

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group G - Community Residential Service Limerick
Centre ID:	OSV-0004963
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Geraldine Galvin
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 October 2016 11:00	03 October 2016 16:30
04 October 2016 09:30	04 October 2016 17:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an inspection carried out to monitor compliance with the regulations and standards and to follow up on matters from the previous inspection. The last inspection was carried out in September 2015.

How evidence was gathered:

As part of the inspection, the inspector met with all five residents who were residing in the centre. Residents were able to express their views of the service provided. Overall, residents were satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them. The inspector noted that since the September 2015 inspection, a number of improvements had been made in relation to fire safety arrangements. For example, a new fire alarm system was installed, alterations were made to the houses to ensure there were two fire exits and one resident who was accommodated upstairs moved to a different house. The number of residents had reduced from six to five.

The inspector spoke with staff who shared their views about the care provided in the centre, aspects of the service which worked well and areas which could be improved. The inspector spoke with the team leader and person in charge and gained an insight into their role in the operation of the centre.

The provider nominee met with the inspector and was present for the inspector's feedback at the end of the inspection.

The inspector examined documentation such as care plans, risk assessments and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aimed 'to provide a homely environment' where residents can live 'with respect and dignity, express their individuality and be integrated into the local community'. The inspector found these aims had been achieved.

Accommodation was an amalgamation of two attached cottages in a cul de sac in a village on the outskirts of Limerick city. Four residents were accommodated in single occupancy bedrooms downstairs and one resident slept in an upstairs bedroom. The house had two sitting areas, a kitchen, two shower rooms and a garden.

The centre was part of the Daughters of Charity's community living facilities. Female residents were accommodated in this service.

Residents were able to get out and about on a daily basis. The house was well maintained. Three residents worked within the Daughters of Charity Services and two of the residents had retired. Residents walked to work and to their social activities or alternatively used public transport. On occasions, they availed of transport provided by the provider.

Overall judgement of our findings:

The inspector noted the good quality of life that residents enjoyed. The flexibility around care practices helped to ensure that residents retained their independence yet obtained the support they required as their needs dictated.

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents going out to activities, going to work and going shopping. Residents had many opportunities to spend leisure time together and develop friendships.

The inspector found the service to be in compliance with six of the seven Outcomes inspected. An improvement was identified as being required under Outcome 14 (Governance and Management).

These findings are outlined under each outcome in the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents rights and dignity were respected and that residents were consulted about how the house was run. Feedback was sought and informed practice. Residents were provided with a social model of care. Their home was homely and well maintained. There was an ongoing focus on home improvements with plans in place to install an electric type stove in the living area and replace two beds.

Residents were actively involved in an assessment to identify their individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, residents were supported to visit friends, join a local choir and display their crafts at local shows. The documentation viewed was easy to read, well organised and up to date.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation.

Residents were facilitated to have private contact with friends, family and significant others. For example, going out to dinner together. Residents' personal communications were respected. For example, each resident had an individualised communication plan outlining their preferences, likes and dislikes as it pertained to communicating with them.

The centre was managed in a way that maximised residents' capacity to exercise

personal autonomy and choice in their daily lives. For example, residents choose what time they got up and went to bed, where they went shopping and who they met.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care. Residents attended church services and all residents exercised their right to vote.

The centre was part of the local community. This house was in operation for over 20 years. Residents were well known in the locality and enjoyed good relations with neighbours. Residents were enabled to take risks within their day to day lives. For example, go for walks, use public transport and go on holidays.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, residents were involved in the local tidy towns, attended concerts locally and one resident was an active member of a local choir. The activities programme also included exercise classes, sports such as Bocce, attending a retirement group, shopping, dining out and meeting friends.

Staff monitored how residents adapted and settled into their new home. For example, when a resident moved, their prior accommodation was held for a period of two months least they wished to return. The multidisciplinary team reviewed the transfer arrangements prior to the new arrangements being considered permanent.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

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

Findings:

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. There were satisfactory procedures in place for the prevention and control of infection including the provision of staff training in hand hygiene.

The risk management policy was implemented and covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. The risks identified were specific to the centre and specific to the residents. For example, risk

assessments were carried out around residents crossing the road, resident taking their own blood sugar tests and residents taking their own medication. Staff were proactive in supporting residents to maintain their independence and at the same time minimise any risks that surrounded such independence. For example, the road safety authority was due to provide training to residents on road safety. This training had been initiated by staff.

There were arrangements in place for responding to emergencies. These had been reviewed following flooding incidents in the locality. This indicated there was learning from incidents which occurred and appropriate review of practices. Reasonable measures were in place to prevent accidents. Staff had up to date training in moving and handling techniques.

Suitable fire equipment was provided. Fire exits were unobstructed. The number of fire exits were increased since the last inspection by the removal of the partition that was in place between the houses. This resulted in the two houses becoming one. Since the last inspection the house occupancy reduced from six to five residents. At the time of this inspection, one resident slept upstairs and plans were in place for accommodation to be made available downstairs. On the previous inspection it was identified that the positioning of a cooker in the room at the foot of the stairs was a fire hazard. This cooker had since been removed and all cooking was carried out at the other end of the house. Also since the previous inspection the locks on doors were changed so that in the event of an emergency, they could be opened without a key. Residents were particularly pleased with this alteration and the reassurance it provided about vacating the house in the event of an emergency.

