

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0004028
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Mary Reynolds
Lead inspector:	Conor Brady
Support inspector(s):	Conan O' Hara
Type of inspection	Announced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	3

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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 February 2016 08:00	10 February 2016 17:30
11 February 2016 09:30	11 February 2016 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The provider inspected was the Daughters of Charity Support Services Limited (hereafter called the provider) and this was the first inspection of this centre. This was an announced inspection of a designated centre in an urban area on a campus based location owned by this provider. This designated centre comprised of three separate locations, two which were based on the campus and one which was a house based a short distance away. The central campus location consisted of several other buildings in an enclosed campus including offices, support services, recreation areas, day services and other designated centres.

The inspector found that there was substantial diversity in support needs provided for within this centre across the three units inspected. The type of care and support provided differed considerably across the three units as did the physical environments and premises.

As part of this inspection, the inspectors met with residents, the person in charge, members of management, clinical support staff, nursing staff, care staff and a family member. There was a person in charge at the time of inspection who was interviewed as part of this inspection and was found to be a qualified, experienced and competent manager. The provider nominee was also met as part of this inspection at preliminary feedback at the conclusion of this inspection.

A second inspector joined this inspection on day two of the inspection. Inspectors observed practice and reviewed how staff engaged and supported the residents. Inspectors also reviewed documentation such as personal care plans, assessments, behavioural support documentation, healthcare plans, medical/clinical information, accident and incident records, risk assessments, medication records and protocols, meeting minutes, policies, procedures and protocols, governance and management documentation, staff training records and staff files.

Inspectors found that residents were provided with a good and safe standard of service within this centre. However inspectors also identified some areas that required further improvement in accordance with the Regulations and Standards. For example;

- Resident's individualised assessment and personal plans,
- Contracts for the provision of services,
- Residents rights, dignity and privacy,
- Positive Behavioural Support and the promotion of a restraint free environment,
- Suitability of all parts of the premises.

All areas of compliance and non compliance are discussed in more detail in the main body of the report and in the accompanying action plan that outlines the failings identified that did not meet the requirements of the Regulations and Standards.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall inspector found that resident's rights, dignity and consultation were promoted within this centre. There was a complaints policy in place and an appropriate framework to manage and resolve complaints. There was a privacy concern found in one location within this designated centre that required review and improvement.

The inspector found that staff consulted residents on an individual basis in promoting choice and offering leisure activities and menu options. Residents were observed being treated well by staff and spoken to and supported in a kind and caring manner by staff throughout the two day inspection.

Some residents chose to go on outings while others remained in the house and relaxed. The inspector reviewed personal plans and found that some residents enjoyed going to live music shows, playing the keyboard, going to the cinema and taking care of the house aquarium/fish tank. Some residents in parts of this designated centre due to their behavioural presentation did not leave the centre/campus according to the person in charge and staff. This will be discussed further under Outcome 8 Safeguarding and Safety.

The inspector reviewed a number of complaints and found that the person in charge had systems in place for the management and resolution of complaints. There was a complaints policy in place dated 13 February 2015. In reviewing the complaints log, there had been recent family complaints regarding the appearance of residents and another complaint regarding the manner in which family members were spoken to by security personnel when returning to the centre with residents. The person in charge

and/or provider had taken action in response to all complaints reviewed.

Regarding resident's privacy, the inspector found that in many of cases reviewed resident's privacy was upheld. However there were some instances whereby residents privacy was found to be compromised. For example, one part of the designated centres back garden was directly overlooked by a national school.

This particular part of centre supported residents with high support needs. For example, residents living here sometimes engaged in behaviours such as removing clothing. This occurred on the day of inspection and in reviewing documentation was a regular occurrence. Instances of this behaviour had happened in the garden area according to staff. Clothing (footwear) was also reported to have been thrown into the playground of the school. The inspector was not satisfied with the levels of privacy afforded in this part of the centre.

In addition to this, two residents were found to have camera monitoring device in their bedrooms. While this measure was found to be implemented with the consent and knowledge and by the request of resident's family members and multidisciplinary team input this measure was found to be intrusive to resident privacy.

