

**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-0004032
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 Lucey-Pender
Lead inspector:	Conor Brady
Support inspector(s):	Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	2

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:
30 March 2016 09:00	30 March 2016 16:30
31 March 2016 09:00	31 March 2016 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 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

This was an announced inspection of a designated centre owned and operated by Daughters of Charity Disability Support Services Limited (hereafter called the provider). This designated centre comprised of three locations in an urban area.

One location provided a residential service to one resident on large premises that was for sale at the time of inspection. The second unit was a house where five residents lived with the support of staff members. The final unit was a house in an established community whereby two residents lived semi-independently. Some residents were met and spoken with as part of this inspection however, as one unit

was closed many residents were not present. All residents spoken to presented as very content and well cared for over the course of this inspection.

The inspectors found that this centre provided a good standard of care to the residents living in the designated centre. Residents were found to be well cared for and supported by a qualified, competent and dedicated management and staff team. However inspectors found a number of areas that required further attention to ensure the centre was operating in accordance with the Regulations and Standards.

The closure of part of the centre at weekends was found to be a resource led approach to service provision as opposed to being a measure based on resident's needs, wishes and preferences. In addition, noncompliance was found in the areas of resident's rights, privacy and healthcare provision. Inspectors were also not satisfied with admissions procedures and arrangements in place for the absence of the person in charge.

As part of this inspection, the inspector met with residents, members of management and social care staff. Residents and families provided feedback to HIQA also. One family member was met briefly as part of this inspection.

All areas of compliance and non compliance will be discussed in the main body of the report and accompanying action plan.

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 inspectors found good practices were observed regarding the recording of complaints, resident's finances and consultation with residents in respect to their routine, choices and daily activities. However, improvements in resident's choice, consultation and rights promotion was required regarding the closing of part of the designated centre when some residents were visiting family. Inspectors also found issues regarding resident privacy due to arrangements whereby residents shared bedrooms.

There were opportunities for residents to contribute to how the centre was run. Residents meetings were held and residents were consulted about a range of individual preferences. Residents meetings discussed meals, activities and routines. Resident's preferences were respected and facilitated, for example one resident wanted a double bed and this request was facilitated.

Residents' rights and advocacy were promoted in the centre. Details of local advocacy services and of resident's rights were displayed in the centre. However, improvements were required in relation to resident's privacy and dignity. One of the units on occasion would close due to some of the residents visiting family or going on holidays. The remaining residents would have to stay at another unit until the house reopened. This measure was found to be a resource led approach to service provision and residents and families alike had made complaints regarding this issue.

While most residents had their own bedroom, inspectors found two shared rooms in one unit within this designated centre. At weekends, inspectors found a respite service was sometimes offered. The respite bed was located in a twin room - sharing with a resident (who normally stayed with their family at the weekend). This respite bed was located approximately 2 feet from the other bed in the room. Inspectors found that there were a number of occasions when the respite bed was used while the resident was using their bedrooms. This arrangement was not found to be ensuring resident privacy was being respected.

The centre had policies and procedures for the management of complaints. Inspectors reviewed the complaints log for the centre which reflected that there were no complaints currently open, and there had been six complaints received in the year prior to the inspection. These complaints were both from families and residents. Complaints related to residents sharing rooms, activities and closure of the house at weekends due to reduced number of residents. The log set out the actions taken in response to the complaints.

Residents were given opportunities to participate in activities, in community facilities and to develop their interests. Inspectors found that staff knew the residents well and resident's personal profiles recorded their interests and relevant information.

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:

Overall inspectors found that staff were aware of the communication needs of residents. Residents were promoted to communicate and there were communication aids available and good knowledge as to resident's needs wishes and preferences. Many residents communicated verbally and enjoyed good levels of independence.

The inspectors observed a resident with specific needs being communicated with in a caring and respectful manner by staff.

Resident's plans reflected specific communication needs. Resident feedback highlighted that staff were open and many residents highlighting feeling happy and comfortable when talking with staff. Residents were very complimentary of staff working with them

highlighting that staff made them feel well supported and safe.

