

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Glendhu Group - Community Residential Service Dublin
Centre ID:	OSV-0003962
Centre county:	Dublin 7
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:	Helen Thompson
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

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 1 day(s).

The inspection took place over the following dates and times

From: 04 January 2017 09:20 To: 04 January 2017 20:30

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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

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. This was HIQA's third inspection of this centre. The required actions from the centre's registration inspection in April 2015 were followed up as part of this inspection.

How we gathered our evidence

The inspector met with the person in charge and a number of the staff team which included nursing, social care staff and healthcare assistants. The provider nominee and a clinical nurse manager 3 for the community services also made themselves available to inform the inspection process.

The inspector spoke informally with six residents to garner their opinions on their lived experience in this centre. Additionally, in assessing the quality of care and

support provided to residents, the inspector spent time observing staff engagement and interactions with residents.

In the main, residents reported that they were happy living in the centre, presented as very at home there and were observed to have strong relationships with staff. However, some other residents clearly communicated their dissatisfaction with the current standard of accommodation and its impact on their quality of life.

As part of the inspection process the inspector spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, the provider's self-assessment reviews, residents' files and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises, paying particular attention to the improvements that had been included in the provider's previous action plan responses.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was situated in a suburban estate and overlooked a green area. It was comprised of two interconnected two storey houses which had a shared front and back garden area. Each house had a wheelchair accessible front door.

The statement of purpose stated that the centre provided nursing supervision and support for the residents on a 24 hour basis. Aside from their intellectual disability, residents' support needs included epilepsy, Parkinson's disease, thyroid and cardiac conditions, mental health disorders and physical disabilities.

There was capacity for 10 residents but it was now home to nine adult female residents over 18 years of age.

Overall judgment of our findings

Twelve outcomes were assessed during this inspection. Two were found to be of major non-compliance and seven outcomes were found to be of moderate non-compliance. Significant areas for improvement were identified with the centre's premises, residents' safeguarding and safety needs and with the provider's response to residents' complaints. The regulatory gaps identified with these outcomes were observed to be interconnected, particularly as some residents were still obliged to share an unsuitable bedroom space.

The inspector acknowledged that the provider is aware of the premises deficits and has undertaken some steps to address this, with a new house currently being sourced to more appropriately support residents' needs and wishes.

Improvement was also identified as required in the core outcomes of residents' social care needs, healthcare and health and safety and risk management. Training gaps required attention under workforce, with the performance management of all staff and the timeliness of the six monthly visits needing to be addressed under the centre's governance and management.

As previously identified non-compliances were addressed, the centre's statement of purpose and admissions and contract for the provision of services were found to be compliant. General welfare and development was still substantially compliant with the regulations.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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:

The inspector found that a resident's complaints were not fully responded to, dealt with and processed in line with the regulatory requirements. Also, some improvement was required to ensure that all interactions with residents were of an age appropriate nature.

As identified in the previous inspection and subsequently included in the provider's action plan response, residents' issues were now observed to be addressed as complaints. However, from a review of the complaints log, the inspector found that all the required measures and actions for facilitating improvement with a resident's cited complaint were not implemented. Additionally, a copy of the complaint form was not processed as required to the complaints officer nor was the complaint updated to accurately reflect all developments and the current status from the resident's perspective.

Also, the inspector observed communication with a resident that was of a developmentally inappropriate nature.

All aspects of this outcome were not assessed during the inspection.

Judgment:

Non Compliant - Moderate

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 inspector observed that the residents' contracts had been revised to include additional charges incurred by residents and that these were subsequently shared with their family representative.

In relation to the second required action regarding the centre's admission process, there were no new admissions to this centre since the last HIQA inspection. The inspector did observe evidence that the residents were communicated with, informed and involved in the preliminary discussions regarding the planned move to a new house.

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):

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

Findings:

Overall, the inspector found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plan. However, improvements were required for some residents in ensuring that their plans were updated and consistent with their current circumstances. Improvement was also required in the implementation, review and evaluation of some residents' social goals.

Residents and their representative were involved in the personal planning process and

some accessibility in documentation was noted.

The inspector reviewed a number of residents' files. Each file was organised under a traffic light system with correlating, colour coded plans to inform staff member's delivery of care and support to the resident. Plans were structured into related areas and goals with an action, intervention, review and evaluation section. However, the inspector found that some residents' plans had not been updated to take into account recent changes, developments and their evolving needs. Also, the inspector did not observe evidence of the implementation, systematic review and evaluation of some residents' identified and planned social goals.

The need for improvement with the residents' care planning system had been cited during the centre's most recent annual review.

