

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Charnwood Gardens - Community Residential Service
Centre ID:	OSV-0003072
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Conan O'Hara
Support inspector(s):	Louise Renwick
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 April 2017 10:00 To: 05 April 2017 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's registration inspection in September 2015 were also followed up as part of this inspection. This was HIQA's second inspection of this designated centre.

How we gathered our evidence

The inspectors spent time speaking with the four residents. The inspectors met with the person in charge and staff team and reviewed various sources of documentation which included the statement of purpose, residents' files, centre self-monitoring documentation, incident reports and a number of the centre's policy documents. The inspectors also observed staff members' engagement with and interactions with residents and completed a walk-through of the centre's premises.

Description of the service

The centre was registered for four residents and on the day of inspection it was home to four female residents over 18 years of age. The service provider had produced a statement of purpose which outlined the service provided within this centre. The statement of purpose stated that the centre provided person centred care in a community based residential setting which promotes the health, independence and wellbeing of residents.

Overall judgment of our findings

Of the 11 outcomes inspected against: one outcome was found to be moderately non compliant - premises. Four outcomes were found to be in substantial compliance to the regulations and six outcomes were found to be compliant.

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):

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

Findings:

Overall, the inspectors found that residents' privacy and dignity was respected and residents were supported to exercise choice and control over their lives.

The previous inspection identified that communal bathrooms, toilet and bedrooms had no keys in place to lock the doors to ensure residents' privacy. The inspectors found that this had been addressed as the centre had installed new locks in the rooms.

The inspectors reviewed the complaints log and found that complaints were recorded, well managed and brought about change. Residents spoken with were clear on the complaints process and who they would complain to. Residents informed inspectors that they felt listened to and were satisfied with how any complaints had been addressed and managed.

The inspectors reviewed residents' finances and found there to be appropriate practices in place for the management of residents' finances. Residents' finances were subject to regular checks on the account balances to ensure finances were safeguarded.

The inspectors did not assess all aspects of this outcome.

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):

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

Findings:

The inspectors reviewed a sample of contracts and found that they had been updated to include that the centre closed occasionally on weekend whereby residents who did not go home stayed in other centres.

The inspectors spoke with residents about the occasional closure of the centre and found that residents wished to stay in the centre should other residents be visiting families. Residents' self advocated, with some assistance from staff, and said that they didn't want to stay somewhere else. The person in charge informed inspectors that this practice had not occurred in the last year.

Not all aspects of this outcome were reviewed as part of this inspection.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that each resident had a written personal plan that detailed their individual needs and choices. Residents had opportunities to engage in meaningful

activities in line with their interests and preferences.

Each resident had a comprehensive assessment of the health, personal and social care needs in place and inspectors reviewed a sample of these assessments. There was evidence that personal plans were developed by the resident along with staff, families' and multi disciplinary participation. Inspectors found that the plans were individualised and person centred. Residents' personal plans were available in accessible format.

On the day of inspection, the inspectors observed residents accessing the local community for meals out, shopping and being supported by staff to attend appointments. Residents' told inspectors they recently attended a concert and were involved in swimming, horticulture and undertaking courses in English and anti-bullying. The residents informed inspectors that they worked a number of days a week locally.

Goals were identified by the resident and residents were supported to have as much independence as possible. The goals included holidays, Special Olympics, volunteering and maintaining important relationships. In addition, goals also included building independence skills in travelling independently, self-administering medication and cooking. The goals were broken down into steps to be taken and were reviewed regularly to ensure progress against the goal.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found the centre to be homely, community based and well located to suit the needs of residents. Residents told inspectors that they could easily walk to local amenities and facilities and were seen to do this independently throughout the course of the day. The location of the centre was encouraging residents' involvement and independence in the community. Residents were encouraged to be active in the care and running of their home. Each resident had their own private bedroom with suitable storage which was decorated to their individual taste. Some residents showed inspectors their rooms.

While some maintenance work had been carried out since the previous inspection, Inspectors noted areas of the house which required some attention. This included the bathroom and doors requiring painting due to flaking and the maintenance of the timber decking which was located outside the rear exit door. This was identified in the previous inspection and in the recent six monthly provider's audit. The provider noted that the centre was in the process of addressing these maintenance issues in consultation with the landlord.