Residents had appropriate access to radio, television, and the internet within the centre.

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

There was a visitor's policy and procedure in place. There were no restrictions on visitors to the centre unless requested by residents. There was adequate communal space for residents to receive visitors.

Inspectors saw evidence whereby residents were in regular contact with family members through video calls and telephone calls. Residents also had regular visits to their respective family members. Inspectors reviewed daily logs which showed staff were also in regular contact with families keeping them informed of residents wellbeing. Inspectors observed the centre manager in direct contact with relatives and discussing a resident's routine and facilitating access to health care appointments for residents. There were strong links made by clinicians to support families and promote a collaborative approach to care giving.

Residents were supported to maintain links with their wider community based on their individual choices. Residents were engaged in day services and in work programmes in the community in line with their individual choices. Residents had relationships with their neighbours, local shops and services and used community transport.

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 that admission procedures were not always based on a process that considered all residents wishes and needs. This was evident in the centres operation of a respite bed from one resident's bedroom and the continuous closure of this centre at weekends.

The inspector found that a policy guiding the management of resident's finances was available as was a policy regarding patient private property accounts (PPPA). Residents had contracts in place and contracts that were reviewed were signed. Resident's contracts included 'additional charges will be incurred by service users from their own money for staff who are accompanying them for meals out, trips and holidays.'

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:

Overall inspectors found that residents had opportunities to participate in meaningful activities appropriate to their preferences. Individualised assessment and social care planning of a good standard was found in this designated centre.

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

The inspector found some good examples whereby residents had opportunities to pursue social activities in line with their needs, interests and capacities. For example, going to dance and exercise classes, shops, lunch outings, going for coffee, delivering the parish newsletters and work placements. Inspectors reviewed evidence of residents who had gone on recent holiday outings and reviewed photographs of residents visiting the set of Coronation Street.

Other resident's plans were found to be in clear and accessible formats such as visually personalised plans and photographed poster plans.

Inspectors found that residents had clear achievable social goals set that were in line with resident's needs, wishes and preferences. There were 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. Goals varied from CV writing, job hunting, organising holidays and decorating their own bedrooms. Some residents were being supported to walk from the centre to work placements and shops independently and were participating in independent bus/transport training.

The person in charge demonstrated very good individual knowledge of resident's need and highlighted the continued need for a professional and person centred approach with each resident.

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):

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

Findings:

There were three locations across this designated centre that differed considerably in terms of design, layout and location.

Overall residents presented as happy with their homes. Some residents highlighted that they enjoyed living in their homes and liked the premises, their bedrooms, the location and their living areas. Some residents kept an aquarium in their living room and showed the inspector same.

Inspectors found some areas were well personalised whereby many residents had plenty of personal space and individually decorated homes and rooms.

Inspectors found that there were some areas that required improvement regarding the premises in this designate centre. As outlined earlier in the report two bedrooms were shared bedrooms and this arrangement was found to have compromised resident's privacy in one instance. This issue was discussed at preliminary feedback and assurance was sought that residents privacy and personal space would be prioritised.

Another issue in one location pertained to office space for staff, desks, computer/printers and notice boards. The inspector found that this encroached into residents living areas/communal space in one house that provided care for up to five people. In addition, at the rear of one property in this designated centre was a large shed that was marked by warning signs not to enter. In discussing this with the person in charge it became evident that asbestos was present in this building. This made a large part of the rear of the property inaccessible for residents. The inspector sought an engineer's report and plan for this asbestos issue. The provider issued these to the inspector following inspection which highlighted options to demolish, repair or upgrade the shed at the rear of the centre. No definitive course of action was determinable from the reports/plans submitted to HIQA.

