection. The inspectors observed that there were systems in place for identification, recording, investigation and ongoing learning from serious incidents. The inspectors noted that post review and evaluation of a serious incident the person in charge and persons involved in management had made decisions and taken actions to ensure the health and safety of both residents and staff. Incident reporting by staff was found to be strong with a high level of minor incidents recorded, for example, 81 since 26 December 2015. Risk assessment at an individual resident and centre level was robust.
The inspectors found that all the required fire management systems were in place. Fire drills were conducted with residents over a variety of times with no issues identified. Staff were knowledgeable regarding the evacuation procedure and supports for residents. Emergency lighting and signage was in place and means of escape for residents were observed to be unobstructed. The required servicing of fire alarms and fire safety equipment was completed.

**Judgment:**
Compliant

---

**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

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

**Findings:**
Overall the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. Staff had received training in the safeguarding of vulnerable adults. A positive behaviour support approach was evident for residents that engaged in behaviour that was challenging and a restrictive and restraint free environment was promoted.

The inspectors observed that staff treated residents in a respectful, warm and dignified manner. Residents in the centre were observed to be contented and additionally some informed the inspectors that they were happy living there.

Staff had attended training in the safeguarding of vulnerable adults. They were knowledgeable with regard to the different forms of abuse, informed the inspectors of the process for responding to an abusive issue with residents and were aware of their reporting requirements. The provider and person in charge monitored their systems and promoted an open culture around staff concerns.

The inspectors observed that staff were very aware of the behavioural support needs of residents. Efforts were made to identify, understand and alleviate the underlying causes of behaviour that was challenging. Residents were observed to be supported, monitored and regularly reviewed by the multidisciplinary team, which included a clinical nurse specialist in behaviour, psychiatrist, psychologist and social worker. The inspectors found
that therapeutic interventions were implemented in consultation with the resident and their family members which was documented in their personal plans. There was evidence of review and evaluation of interventions to assess their impact on the frequency and severity of the residents’ behaviour that was challenging and their overall quality of life.

The inspectors found that in response to some residents’ behaviour that was challenging, there were a number of restrictive practices in place, in particular environmental restrictions. These were found to be recorded and monitored through a restraint register and in the individual resident's personal plan. The inspectors noted that each individual restriction was identified, monitored, regularly reviewed and integrated into the resident's personal plan. There was evidence of a systematic approach to incrementally reduce restrictions for residents which involved review by the staff and the multidisciplinary team. The inspectors noted that the decision making incorporated the balancing of ensuring each resident's safety whilst attempting to reduce the level of environmental restrictions, especially for their peers that did not require them. The inspectors observed that some garden, bathroom and kitchen doors had recently been opened across the units. Medication used to manage residents' challenging behaviour is monitored and reviewed.

Staff have attended training in autism, behavioural support and behavioural management. Also, the inspectors were informed of plans for staff to be facilitated with training on residents' mental health needs and support.

The inspectors found that the required policies and procedures were available to inform staff practice in relation to the safeguarding of vulnerable adults, provision of behavioural support and restrictive practices.

**Judgment:**
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):**
No actions were required from the previous inspection.

**Findings:**
The inspectors found that a record of incidents that occurred in the centre was maintained and HIQA was notified as required.
### 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):**
No actions were required from the previous inspection.

**Findings:**
In general the inspectors found that residents' opportunities for new experiences, social participation, education and training were supported in the centre. However improvement was required to ensure that these needs were more comprehensively met for some residents.

The inspectors observed that residents had access to facilities for occupation and recreation which took into account their disability, assessed needs and wishes. A number of residents attended a formal day service for some hours each day whilst others had their meaningful day facilitated from the centre. Residents had daily schedules which incorporated their various quality of life related activities. The person in charge had recently revised the recording sheet template for residents' activities to ensure that activities were evaluated in a more systematic manner. The inspectors noted that residents' schedules were responsive in line with their emerging wishes, for example staff recently observed a resident's new interest in construction machinery and facilitated an activity sampling experience.

Residents were noted to attend a variety of activities both internal and external to the centre. These included massage, horticultural activities, discos, bowling, shopping, swimming and social outings. Some residents were observed to go out for lunch on the day of the inspection.

However, the inspectors noted that some residents did not have access to opportunities for training and skills development. They were noted to have periods of unoccupied time and not facilitated in the development of some daily living skills, for example, food preparation and cooking.

**Judgment:**
Substantially Compliant
Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
Overall the inspectors found that residents in this centre were supported to achieve and enjoy the best possible health. However some improvements were required with regard to residents' food and mealtimes.