The inspector observed evidence of residents and their representatives involvement in the care planning process. The inspector noted that at their meetings, some residents were supported to utilise alternative ways, for example, PowerPoint, to communicate and share their plans.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Overall, as per the two previous inspections, the inspector observed that the design and layout of the premises continued to be unsuitable for its stated purpose and failed to meet the needs and wishes of some residents. Some of these issues had recently been highlighted in the centre's annual review process of consultation with residents and their representatives, through the centre's complaints system and by staff during the inspection process. Additionally, some improvements were required with regard to the maintenance and decoration of the premises.

On the day of inspection the two adjoined two-storey houses were observed to operate as one unit with the internal connecting door open when the inspector arrived and it remained open throughout the day. Staff and some residents were noted to move

between the two areas, particularly the sitting rooms, but separate kitchens, dining rooms and hallways were observed to be maintained.

Seven of the nine residents had their own single room. Two ladies continued to share a twin downstairs bedroom to the side aspect of the house. This room was noted to be very narrow and limited in its layout, with transitions for residents noted to be particularly tight for space. The residents who shared noted to the inspector that they would prefer to have their own room and had raised this matter when consulted for the recent annual review. This situation was observed to negatively impact on the residents' quality of life.

General storage issues were also observed in several areas of the houses, with items and equipment noted to be placed around random places rather than systematically stored.

The inspector did observe that some residents' rooms were spacious and all were very personalised in their decoration.

In general, despite some identified works having been completed by the provider, the layout and accessibility of the premises continued to be a challenge in fully meeting some residents' needs, especially a resident who required a wheelchair to mobilise around her home. These issues were observed during the inspection and also noted to be highlighted by another resident's family, with them citing that utilising the stairs is an increasing challenge for their relative.

Also, due to the current premises layout, another resident had recently commenced sleeping in the sitting room of one house to ensure that her altered/evolving health and mobility needs could be supported. The inspector noted that the resident appeared happy with the arrangement as she explained to the inspector how her privacy and other needs were being supported. This situation was being monitored, had recently been reviewed at a multidisciplinary team meeting and a re-assessment was planned. Staff reported that if this sitting room is unavailable residents access the room in the other house.

The inspector observed issues with the maintenance and decoration of the premises. Some walls had gaps in the plaster work and doors were scuffed with wooden pieces gone from the framework. No handle was available on a landing window, with staff reporting that it had been broken for a period of time. Fittings and fixtures were left in an unsightly manner and an old TV connection was left hanging on the wall of a resident's room, a break glass cover was broken, with painting and high dusting also observed to be required in a number of areas. The back garden was unsightly with items strewn about, old unused furniture awaiting collection and a large full ashtray left outside the back door.

One action from the previous inspection had been addressed with the required assistive equipment now available to support residents.

In summary, whilst the inspector acknowledges that the provider had completed planned work and some alterations, the premises was not appropriate to meet residents' evolving needs and wishes.

Judgment:

Non Compliant - Major

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 inspector found that there were systems in place to ensure the health and safety of residents, staff and visitors and that the actions identified in the previous inspection had been addressed. However, some improvements were required with the management of risk, assurances were needed with regard to the evacuation procedure and infection control practices.

The centre had a risk management policy which included the specified risks identified in Regulation 26 and other required policies which included one underpinning the incidence of a resident going missing.

The centre had a risk management system in operation. However, it required some improvement. Site/centre specific and individual residents' risk assessments were completed. The risk register identified slips, trips and falls, challenging behaviour, medication management and manual handling as the main areas that could cause harm for residents and staff. However, the inspector noted that some assessments were not updated to reflect developments, evolving needs and incidents with residents.

There was a system in place for collating, reviewing and communicating with the staff team post incidents and events. The inspector observed the tracking of and responding to medication errors with the Person in charge noting that there was an open system of reporting.

The centre had systems in place for infection control. There was adequate hand wash facilities and personal protective equipment available throughout the centre. However, the inspector did observe that the storage of cleaning equipment was not in keeping with required procedures and standards.

The centre had appropriate fire equipment in place. Since the previous inspection planned work had been completed to update the fire alarm and the emergency lighting system. The inspector reviewed certificates that fire equipment extinguishers, the fire alarm and emergency lighting was serviced regularly. Checks of the fire management system were completed by staff. There was a general fire risk assessment for the centre and individual assessments completed for residents. Those with high support needs were highlighted on the evacuation plan and staff were found to be knowledgeable regarding the required procedure and supports.

However, the inspector reviewed completed fire drill documentation and noted that there was none completed recently that provided assurance with regard to periods of reduced staffing levels and the altered needs of residents. The person in charge noted that this was planned and subsequent to the inspection forwarded evidence of completion to the inspector.

Additionally, the inspector observed an issue regarding fire containment in the premises, for example, fire doors were not present.

The vehicle used by the centre was not inspected as part of this inspection.