There was a prominently displayed procedure (upstairs and downstairs) for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. The resident sleeping upstairs was mobile and partook in fire drills which had swift evacuation times. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at monthly intervals and fire records are kept which included details of fire drills, fire alarm tests and fire fighting equipment. Evacuation times were approximately 1 minute and 30 seconds. This included evacuation times for early morning fire drills. Emergency lighting was installed since the last inspection and a new fire alarm panel had been put in place. These were checked monthly. Documentation was available from a competent fire safety person confirming that the works undertaken met the requirements of the fire safety legislation.

Overall there was a good balance between taking health and safety precautions and facilitating the independence of residents.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. This training was specific in understanding abuse as it pertains to adults with disability. From discussions with staff, the inspector was satisfied staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Residents in the centre stated they felt safe.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Some residents received support in managing their finances. These financial support arrangements were regularly reviewed and discussed with residents. If part of a resident's money management needed support from staff this was provided while facilitating the resident to have full independence in other parts of the management of their finances. The overall focus was to explore ways to ensure residents retained decision making about how their money was spent.

The use of medication to manage behaviour that challenged was monitored by the general practitioner and the psychiatric services. No restrictive practices were used in the centre.

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):

No actions were required from the previous inspection.

Findings:

Residents' health-care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Residents were able to attend the GP surgery independently. Individual residents' healthcare needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health care services if the need arose.

Residents took primary responsibility for their own care, including their health care. Residents were supported and encouraged to make healthy living choices such as availing of appropriate health screening, eating healthily and exercising. End-of-life care plans were sensitively written in conjunction with the resident.

Residents availed of meals in their work place or at their retirement group. Residents also cooked in the evenings at home and were supported to prepare their own meals as appropriate to their ability and preference. Residents did their own shopping and received support from staff if needed.

The advice of dieticians and other specialists was implemented in accordance with each residents needs. For example, one resident followed a diabetic diet and was very familiar with the appropriate action to take depending on their blood sugar readings. The inspector saw that meal times were positive social events that took place around the kitchen table.

Each resident had a hospital communication booklet which they took with them if they needed acute hospital care. This gave a summary of the resident's health needs, allergies, level of comprehension and other important information.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe. Four of the five residents managed their own medication. An assessment took place to ensure the safety of these arrangements. Residents who were self medicating received a weekly supply. These medicines were checked by staff prior to being supplied to the residents. At the end of each week residents returned the empty medicine card to staff. If medicines were not taken this was recorded and measures examined as to the reasons for this error. Such errors were rare events.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Such medicines were returned to the pharmacy which supplied them.

A system was in place for reviewing and monitoring safe medication management practices.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. Six monthly unannounced inspections were carried out by the provider.

The most recent provider unannounced inspection was conducted on 4 May 2016. Most issues identified in this provider inspection had been addressed. For example, the care plan around the management of a resident's finances had been completed and work had

been undertaken in relation to meal planning. However, one action that arose from the May unannounced inspection had not been fully addressed. This was in relation to the application for a mobility grant. The grant was being sought to convert a downstairs area into a bedroom to allow the resident in the upstairs room move to the ground floor.

In general, residents were pleased with changes that took place over the previous 12 months, such as the amalgamation of the two houses, the new locks on doors and the extra support from staff. However, residents who spoke with the inspector had a degree of apprehension about further changes that were planned or might take place. The delay in completing the application and the associated works in relation to the mobility grant added to this uneasiness.

Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering. For example, staff attended staff meetings and engaged in regular supervision with their line manager.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge regularly met with her manager and received ongoing support from her. These included both formal and informal meeting. Minutes were maintained of formal meetings.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. Residents could identify the person in charge.

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):

No actions were required from the previous inspection.

Findings:

There were sufficient staff with the right skills, qualifications and experience to meet the

assessed needs of residents. Staffing levels took into account the statement of purpose and the residents desire for autonomy.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner while respecting the residents expressed need for independence.

The education and training available to staff enabled them to provide care that reflected contemporary practice. For example, staff had up to date training in moving and handling, adult protection, fire safety, food hygiene and infection control.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example staff reported they felt supported, had easy and regular access to management staff and felt they could bring issues to the attention of management.

There were effective recruitment procedures that included checking and recording required information.

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:

Margaret O'Regan
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-0004963
Date of Inspection:	03 October 2016
Date of response:	23 November 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 14: Governance and Management

Theme: Leadership, Governance and Management

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

An unannounced visit to the centre took place in May 2016 and a plan was put in place to address issues regarding the standard of care and support. However, the timelines set out in the plan were not adhered to. The uncertainty and delay about progressing the proposed changes was unsettling for residents.

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

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

The timelines to address issues have been reviewed and updated by the Service Manager with the PIC. The new timelines have been discussed with the residents and all residents were supported to understand the progression of those plans outstanding and the rationale of their delay to date. The mobility grant applications have been submitted to the local authority for sanctioning. We await their response on these. All residents are happy with the information provided.

Proposed Timescale: 23/11/2016