A review of residents' plans showed that their healthcare needs were being responded to in a timely manner, were assessed and supported. Staff were found to be knowledgeable regarding residents’ healthcare support requirements. The inspectors noted the ongoing monitoring and review of residents' health, for example, residents' mental health needs being responded to with changes in their presentation. The inspectors noted that residents had access to and were supported by a multidisciplinary team which included psychiatry, psychology, clinical nurse specialist, physiotherapy and occupational therapy. A neurology outreach clinic was conducted and available to residents on site. Residents were also supported by allied health professionals in community settings, these included the dentist and clinical nurse specialist in tissue viability.

The residents were supported by a general practitioner who was available on site and completed their annual medicals.

The inspectors observed that residents' main meals were supplied from the central kitchen in another of the service's campus based settings and in general meal and snack times were organised around this system. The inspector noted that there was little opportunity for residents to prepare, be involved and cook their own meals. However the inspectors were informed that residents were now involved and participating in shopping for their breakfast, tea and snack options.

Choice for residents was incorporated into the weekly planning and ordering of meals and also observed to be facilitated at the mealtime. Staff were aware of residents' preferences. Snacks and drinks were available to residents. Residents were supported by a dietician with healthy eating and their healthcare needs incorporated into meal planning.

A mealtime was observed during the inspection and the inspectors noted that this was not a positive social event for some residents. The table was not set with any condiments or drinks, food was served in a rushed manner, residents wore plastic aprons and had their hands cleaned at the table with wipes.
Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Overall the inspectors found that the quality of care and experience of the residents was monitored and developed on an ongoing basis. However some improvements were required in relation to facilitating all staff in the fulfilment of their role and responsibilities and in the quality of the centre's unannounced visits.

The inspectors found that there were management systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The annual review of the quality and safety of care in the centre had been completed for 2015 with the next scheduled for July 2016. Unannounced visits were completed as required. However the quality of this process required improvement to ensure that it was fit for purpose in smartly driving improved outcomes for residents.

The person in charge demonstrated sufficient knowledge of the legislation and their statutory responsibilities and was involved in the governance and management of the centre. Additionally, they were committed to their own professional development. The person in charge displayed a huge knowledge of the residents' needs and wishes and was observed to be clearly identifiable to them during the inspection. However, the inspectors observed that the current night staff roster system hindered the person in charge's ability to adequately supervise and facilitate governance over the practices of the night staff.

Judgment:
Substantially Compliant
### Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspectors found that the centre had suitable arrangements in place regarding the absence of the person in charge/CNM2. On a day to day basis the CNM1 provided cover with a deputy allocated on the roster when both were absent.

**Judgment:**
Compliant

### 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):**
No actions were required from the previous inspection.

**Findings:**
Overall the inspectors found that the centre was resourced to ensure the effective delivery of care and support to residents. The inspector noted that staffing was observed to be sufficient to support the implementation of residents' personal plans and the centre had its own transport available to support residents needs and wishes.

**Judgment:**
Compliant
### Outcome 17: Workforce

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

### Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

### Findings:

Overall the inspectors found that the staff numbers and skill mix in the centre were appropriate to meet the assessed needs of the residents. Continuity of care to residents was maintained. Staff training and education was current and in keeping with residents' needs.

The inspectors observed that the number of staff in the centre was sufficient to meet the assessed needs of residents. Staff levels and allocation took into account the size and layout of the units and the statement of purpose. Also, staff members' qualifications, skills and experience were noted to correlate with residents' needs and wishes. The inspectors were informed of future plans to broaden the workforce skill mix to further support residents' social care needs. The inspectors observed that continuity of care to residents was prioritised in planning the staff rota and allocation. There was a shadow programme for new staff when initially supporting residents. In general staff were found to be knowledgeable with regard to residents' needs and supports and their reporting requirements for residents.

The inspectors noted that training, education and competency building for staff evolved from residents' needs, for example, the induction programme which covered autism and challenging behaviour. The person in charge was supernumerary and was available to supervise staff in their daily practice.

There were effective recruitment procedures and a review of staff files demonstrated that the requirements of schedule 2 were met.

### Judgment:

Compliant
Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The centre had policies, procedures and guidelines in place as required. The inspectors noted that these were reviewed and revised as required, for example, policies that underpinned practices around residents' finances.

Residents' and general records were maintained and available. However the inspectors found some gaps in documentation. These included:
1) No date or indication of creator on a protocol document for the administration of PRN analgesia to a resident.
2) No date or indication of creator on a resident's completed environmental assessment.

The inspectors observed that there was evidence of insurance of the centre against accidents or injury to residents, staff and visitors.

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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004023</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>07 July 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>03 August 2016</td>
</tr>
</tbody>
</table>

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:
Residents did not have free and open access to all areas of their living space which hindered them in the development of their activities of daily living.

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 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
- a) Access to and use of shared kitchen will be reviewed for each resident with MDT and restrictive practices review committee. 31 October 2016
- b) Kitchens in the designated centre will be redesigned as part of the overall renovations work in the designated centre to provide greater accessibility for residents in preparing and cooking their meals. July 2017

**Proposed Timescale:** 31/07/2017

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' privacy and dignity was disrespected by the routine practice of staff entering their bedrooms to complete night time checks.