Another location that was inspected was for sale and comprised of a large building and substantive grounds. The building was used by one resident who occupied a small part of this building. Parts of this premises required improvement such as toilet/bathroom facilities being located off a kitchen and some damp/painting work required. However the resident's bedroom and living area were found to be very clean and well maintained. The inspector sought a plan from the provider regarding the provision of service to this resident in the event of the property selling. This was issued to HIQA as requested and included commitment by the provider of a three month notice period to the resident and detailed and considered multi-disciplinary input in seeking a new home for this resident.

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 inspectors 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 behavioural and environmental risks were well managed and documented in the centre. For example, risk assessments were carried out and reviewed in relation to medication practices, falls, accidental injury, violence and aggression, fire safety and car parking.

The inspector observed control measures in place to alleviate all 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 inspectors found that there were policies and procedures regarding Health and Safety and Risk Management. A Safety Statement was also reviewed on inspection. A Fire Register was available in the centre as was information regarding emergency evacuation and planning procedures in place. Residents were fully aware of safety procedures and residents showed inspectors emergency pendants they carried and an on call phone they had which had pre-set support numbers programmed. The inspector called this number on inspection and a clinical nurse manager was available to support residents.

The inspectors were satisfied that there were good systems in for the assessment and management of risks within the designated centre. Incident and accident reports were clearly recorded and followed up. These reports were audited regularly to establish trends, analyse causation and implement control measures.

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.

The inspector found there was regular auditing and review in relation to health and safety and the person in charge highlighted on-going commitment to managing risk within 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 the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre. Residents were found to be safe and protected by the systems that were in place. In addition, residents requiring emotional, behavioural and therapeutic support were found to receive positive supports within a restraint free environment.

The inspector found up to date policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. Staff were familiar with the types of abuse and how to report abuse. Residents highlighted that they felt safe in the designated centre.

There were systems in place to protect resident's finances and checking systems in place to ensure residents' monies were safeguarded and protected.

The inspector found that management of behaviours that challenge was effective with the provision of positive behavioural support plans. Positive behavioural support plans were provided as required, they were found to be detailed and up to date. These plans outlined routine protocols, known triggers and de-escalation techniques. Behavioural support plans were observed to be implemented with specific programmes designed to support residents waiting and coping skills observed in practice.

The inspector found that a restraint free environment was promoted and did not note the environment was restrictive by design or layout.

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):

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 follow up completed regarding 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.

Residents were involved in activities internal and external to the organisation. Residents attended day services provided by the Daughters of Charity Services. Individual residents were facilitated when they decided not to attend their day services and were provided with suitable activation in line with their own goals and preferences and relevant to their needs.

In addition, arrangements were in place for residents to undergo additional training were evident and residents were learning new skills. For example one resident was walking to and from a work placement and shops independently while another volunteered in the local community library.

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 inspectors found that residents' health care needs were being met. However improvements were required regarding all residents having timely access to allied health professionals as required.

Residents spoken to on the inspection presented to be in good health and informed the inspectors that they felt well supported with their healthcare needs. Inspectors reviewed healthcare plans and found specific plans in place for residents regarding cholesterol care planning, exercise/maintaining a healthy heart care plan, dental care plan and mental health care planning and provision. Inspectors found good foresight by the person in charge and staff regarding residents current and future healthcare needs. For example, ensuring continual medical assessment and observation of resident's cognition and mental health.

Inspectors saw that residents had the opportunities to access allied health professionals such as G.P., optician, dentist, chiropodist, psychiatry. However, in some instances reviewed this access to allied health professionals was not timely. For example, inspectors identified delays in securing access for residents to psychology, speech and language and physiotherapy. This was evident in a number of plans reviewed.

Inspectors observed a meal time experience and there was evidence that a nutritional and varied diet was available for residents. Residents ate well and informed the inspector they had good choice and would always get something else to eat if they did not like what was for dinner. Residents were observed making sandwiches and going to the shop to purchase cake. In addition, residents were supported to make healthy living choices and inspectors reviewed healthy eating plans and guidelines in place in some personal plans regarding maintaining a healthy weight.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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.