The inspector found that some residents in one unit in this centre operated on a 'timeshare' arrangement with their bedrooms. Some residents would therefore use a bedroom for certain days of the week while other residents' would use the bedroom at other days of the week. The inspector found this arrangement to be impersonal in terms of resident's personal space and personal possessions. Both residents personal possessions and clothing remained in the room/shared wardrobe, while the other resident stayed in the bedroom.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that residents were supported and assisted to communicate in accordance with their needs and preferences.

Residents' communication needs were clearly identified in the personal planning documentation and supports were put in place where needed. Communication passports were developed and these plans contained specific information and guidance around communication with residents.

The inspector observed staff communicating with residents' with dignity and respect. Staff presented as very familiar with residents' communication needs who in turn presented as very familiar and comfortable with staff and the person in charge. There were picture communication schedules in place to allow residents know and understand what staff were on duty and what meals were available. A charter of rights in pictorial format was observed throughout the designated centre.

Staff highlighted the importance of an understanding of each residents' individual needs and were observed offering choice and communicating both verbally and non verbally with residents' throughout inspection. Both staff and the person in charge clearly knew and understood residents' behaviours and non verbal communication very well. Staff used sign language in some parts of the designated centre to support residents.

The inspector was satisfied the designated centre provided appropriate access to communication media such as television, radio and phone services within the centre and residents' were appropriately supported to have access to same.

Judgment:
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):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents were supported to develop and maintain personal relationships and links with the wider community.

Families were encouraged to get involved in the lives of residents. Families were invited to attend meetings and be actively involved in the care planning and provision of care to residents.

The inspector found family communication documentation in place and clear records maintained around family involvement.

Residents had pictures of family members in the designated centre. Residents were observed to be integrated into the wider community with residents going on social outings, visiting the pub, going out for dinner and local music and sporting events. Family feedback questionnaires reviewed were predominantly complimentary of the service received by their loved ones.

Family members could and did visit the centres on a regular basis and were free to do so. The inspector observed an approachable system whereby families could access the staff and person in charge.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found there were admissions policies in place regarding this designated centre. The inspector found that all residents did not have contracts for provision of services that highlighted the fees paid by residents.

The inspector found that there were generic contracts in place for all residents but different practices were operating across the units within this centre. For example, some residents paid for their service per night, some residents paid via PPPA accounts (Patients Private Property Accounts) and other residents had their own bank accounts and paid for their service from these accounts. There was no clear reason why these different practices were operating in the centre. While the provider did issue a letter (10 July 2014) outlining the introduction of contracts for residential care they were not implemented and signed for every resident and the contracts reviewed did not outline the fees residents were being charged.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were some measures in place to promote residents social care needs and quality of life however this area required further improvements. Personal plans reviewed were found to be of an appropriate standard however further individualised assessment and planning from a social care perspective was required.

Individual assessment and personal planning regarding residents health care and nursing assessments were found to be of a very good standard. For example, healthcare assessments, epilepsy assessments, bruising assessments, mobility assessments and eating and drinking assessments were all found in place and to be of a good standard.

The inspector found some good examples whereby some residents had opportunities to pursue social activities in line with their needs, interests and capacities. For example, attending music events, going to shops, pubs, music lessons and drama/theatre events in the community. Some residents were observed over the course of this inspection as being active and going on various outings, walks and trips. For example, some residents had gone on recent outings and holidays to hotels.

Residents had access to transport and community transport was very available as this centre was well located on local bus routes.

Other residents with higher support needs did not have the same standard of social care activity evident. The inspector did find quality of life was an area that the person in charge focussed on in the care planning process. However all plans were not found to be appropriately up to date with one plan dating 2014 since being reviewed and updated.

The inspector found that some residents' personal plans reviewed did not have sufficient or up to date assessment and planning for residents social care needs. There was inconsistency in the standard of social care plans reviewed across the three units in this designated centre. The person in charge and staff stated this area (social care assessment and personal planning) was currently under development and in its infancy.