2. **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:**
Sleeping patterns of residents will be monitored and recorded for a two week period. Following this each resident’s support needs at night will be agreed at an MDT meeting to include representatives from day/night staff, psychiatry and medical personnel as required. Care plans will be updated to reflect agreed night time supports.

**Proposed Timescale:** 31/10/2016

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Environmental communication supports were not implemented for some residents.

3. **Action Required:**
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.
Please state the actions you have taken or are planning to take:
We have updated all staff profile pictures and picture of staff on duty displayed daily. Pictorial Menus are now on display in all areas. The timeframe for display will be specific to the individual area- some residents do not tolerate a menu card on the table and the menu will be displayed on the wall providing resident agrees to same.

A portable memo board is available to facilitate resident meetings. Visual aids are used to discuss fire safety, HIQA, money management, activities and choices around meals.

Proposed Timescale: 31/07/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents' charges were not clearly outlined in the centre's care agreement.

4. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
As outlined on inspection day a new contract of care has been developed and this clearly outlines the agreement between the resident and the service and all charges. Revised contracts of care were sent to all families on the 12th July and to date 4 have been returned to the PIC.

Proposed Timescale: 30/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The support needs of some residents were not fully met as their living area did not provide enough space. Restrictive environments were also impacting on some residents.

5. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.
Please state the actions you have taken or are planning to take:
A comprehensive plan is in place for the designated centre. This involves a number of moves by residents to allow building and refurbishment works to take place on a phased basis.

(a) One resident to move to a newly purchased community house once the house is registered by HIQA
(b) Area 1 to be renovated to provide two self contained apartment with shared kitchen access.
(c) Area 2 to be renovated to enable two residents to live there and have access to shared kitchen and living space
(d) Area 3 to be renovated to enable four residents have access to an open plan kitchen for preparation and cooking of food.
(e) Area 4 to be renovated to provide a self contained apartment for one resident.

Tenders and costing 31st October 2016 and this will be forwarded to you, Building works to be completed by July 2017

Proposed Timescale: 31/07/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Cleaning was required in some residents' bathrooms and a garden area was unkempt with garden furniture in poor repair.

6. 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:
(a) Bathrooms will be refurbished in line with overall plans for the designated centre. Bathrooms are cleaned daily. Household staff will sign off their daily cleaning schedules Additional to this we will have a two hourly bathroom checks which staff will sign off on. Immediate

(b) Garden furniture has being removed to be sanded and varnished. The grass has been cut and upgrade of the garden in Area 2 is included as part of the refurbishment plans. Completed as of 17/8/16, upgrade of garden by July 2017

Proposed Timescale: 31/07/2017
### 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:**
Some residents were not supported in the development of their daily living skills.

#### 7. 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:**
Weekly/monthly audit completed on activities. Key worker and PIC to identify daily living skill goals for development for assigned resident and update in care plan.

Audits in place and ongoing. The PIC will evaluate each service user care plan to see what skills could be further developed to enhance their quality of life and promote independence. Estimated assessment date October 2016 and ongoing after this date.

**Proposed Timescale:** 31/10/2016

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents did not enjoy a positive mealtime experience.

#### 8. Action Required:
Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

**Please state the actions you have taken or are planning to take:**
All staff to read and sign guidance document of supporting residents with meals. Strategies for supporting positive mealtimes to be discussed at next staff meeting. Process to support positive mealtimes to be clearly outlined in each resident’s care plan and their specific strategies discussed and approved by MDT.

Signing document already in place in care plans. Staff meeting to be held on 6/9/16 and to ensure I meet all staff a second meeting on 8/9/16.

**Proposed Timescale:** 08/09/2016
### 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 arrangements were in place to facilitate the person in charge to have oversight and accountability for service provision over the 24 hours a day period.

**9. 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:**
- a) Current Staff vacancies on nights will be filled by staff who work rotational day/nights- recruitment process to commence in Sept 2016.
- b) PIC will liaise with Night Managers to ensure representatives from permanent night duty staff attend MDT reviews, training sessions and meetings as required in the designated centre. Completed
- c) PIC will adjust her roster to ensure she has time to meet night staff on a monthly basis. PIC will come on duty at 6.30 am twice a month to meet both shifts. This will commence Thursday 25th August 2016 and fortnightly there after

**Proposed Timescale:** 16/09/2016

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Gaps were identified in some residents' documentation.

**10. Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
- MPARS audits are carried out weekly.
- Care plan audit tool to be reviewed to ensure it captures dates documents are signed and dated.
- Key workers to review the care plan of their key resident to ensure all sections are signed and have a review date agreed.

**Proposed Timescale:** 30/09/2016