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):

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

Findings:

Overall, the inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff. The issues identified in the previous inspection had been addressed.

The centre had a health and safety statement in place and completed health and safety walkabouts weekly. The centre had a policy in place relating to incidents where a resident goes missing.

There was a risk management policy in place which contained the four specified risks as per Regulation 26. The centre maintained a risk register which outlined a number of risks and the controls in place to control the risk. The risks outlined in the risk register included residents left home alone, fire and infection control. There were also individual risk assessments in place which included fire, falls, self-administration of medication.

There were systems in place for the prevention and management of fire. There was certification to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. The procedures to be followed in the event of fire were displayed in a prominent place. The centre completed daily and weekly checks on the fire exits, alarm, fire doors and emergency lighting. The centre completed regular fire drills and inspectors reviewed the record of these drills. Staff and residents spoken with were able to tell inspectors what to do in the event of a fire.

The centre had prevention, and control of infection procedures in place. Residents had pride in their home and were actively involved in the cleaning of their home. Overall, the

inspectors found the premises to be clean and well kept. Inspectors observed personal protective equipment and hand gels were available in the centre.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that the centre had measures in place to protect residents from being harmed or suffering abuse.

Inspectors found that there were systems in place for responding to incidents, allegations and suspicions of abuse. Inspectors observed a number of safeguarding plans that had been developed to support residents' safety needs. Staff knowledge of safeguarding vulnerable persons was found to be strong and they had clarity regarding the required reporting mechanisms. Residents told inspectors that they felt safe in the centre.

During the inspection, staff interactions with residents were observed as dignified, warm and respectful.

Inspectors observed that overall there was a positive approach to behaviour that challenged. Residents were supported to access behavioural specialists as appropriate and positive behavioural support plans were provided as required. The plans were observed to be implemented with specific programmes designed to support residents coping skills. The plans were found to be detailed and up to date and appropriately guided staff.

The centre promoted a restrictive free environment for residents and at the time of inspection there was no restrictive practice in use.

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):

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

Findings:

Overall, the inspectors found that residents in this centre were supported to achieve and enjoy the best possible health.

Residents' healthcare needs were observed to be identified, assessed and supported through healthcare plans that were reviewed. Residents had access to GP services and healthcare intervention plans were in place to address health issues. Residents were facilitated with access to allied health professionals. This included physiotherapy, dietician, neurology, dental and optical services. In addition, residents were supported to access preventative health checks measures for example routine health screening.

Residents were encouraged to take responsibility for their own health and medical needs and easy read guides on health care issues were available to residents. Interviews with residents during the inspection process regarding their healthcare needs confirmed the findings from documentation reviewed. Staff spoken to were knowledgeable regarding residents' needs and supports.

Residents were responsible for choosing the menu and were supported in preparing their own meals. Residents reported that food and meals provided were of a good standard. Snacks and drinks were freely available.

Inspectors found that residents who had any nutritional risks or dietary needs were supported and reviewed as required by a dietitian. Advice given by the dietitian was incorporated into residents' plans and daily meal planners and inspectors found that plans were successful in achieving what they set out to do in this regard.

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):

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

Findings:

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, some improvements were required.

Residents were supported to manage their own medication and had risk assessments in place. One resident was in the process of being supported to manage their own medication and there was a clear plan in place. Residents' medication records were kept in a safe and accessible place. Inspectors reviewed the medication prescription and administration record for a sample of residents. This documentation was observed to be complete. Inspectors observed that medication stored in the centre was stored securely.

Residents who were self administering were able to store their medications securely in their room. However, inspectors identified one cream which did not have an opening date recorded on it to indicate its subsequent date of expiry.

Staff were trained in the administration of medication. There was a system in place for reviewing and monitoring safe medication management practices. The centre maintained a record of medication errors and inspectors observed that learning from medication events was identified and subsequently implemented.

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):

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

Findings:

Overall, the inspectors found that the centre had a defined management structure and systems in place to monitor the service provided. However, improvements were required to ensure that annual reviews were completed.