The inspector found that some residents did not have clear social goals set that were in line with resident's needs, wishes and preferences. There were not clear timelines evident in some plans to identify what residents social goals were, when they would be achieved and who was responsible to support/facilitate residents' in achieving their goals. The standard of resident goal setting also required review. Some resident's goals were found to be very basic rights. For example, an annual goal to have a bank account. In addition, the inspector found repetition in some goal setting whereby the same goals were set in consecutive years for residents. This area requires improvement in accordance with the Regulations.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that there was substantive diversity in the location, design and layout across the three units in this designated centre. Premises were found to be safe across this designated centre. However one unit in this centre which supported a number of residents was found to require further improvement to meet the requirements of the Regulations.

There were two units in this centre that were decorated and designed to a good standard. Each resident had their own bedroom in these units which were personalised and decorated to a good standard. There were appropriate numbers of showers, baths and assistive equipment such as support baths, commodes, shower chairs and support hoists. The communal and kitchen areas were found to be clean and of a good standard in these units. However kitchen areas were not accessible to residents in all parts of the designated centre.

The inspector noted a lot of rubbish and domestic waste at the rear of one part of the designated centre. This was cleared away on day two of inspection when this matter was brought to the attention of the person in charge.

One unit was found to be very restrictive by design and layout. For example, locked doors and gates (internal and external) whereby the environment was used to restrict resident's access to certain parts of the centre. The area of operational restrictive practices will be discussed further under Outcome 8: Safeguarding and Safety. This resulted in a bare environment in this particular unit in this centre and was in contrast to the units as described in paragraph 2 above.

As a result of the above restrictions the parameters of this premises were dictated by the residents present within the centre. For example, on some occasions over the course of inspection all parts of the centre were not accessible to all residents. On a regular basis one half of this unit (which included communal areas) were locked and not accessible to all residents.

The inspector observed arrangements whereby while a resident was out of the centre for his day service, another resident used their bedroom as part of their day service (albeit the mattress was changed). The inspector did not find that this arrangement ensured each resident had adequate private accommodation as is required by the Regulations.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was also found to be in place. The inspector found both clinical and environmental risks were well managed and documented in the centre. For example, risk assessments were carried out and reviewed in relation to the risk of residents falls, safe administration of medication, risk of residents' going missing and the management of challenging behaviours. The person in charge presented as very risk aware and promoted a good risk management culture within the centre.

The inspector observed control measures in place to alleviate identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes.

The inspector found that there was appropriate policy and procedure regarding health and safety. There were safety statements, health and safety checklists, fire register and emergency response and evacuation plans in place across all units within this designated centre.

The inspector found that the person in charge had good systems in place to identify, assess and manage risks within the designated centre.

The inspector reviewed the accidents and incidents log for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident. There was a clear system for reporting health and safety incidents and medication management incidents/errors found to be in place. Both the person in charge and staff were familiar with this system in terms of the process of reporting within the organisation.

The inspector was satisfied that the fire detection and alarm systems, fire fighting equipment and emergency lighting systems were routinely checked and serviced by a qualified professional. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out at different times and staff and residents knew the procedure in the event of an evacuation. Personal evacuation plans were documented on each resident's file.

The inspector found a series of checking systems in place regarding health and safety and auditing of a good standard was observed in this area. The person in charge maintained daily/weekly/monthly checks and audits regarding area such as health and safety, hygiene and infection control, evacuation, premises, medications, fire safety and the centres risk register. Overall, the inspector found there was clear guidance for staff across different areas of health and safety to ensure the health and safety of residents, staff and visitors was being promoted at all times in the centre.

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):
This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were measures in place to ensure residents were safeguarded and protected in this centre. Residents who required significant therapeutic support had evidence of behavioural support planning in place. However aspects of these plans such as quality of life required further review and updating. In addition, the inspector found a restraint free environment was not promoted in all units in this centre and restrictions in place were affecting residents for whom they were not intended.

