

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hansfield Group - Community Residential Service
Centre ID:	OSV-0004040
Centre county:	Dublin 15
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:	Conan O'Hara
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 10 August 2016 10:00 To: 10 August 2016 20:00

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 06: Safe and suitable premises
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 13: Statement of Purpose
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was the second inspection of this designated centre. The previous inspection carried out on 2 March 2016 found full compliance across seven core outcomes. As a result, this inspection focused upon the remaining eleven outcomes to complete the registration inspection.

Description of the service

This designated centre is operated by the Daughters of Charity Services Ltd providing full-time care to people with an intellectual disability. The centre comprised of two houses and was based in Dublin 15. The centre provides care to both male and female residents. One house was home to two residents and the second house was home to five residents.

How we gathered our evidence

Over the course of this inspection the inspector visited the two houses of the designated centre, spoke to the seven residents, met with two families, reviewed family questionnaires, interviewed staff members and the person in charge. The

inspector viewed documentation such as care plans, meeting minutes, staff files, recording logs, policies and procedures.

Overall judgments of our findings

Overall, the inspector found that the care provided was person-centred, with a high quality service being delivered. The inspector observed residents to be content and interacting with staff in a relaxed and friendly manner. One resident informed the inspector that they were happy with the service they received. Families spoken to were very positive about the centre and the staff.

However, some improvements were required in some areas in order to ensure the provider was in full compliance with the requirements of the regulations. Eight of the outcomes were found to be compliant and three were found to be substantially compliant. The inspector found minor improvement required in areas relating to privacy and dignity, complaints, communication and premises.

All inspection findings regarding compliance and non compliance are discussed in further detail within the inspection 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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the centre promoted residents' rights, dignity and consultation. However, there were improvements required in the management of complaints, privacy and dignity and residents finances.

Residents were consulted on how the centre was run. The centre held weekly residents meetings which discussed maintenance, events, activities and meals. The inspector observed staff seeking residents' views and respecting residents' choices about their routine and preferences. One resident informed the inspector that they were very satisfied with their service and how they were supported in their daily lives. Families spoken to were very positive about the centre and the staff.

There was a complaints policy in place and information on the complaints process was on display in a prominent area. The inspector reviewed the complaints log for the centre which showed that all complaints were responded to in line with the centre policy. Complaints related to schedules and concerns. There was one open complaint on the day of inspection. The inspector looked into the grounds of the complaint and found that the centre had responded to the safeguarding concern and had put measures in place to reduce the risk. However, while the provider had responded to the complaint in writing the issue remained unresolved at the time of inspection. Progress and updates in relation to the actions taken in response to the complaint had not been communicated to the complainant. Residents had access to advocacy services.

The centre had an intimate care policy and intimate care plans were in place. The inspector reviewed a sample of intimate care plans and found that they guided staff to

support the residents in line with their preferences. The plans respected residents' privacy and dignity and encouraged residents to be as independent as possible. Staff members were observed treating residents in a friendly and warm manner. Two residents' shared a bedroom and staff informed the inspector of the arrangements in place to ensure the residents' privacy and dignity was maintained. However, these arrangements were not clearly documented in the residents' personal plan.

The inspector reviewed residents' finances and found there to be appropriate practices in place for the management of residents' finances. All residents had an account in their own name and there was nightly checks carried out on the account balances to ensure finances were safeguarded. In addition, the centre manager carried out spot checks and a three monthly audits against bank statements.

There was no CCTV in operation in the centre.

Judgment:
Substantially Compliant

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, the inspector found that residents communication needs were met and supports were provided to residents as required. However there was some improvements required in relation to communication passports.

The centre had a policy on communication. Individual communication needs were highlighted in residents plans and in communication passports. The inspector reviewed a sample of communication passports in place and found they required some improvement. They detailed resident's ability to communicate, ways in which they liked to communicate, likes and dislikes and people important to them in their lives. The inspector found that some passports did not contain enough detail so as to guide staff practice in communicating with residents. For example, while the plans noted that some residents used Lamh signs, modified Lamh signs or key phrases; they did not include details of the particular Lamh signs or key phrases.

Staff spoken to were aware of the different communication needs of residents and while staff were not trained in Lamh the centre provided guidance on Lamh signs through a Lamh folder.

Residents had access to phones, radio, television and the internet.

Judgment:
Substantially Compliant

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

Theme:
Individualised Supports and Care

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

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

The centre had a visitors policy in place. Staff and families spoken to stated that there are no restrictions on visits.

The inspector reviewed contact with friends and family and found that residents maintained regular contact through phone calls, visits to the centre and visits home. Families spoken to and family questionnaires reviewed highlighted that the centre supported residents in maintaining their relationships. The inspector reviewed daily logs which showed staff were also in regular contact with families keeping them informed of residents wellbeing.