There were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. A sample of residents medication prescription sheets were reviewed and were found to contain all the relevant information. As required medications (PRN) stated the indications for use and the maximum dose to be prescribed in a twenty four hour period.

Medication was supplied by a local pharmacist and there were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.

The person in charge demonstrated good knowledge of the medication policies and protocols and had good systems in place to monitor medication practices. There were regular reviews and audits of medication and a system for managing medication errors was in place.

Residents were responsible for their own medication following an appropriate assessment.

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:

The centre had a written statement of purpose in place in the designated centre. However, some improvements were required.

The Statement of Purpose set out the aims, objectives and ethos of the centre and outlined the services, facilities and model of care that were offered to the residents living in the centre. The statement of purpose was found to reflect the service provided in the designated centre. However, some improvements were required as the organisation structure was found to be unclear and some areas of the statement of purpose contained identifying information.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that the quality of care and experience of residents was monitored and developed on an on-going basis. There was an effective management systems in place and a clearly defined management structure that was understood by staff, residents and families. A suitably qualified and experienced person in charge was in place who demonstrated authority, accountability and responsibility for the provision of service within the centre.

The person in charge was in place nine months but had over 10 year's relevant experience and possessed qualifications in Applied Social Studies in Social Care and First Line Management. The person in charge had extensive experience working with vulnerable adults and children and demonstrated good knowledge of regulatory frameworks and local knowledge across the three locations in this designated centre.

Residents spoken to identified with the person and charge and told the inspector they would approach her if they required support or had any problems. The person in charge was a presence in all three locations and was known to staff and residents. Residents were comfortable with the person in charge and were very complimentary about her

approach to care provision and her availability. There were systems in place regarding the auditing and review of:

- Resident Personal Plans
- Health and Safety
- Premises and Environment
- Risk Assessments
- Fire Safety
- Resident Finances

The inspector found that the provider had conducted a series of unannounced visits and composed an annual review of safety and quality care in line with regulatory requirements. The inspector found that there were good support structures in place for the person in charge. Evidence of on-going management meetings, supervision and performance management was reviewed. The person in charge provided detailed reports on a monthly basis to the provider which included issues such as healthcare, risk, premises and residents goals/objectives.

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 although the person in charge was aware of her regulatory responsibility to inform the Chief Inspector of absences of 28 days or more, the proposed arrangements in place for the management of the designated centre in the absence of the person in charge were not found to be adequate. This was discussed in detail with the provider during feedback.

Judgment:

Non Compliant - Moderate

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

Inspectors were not satisfied that this centre was appropriately resourced to ensure the effective delivery of care and support. This centre closed regularly at weekends and residents who lived in the centre had to reside in other locations until their home was re-opened by the provider.

In discussing this issue with the person in charge this measure was implemented to reduce cost of staffing the house when some residents were out of the centre, visiting their families. This resulted in the remaining residents being transitioned and therefore had to leave their home for a duration (short term) until the provider re-opened the house.

As outlined earlier in the report both families and residents had complained about this issue. This practice was found to be resource led as opposed to being based on resident's needs, wishes and preferences.

Judgment:

Non Compliant - Moderate

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 was an adequate number of staff to meet the needs of the residents and to deliver a safe service. Inspectors observed that staff were very familiar with the needs of the residents and the residents displayed comfort and familiarity with staff.

There was a staff rota in place and a planned and actual rota was maintained. Inspectors reviewed rosters for a four week period including the week of the inspection. The person in charge noted that continuity of care for one resident was important but affected the continuity of care for other residents in other units. Inspectors were told that the centre was in the process of recruiting more staff to address this issue. However based on the findings of this inspection all staff were observed as familiar with residents and were caring and respectful throughout the inspection.

A training needs analysis had been carried out and a training programme for 2016 was in place. A sample of staff files were reviewed by inspectors and staff had received training in manual handling, fire safety, medication management, safeguarding and behaviour management. The inspector found that the person in charge had supervision/appraisals completed with many staff and there were also probationary reviews seen in staff files.