The inspector found that notwithstanding the difficulty observed in managing the behaviours of concern that were prevalent in this centre, that a restraint free environment was not promoted. The environment was highly restrictive in parts of this centre and much of this intervention was based on the needs of certain residents. The inspector found that these environmental restrictions were impacting on all residents in this part of the centre. For example, residents in one part of this centre were observed as only being able to access half of the centre due to restrictions imposed on other residents. In reviewing documentation and discussing this issue with staff and the person in charge, the inspector found this was a regular occurrence with these restrictions put in place frequently to manage these behaviours.

The inspector found there was policy in place regarding the prevention, detection and response to abuse. Staff members were familiar with the types of abuse and reporting mechanisms to report allegations, disclosures or concerns to clearly identified designated persons. The inspector found previous allegations within the centre had been investigated by the provider. The inspector reviewed training records which were well maintained and indicated all staff had undergone relevant training in the protection of vulnerable adults. The inspector reviewed a number of residents personal finances and found that cash balances matched financial records and residents finances were protected within the centre.

Regarding the provision of emotional, behavioural and therapeutic supports the inspector found staff who knew residents behaviours very well and discussed residents with staff, the person in charge, a clinical nurse specialist and a clinical director/psychiatrist.

Policies regarding the management of residents displaying behaviours that challenge were also reviewed by the inspector. The inspector was informed by the person in charge and a clinical nurse specialist that traditional care plans were utilised for all residents instead of specific behavioural support plans.

The inspector reviewed archived files and found some previous behavioural support plans. In addition to current plans that were in place were reviewed. It was clear that staff knew residents very well and were well trained in the de-escalation techniques in place that were agreed with clinical support services. There was a consistent and experienced staff team observed who knew residents needs very well and were observed supporting residents through behavioural incidents in a professional and caring manner. However the inspector found further behavioural planning and review was required in some cases. As outlined in previous outcomes whereby the inspector was informed that residents did not (ever) leave the campus due to their behavioural presentation. The inspector found further more detailed planning around behavioural

support needs and the provision of same was required.

Individual plans referred to the need of a low arousal approach. Based on observations on inspection the centre was not found to be a low arousal environment as there was high levels of noise (alarms, school bells) and activity observed. For example, the proximity of the centres garden to a national school playground. These factors were found to be precursors to behaviours based on evidence gathered on this inspection and presented at preliminary feedback.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector reviewed all notifications submitted to the Authority and found the person in charge had a good understanding of notifications and the incidents and instances requiring same.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The inspector was satisfied that the residents were supported to participate socially in activities suitable to their age, interests and needs.

The inspector spoke with and observed residents, staff and reviewed documentation and found that the residents were provided with suitable activation in line with their own goals and preferences and relevant to their needs. The inspector found that some residents attended day services on set days while others were supported from their homes. Some residents were observed assisting staff with household chores while others relaxed and watched horse racing. Staff presented as aware of residents' individual needs and preferences.

Some residents were observed coming and going from their day services and the inspector spoke to day services staff who supported residents in transitioning. Residents used community transport and visited and socialised within their community. The inspector found that residents were encouraged to pursue interests and their general welfare and development.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as G.P., dentist, speech and language therapy, psychiatry and nursing care. Residents had access to specialist services and hospital appointments when and where required. The inspector saw evidence of the close monitoring of residents weight and good support for residents requiring modified diets. The inspector saw evidence of speech and language assessment when appropriate for residents. Resident's healthcare documentation was maintained to a good standard and was clear and accessible. The person in charge and nurses on duty presented as aware of residents specific medical support needs. For example the clinical management and support of residents with

ventriculoperitoneal shunts, epilepsy management and residents requiring percutaneous endoscopic gastrostomy (PEG) feeding.

Regarding food and nutrition residents were observed to be provided with healthy meals and choice. The inspector observed meals and food being served and found residents' were appropriately supported by kind and caring staff. The inspector observed menu choices (in pictorial format), healthy eating information and residents having the freedom to choose food. For example, one resident did not want the choice on the menu and was observed being facilitated to attend a local restaurant instead. Food was observed being prepared in the kitchen on the day of inspection and the residents' appeared to really enjoy this process and the atmosphere that was created was observed as positive.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that each resident was protected by the designated centres' policies and procedures for medication management. The person in charge demonstrated good knowledge of the medication policies and protocols and had good systems in place to monitor medication practices.