There was a clear management structure with lines of authority and accountability. Inspectors reviewed the minutes of staff meetings and management meetings. Staff spoken with were found to be clear regarding the reporting structures within the centre and felt supported.

There was no annual review completed for 2016. The provider nominee informed inspectors that the Quality and Risk Officer was scheduled to complete the annual review for 2016. The inspectors reviewed the 2015 annual review which was completed according to themes and had an action plan in place to address issues identified.

The provider completed six-monthly unannounced visits of the centre to review the safety and quality of care and support provided in the centre. The inspectors reviewed the last two six-monthly reports which reviewed the 18 outcomes and identified areas for improvement.

The centre had some formal audit systems in place to monitor medication, care plans, finances and incidents. The centre had developed an audit tool to audit several aspects of care and support including: infection control, care plans, fire and complaints.

The inspectors found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge managed the house and worked directly with residents. She had a good knowledge and understanding of the residents and the residents were able to identify her and the provider.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall, inspectors found that there was an appropriate staffing level to meet the assessed needs of the residents in the centre. However, improvements were required in relation to staff training.

The centre maintained a planned and actual roster. Inspectors reviewed a sample of the roster which demonstrated that there was an appropriate staffing level to meet the assessed needs of the residents in the centre. The centre has on call support from a Clinical Nurse Manager 3 (CNM3) if required. The rosters reviewed by the inspector did indicate some use of agency staff to cover the annual leave within the centre. The residents told inspectors that they were familiar with the relief staff and there was evidence that residents' preferences regarding relief staff were taken into account.

Inspectors found that staff were supervised through regular team meetings, an annual appraisal system and the person in charge worked directly with the residents. Staff spoken with felt supported by the management of the centre. Staff members' interactions with residents were observed to be person centred and positive.

The inspectors reviewed staff training records which showed that staff had up-to-date training in fire safety, safeguarding, and safe administration of medicines. However, not all staff had up-to-date training in behavioural support and manual handling. This had been identified through an internal audit and was in the process of being addressed.

The previous inspection identified that staff were not trained in first aid. The provider noted during the feedback meeting that the need for first aid training was reviewed. It was decided that the on call system was appropriate and was in line with service policy.

The recruitment of staff was managed centrally by the human resources department of the organisation. The inspectors did not review staff files during this inspection as the previous inspection found that staff files met the requirements of Schedule 2.

Since the previous inspection, the person in charge outlined that any monitoring of nutritional risk or residents' body mass index would be carried out in consultation with the dietician at residents' routine appointments. This would reduce the need for staff to receive additional training in this area. Inspectors were satisfied with the monitoring of any care needs in the area of nutrition and diet and advice was being followed by the allied health-care professionals.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that there was no policy or local guidance on the self administration of medication to guide staff.

In addition, while the nutrition policy was comprehensive it references only nurses and their responsibilities to residents' nutritional risk. This policy was not centre specific as nursing staff did not work in the centre. This was identified in the previous inspection.

Not all aspects of this outcome were reviewed as part of this inspection.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003072
Date of Inspection:	05 April 2017
Date of response:	11 May 2017

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 06: Safe and suitable premises

Theme: Effective Services

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

Areas of the house which required some attention:

- bathroom paint flaking
- doors required painting
- maintenance of timber decking

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 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:

A maintenance plan has been put in place for this property.
The decking has been power hosed by the landlord.

Proposed Timescale: 01/08/2017

Outcome 12. Medication Management

Theme: Health and Development

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

As outlined in the report - one cream prescribed for a resident had no date of opening marked on the product to indicate its subsequent date of expiry.

2. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

All creams are now dated when opened

Proposed Timescale: 12/05/2017

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:

There was no annual review for 2016.

3. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Annual Review has been completed.

Proposed Timescale: 28/04/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had up-to-date mandatory training as outlined in the report.

4. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

A training needs analysis has been completed and staff scheduled for training.

Proposed Timescale: 01/08/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on nutrition was not centre specific.

There was no self administration of medication policy or procedures to guide staff.

5. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Centre specific procedures will be drawn up in line with the service nutrition policy. The authors of the medication policy will be advised to include self medication administration in review of the policy

Proposed Timescale: 01/08/2017