Residents were supported to maintain links with the community based on their individual choices. Residents were engaged in day services and involved in Special Olympics, swimming, cycle club, shopping, cinema, and dining out. On the day of the inspection, five of the residents were returning from a planned overnight holiday.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre had a policy on admissions, discharge and transfers in place which outlined the protocol regarding the admission, discharge and transfer to the residential service. There was no recent admissions to the centre.

The inspector reviewed a sample of residents' contracts and found that they were signed by the resident (where appropriate), their representative and the centre's representative. The contract included details of the services to be provided to the resident and the fees to be charged.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the design and layout of the centre was in line with the centre's statement of purpose. However, improvements were required in relation to the carpet and a bathroom in one unit.

The centre consisted of two houses: a two storey, detached, four bedroom house and a two storey, semi detached, three bedroom house with adjoining apartment. The houses were located in close proximity to one another and near shops, cafes and community facilities.

The four bedroom detached house accommodated five residents and consisted of a hallway, sitting room, toilet, kitchen, utility room dining room, bathroom, three single occupancy rooms and a double occupancy room with en suite.

The three bedroom semi detached house with adjoining apartment accommodated two residents. The house accommodated one resident and consisted of a hallway, kitchen, living room, bathroom and three bedrooms. The adjoining apartment accommodated one resident and consisted of a kitchen, bathroom, living room and bedroom.

The inspector found the centre to be clean with sufficient furnishings. Each house had adequate cooking and dining facilities and the gardens were well maintained. Residents' bedrooms were personalised and there was adequate storage facilities. There were adequate toilets and bathing facilities in each of house. However, improvements were required, the inspector found that one of the bathrooms was in need of modernisation and areas of mould were on the bathroom ceiling. In addition, the carpet on the stairs in one of the houses was worn in places. The inspector reviewed the maintenance log and found that these issues were identified by the person in charge and were at different stages of being addressed.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

The centre maintained a record of all incidents occurring in the designated centre and, where required, notified to the Chief Inspector. The inspector found that 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):

No actions were required from the previous inspection.

Findings:

The inspector found that the general welfare and development needs of resident's were promoted. Residents were afforded opportunities for new experiences, social participation, education and training in accordance to the needs and preferences of residents.

All residents attended day services and residents were also facilitated to have a day off from day services if the resident wished. Residents were also encouraged and supported to improve their independent living skills in the community where appropriate. For example, one resident was being supported to learn how use the ATM and go shopping.

The inspector spoke with and observed residents, staff and viewed documentation and found that the residents were provided with suitable activation. This was in line with resident's own goals and preferences and relevant to their needs. Staff spoken to outlined how support was provided to residents to pursue a variety of interests. Evening and weekend activities included swimming, running, cycling, cinema, holidays, visiting family and friends, walking and meals out.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was a written statement of purpose in place in the designated centre and contained the information outlined in Schedule 1. The inspector found that this document outlined the services, facilities and model of care that were offered to the residents living in the centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a local on-site managers identified in each unit to oversee and manage the designated centre in the absence of the person in charge.

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 their 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):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. This was evidenced through the positive outcomes for residents such as their quality of life, levels of activity, positive feedback from families and feedback from residents. Resident's homes were in general well maintained, funded and staffed. The centre also had transport available to the residents as required.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the documentation required by the regulations was maintained in the centre. Documentation was complete, up-to-date and easily retrievable in the centre.

Residents' records were safely stored in the units of the centre and were available to the inspector. The inspector reviewed the directory of residents which contained the information required by Schedule 3.

The inspector found that the records kept in the designated centre were in accordance with Schedule 4.

The policies and procedures as required by Schedule 5 of the regulations were in place. The centre also had a suite of local polices and procedures to guide staff.

A resident's guide was maintained in the centre which included all information required under Regulation 20. An up to date insurance policy was in place for the centre.

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:

Conan O'Hara
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:	Hansfield Group - Community Residential Service
Centre ID:	OSV-0004040
Date of Inspection:	10 August 2016
Date of response:	12 September 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 is failing to comply with a regulatory requirement in the following respect:

The arrangements in place to ensure privacy and dignity of the residents in the shared room were not documented in the residents' personal plan.

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:

The arrangements to ensure privacy and dignity are now recorded in Residents Care Plans.

Proposed Timescale: 12/09/2016

Theme: Individualised Supports and Care

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

The complainant was not adequately updated of progress in addressing their complaint.

2. Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

The provider has updated the complainant in relation to their complaint and will continue to update the family in relation to the outstanding complaint.

Proposed Timescale: 19/09/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Communication passport did not include details of the particular Lamh signs or key phrases used by residents to communicate

3. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The Communication Passport now includes particular Lamh signs and key phrases used by Residents.

Proposed Timescale: 12/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A bathroom in one of the houses required modernisation and areas of mould addressed.

The carpet on the stairs in one unit was worn in places.

4. Action Required:

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

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

The mould has been removed 30/09/16.

A new carpet will be fitted 30/09/16.

The modernisation of the en-suite will be put in priority maintenance for 2017.

Proposed Timescale: 31/01/2017