For example the inspector found:

- There was a clear policy for medication management.
- There were clear and effective procedures for prescribing and administration of medication.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription and administration of medications within the designated centre.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.
- Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- There were PRN (as required) guidelines for medications requiring same.

- There was clear information regarding all medication so it was clear in terms of what the medication was and possible side effects.
- There were regular reviews and audits of medication and a system for managing medication errors was in place.

Overall the inspector found that the person in charge and staff were professionally knowledgeable and competent regarding the safe medication management practices within the designated centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There was a written statement of purpose that accurately described the service provided in the designated centre. The inspector requested further details regarding floor plans, communication with residents and arrangements for residents to attend religious services. These were provided and the statement of purpose was found to reflect the services and facilities provided in the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the quality of care and experience of the residents was monitored on an ongoing basis in this designated centre. The inspector found that effective management systems were in place that support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation.

The inspector found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had over 16 years nursing experience and had considerable experience in the management of residential services for people with intellectual disabilities. The person in charge had appropriate qualifications in nursing and nurse management in addition to further continuous professional development up to Masters Degree level. The person in charge demonstrated a good understanding of the Regulations and Standards.

The person in charge highlighted a number of audits carried out in the designated centre in areas such as care planning, healthcare assessments, health and safety, complaints, medication and staff training and supervision. The inspector found evidence of unannounced visits and action plans devised by the provider's management team to improve the service. For example, improvements were noted in the areas of intimate care plans and risk management plans. An annual review was also made available to the inspector. The quality of management, oversight and governance was found to be of a good standard in this designated centre.

The inspector found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to residents. Some residents were observed approaching and seeking out the person in charge and the inspector could see that the residents had a rapport and relationship with the person in charge which demonstrated her availability to them.

The person in charge highlighted various checking systems in place with residents and families to ensure she was fully aware of the care provided in the designated centre. The person in charge had regular contact with families and was very much an operational manager who was 'hands on' within the designated centre. This demonstrated the effective monitoring of care. The inspector found a relaxed and caring atmosphere whereby resident's needs were provided for appropriately.

The inspector found that there were clear lines of authority whereby the person in charge was supported by additional senior management. The organisations clinical director, clinical nurse managers and clinical nurse specialists were also met as part of this inspection which highlighted the supports available to this centre.

The inspector found that staff were satisfied with structures in place and found clear and accurate rosters, staff training schedules and performance management systems were in place and well maintained.

Judgment:
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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a shift leader identified on the roster in addition to deputising arrangements whereby other managers would oversee and manage the designated centre in the absence of the person in charge. The centre was based on a campus whereby the provider's offices and members of the senior, operational and clinical management structure were all based in close proximity of the centre. The inspector found there were no instances whereby the person in charge was absent for 28 days or more. The person in charge was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre was resourced to ensure the delivery of care and support in accordance with the Statement of Purpose. Resident's homes were well maintained (aside from issues highlighted), funded, staffed and transport was available to residents as required. The inspector found that the designated centre was sufficiently resourced to meet the needs of all residents.

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):

This was the centre's first inspection by the Authority.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Staff were found to have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff were found to be appropriately supervised, and were recruited, selected and vetted in accordance with best recruitment practice.

The inspector found that:

- Schedule 2 requirements were met regarding staff personnel files and training records.
- Staff were continually provided with training and refresher training in mandatory areas such as fire safety, safe manual handling practices, safeguarding vulnerable adults, managing behaviours that challenge and safe administration of medication.
- Additional centre specific training was provided as required.
- Staff meetings and communication (centre specific) were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster that reflected the whole time equivalent in the statement of purpose.
- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.
- Staff supervision and performance reviews were undertaken by the person in charge.
- There was an appropriate system in place regarding the use volunteers in the organisation.

Residents presented as content and comfortable with staff over the course of this inspection in all units of this designated centre.