Recruitment procedures in the centre were effective, and there were good systems in place to support safe recruitment practices. The recruitment of staff was managed centrally, by the human resources department of the organisation. Four staff files were reviewed by inspectors and they contained all of the information required under Schedule 2 of the regulations.

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:

The centre maintained records, and had recording systems and procedures in place to support the provision of a residential service.

Records were of a good quality and were in accordance with Schedules 3, 4 and 5 of the Regulations. Inspectors examined a sample of residents care plans and found that they were complete, accurate and up to date. Records of incidents, plans, assessments, and interventions were maintained and other reports and correspondence from day services and other health services were in place.

Inspectors found that the centre maintained other records in accordance with Schedule 4 of the regulations. Records were maintained in relation to the care and support provided to residents, and in relation to the running of and upkeep of the centre. Reports from checks and assessments in relation to fire were maintained, and checks/servicing by external contractors were also in place.

Inspectors found that the centre had a suite of operational policies and local procedures in place which guided practice in the centre and wider organisation in line with Schedule 5. Inspectors found that these were tailored to the local needs of the centre and referenced relevant legislation and guidance. A resident's guide to the centre was in place for residents and it contained text and pictures describing the centre and what residents could expect when staying there.

Inspectors reviewed documentation submitted as part of the application to register, and determined that there was an up to date insurance policy in place for this proposed designated centre valid up until 29 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

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-0004032
Date of Inspection:	30 March 2016
Date of response:	24 May 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 decision to close this centre at weekends was impacting on resident's rights, choices and consent regarding the care they receive.

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) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

Residents will be supported to remain in the designated centre at weekends.

Proposed Timescale: 30/05/2016

Theme: Individualised Supports and Care

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

Some resident's privacy was compromised due to the shared room arrangements operating in this designated centre.

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:

- 1.The provider will review the use of the house for respite
- 2.Respite will not be offered in the twin room when the other resident is there. The resident will continue to be consulted and informed about this.

Proposed Timescale: 30/05/2016

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:

All admissions were not based or operated on transparent criteria in line with all resident's needs, wishes and preferences.

3. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

- 1.The provider will review the use of the house for respite

2.Respite will not be offered in the twin room when other resident is there. The resident will continue to be consulted and informed about this.

Proposed Timescale: 30/05/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some parts of the centre were not laid out to meet resident's needs. For example, shared bedrooms and inaccessible parts of premises.

4. 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:

- 1.The provider will review the capacity of the house on a yearly basis. 30/05/2017
- 2.The shed at the rear of the property will be repaired. 30/11/2016

Proposed Timescale: 30/05/2017

Theme: Effective Services

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

Parts of some locations required further decoration and painting.

5. 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:

This premises is currently for sale and the service user residing there will be moving to a new home.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

Some parts of Schedule 6 were not found to be met. For example, communal areas for residents were being turned into office space, adequate private space was not available for some 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:

- 1.The person in charge will review the location of the office equipment. 30/05/2016
- 2.The person in charge and service users will redecorate this room to provide additional private space. 31/12/2016

Proposed Timescale: 31/12/2016

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:

Timely access to allied health professionals was not provided to all residents.

7. Action Required:

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

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

The person in charge has followed up with allied health professionals. The Physiotherapy referral is now closed. One service user is currently on a waiting list for Psychology and another service user is currently on a list for speech and language.

Proposed Timescale: 30/05/2016

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

The deputising arrangements as outlined in the Statement of Purpose were not sufficient in terms of providing adequate arrangements for the management of the designated centre during periods when the person in charge is absent.

8. Action Required:

Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

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

The provider will review the current arrangements and appoint an alternative Person Practicing in Management.

Proposed Timescale: 30/08/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

Evidence of a resource led approach to close parts of this designated centre whereby some residents had to reside in other designated centres until their home was reopened.

9. Action Required:

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

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

Residents will be supported to remain in the designated centre.

Proposed Timescale: 30/05/2016