Overall the inspector found that the staffing, staff training and development and recruitment processes and policies met the requirements of the Regulations and Standards.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall records and documentation were found to be maintained to a good standard in this centre. The provider and person in charge ensured clarity, accuracy and ease of retrieval regarding documentation. Policies were in place, reviewed and updated and resident's information was appropriately maintained and protected.

Records and documents that were reviewed were in accordance with Schedules 3, 4 and 5 of the Regulations.

The centre had a resident's guide which contained the information required by the regulations. Accessible information was available to residents in pictorial format and staff highlighted the importance of ensuring residents understood what was being communicated with them insofar as possible. The centre had a directory of residents which contained the information required. Records of incidents, plans, assessments, and interventions that were reviewed were found to be clear and well maintained.

All the policies as listed in Schedule 5 were available. The centre was adequately insured and inspectors viewed the insurance policy which was valid until September 2016.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Conor Brady
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-0004028
Date of Inspection:	10 February 2016
Date of response:	24 March 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The inspector found areas and practices whereby residents' right to privacy and dignity were compromised as detailed within the body of the outcome.

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

1. Action Required:

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

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

Within one of the designated centre,

- Additional fencing and mesh will be installed along the perimeter fence between the house and the school to promote privacy.
- The service engineer will survey the location of one area of the designated centre and provide recommendations for any further measures which can enhance privacy i.e. planting, aesthetics.
- One way glass will be installed in five windows within the house which will further enhance privacy for one resident.
- One of the two visual monitors has been removed. (21-3-16)
- The need to remove the second visual monitor was highlighted during a review of restrictive practices (14-3-16) and as the family are requesting it remains in place, it will be referred to the organisation's restrictive practice and ethics steering committees (21-03-16).

Proposed Timescale: 30/06/2016

Theme: Individualised Supports and Care

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

Resident's clothes and possessions were stored in bedrooms that were occupied by other residents.

2. Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

Each resident who uses the area under time share arrangements will have full access to all facilities in the bedroom assigned for their use.

Proposed Timescale: 31/03/2016

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:

The contracts reviewed did not outline the fees residents were being charged.

3. 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:

Contracts of care are currently under review and an individualised contract will be issued outlining fees each resident will be charged.

Proposed Timescale: 30/06/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was not consistent or comprehensive social care planning in place for all residents regarding their social care needs.

4. Action Required:

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

- A training package will be developed within the service on social role valorisation and delivered to all staff working within the designated centre. This will assist staff in developing social care goals with residents.
- Further review of personal plans for each resident will take place by the key worker and PIC to ensure social care needs are identified and are outcome focussed.
- The PIC will devise an audit tool which will focus on the social care goals of all residents within the designated centre.

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 premises were not designed and laid out to meet the needs of all 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:

- An external consultant with expertise in Autistic Spectrum Disorder will be contracted by the organisation. The consultant will complete a review of the environment within one area of the designated centre and make appropriate recommendations.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

All of the requirements of Schedule 6 were not met in parts of the designated centre. For example adequate private and communal space for residents.

6. Action Required:

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

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

- An external consultant with expertise in Autistic Spectrum Disorder will be contracted by the organisation. The consultant will complete a review of the environment within one area of the designated centre and make appropriate recommendations.
- The external consultant will be asked to participate in a full clinical review for one resident with Autistic Spectrum Disorder within the centre.
- The impact of restrictive practice currently in place within one area of the designated centre on all residents will be referred to the restrictive practice steering committee and the ethics committee within the organisation.

Proposed Timescale: 30/09/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Parts of the designated centre did not promote a restraint free environment. Restrictions implemented for some residents were affecting other residents.

7. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

All restrictive practices currently in use within the designated centre are reviewed three monthly. The purpose of this review is to reduce or remove restrictive practices in accordance with individual need. There is evidence in place within restrictive practice documentation to support that reduction and or removal of restrictions have taken place. The person in charge will continue to work towards reducing restrictive practice further within the designated centre.

The impact of restrictive practice currently in place in one area and the impact this is having on all residents within one area of the designated centre. will be referred to the restrictive practice steering committed and the ethics committee within the organisation.

Proposed Timescale: 30/09/2016