Judgment:

Non Compliant - Moderate

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, the inspector found that improvement was required in the centre's measures to protect residents from being harmed or suffering abuse. There was a positive behaviour support approach evident for residents that engaged in behaviour that was challenging. However, improvement was required in the provision of specialist behaviour support for some residents and in staff training. The centre promoted a restrictive free environment for residents but some improvement was required to meet all regulatory requirements.

Staff members outlined how they would respond to potentially abusive situations for residents and were clear with regard to their reporting responsibilities. However, the inspector observed that, though there were systems in place for responding to incidents, allegations and suspicions of abuse, these were not being implemented to ensure that some residents were protected. For example, post reported incidents, safeguarding plans were not present to comprehensively inform staff supports in meeting some residents' increased safeguarding needs. The inspector also noted that some residents demonstrated concern regarding their safety and at the feedback meeting requested that this matter be promptly addressed. Evidence was subsequently forwarded to the inspector to provide assurances regarding some residents' safeguarding needs.

Additionally, the inspector found that some residents' positive behaviour support needs were not comprehensively facilitated as every effort was not observed to be made in understanding the underlying cause of the resident's behavioural expression. Behaviour support plans developed for residents were not observed to have the input of behaviour specialists.

Staff had also, not been provided with all the necessary education to facilitate them in fully understanding and supporting the needs of some residents that engaged in behaviours of concern. This included specialist behavioural training and education regarding mental health conditions.

A restrictive free environment was promoted in the centre. However, the inspector found that there was no individualised, tiered protocol to guide staff practice in the consideration and administration of PRN psychotropic medication with residents. The usage of PRN medication was tracked and collated for reviews.

Gaps were also noted regarding due process systems for the usage of restrictive practices, for example, clear evidence of identifying and tracking restraint usage and of communication with a resident's family representative. Issues regarding restrictive reviews had also been identified in the centre's most recent annual review.

The inspector noted that some residents did attend psychiatry and psychology for support.

The policies as required by regulation were available to inform staff practices.

Judgment:

Non Compliant - Major

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):

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

Findings:

The inspector found that some residents' opportunities to experience new skills, education and training outside of their day service provision were limited. The inspector was informed by staff that no resident had completed any type of training since the previous HIQA inspection in April 2015. Also, from a file review the inspector noted that one resident's cited learning goal/daily living skill had not been facilitated since it's identification in October 2016.

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

Findings:
Overall, the inspector found that residents were supported to achieve and enjoy the best possible health. However, improvement was required with regard to accessing specialist support personnel and in the implementation of their recommended interventions.

Residents were observed to be supported by members of the multidisciplinary team which included physiotherapy, psychiatry and a clinical nurse specialist in dementia. However, the inspector noted that the psychology support requirement for one resident was still to be facilitated. Also, the inspector observed that some residents' physiotherapy recommendations were not being implemented as per the documented guidelines.

Residents attended external allied health professionals which included dental care, chiropody, nephrology and neurology clinics.

Residents were observed to have access to a general practitioner of their choice and out of hours medical support when required.

The food available to residents appeared to be nutritious, appetising and freely available. Residents informed the inspector that they were happy with the food provided and they were supported, if they wished, in preparing their own meals and snacks. Mealtimes during the inspection were a relaxed social occasion.

Residents' specialist dietary needs were supported with evidence of speech and language and a dietician's input where required.

Judgment:
Non Compliant - Moderate

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):

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

Findings:

The inspector found that the actions required from the previous inspection were completed. The additional information regarding the staffing complement and type of service provided to residents had been added.

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):

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

Findings:

Overall, the inspector found that the management systems in place in the centre ensured the delivery of safe and quality services. However, improvements were required regarding the frequency of the provider's unannounced visit to the centre and in ensuring that there were arrangements in place to support and performance manage all members of the centre's workforce.

The inspector observed that the annual review of the quality and safety of care in the centre was completed with a draft copy of the most recent review, 26 October 2016, available for inspection. The specific foci of this process was to review the centre's progress against the action plans from the most recent HIQA inspection and the provider's unannounced self-assessment process. However, the inspector noted that one six monthly unannounced visit only was completed by the provider for 2015 and 2016.

The inspector found that there was a clearly defined management structure in place with clear lines of authority and accountability. The person in charge (PIC) who was on a day off, came and made herself available on the day of inspection. She had been in the role for a number of years and was supported by a clinical nurse manager (CNM)3, with both supported by the provider nominee. There were clear arrangements for the absence of the person in charge which were observed on the day of the inspection with the senior nurse or nurse on duty taking a lead role. This was highlighted on the duty rota.

The PIC reported that she met regularly with the CNM3 to discuss and review residents' and centre issues. Additionally, the PIC attended a monthly service managers' meeting which facilitated information sharing and opportunities for shared learning. The PIC highlighted that this forum has also facilitated presentations from the service's HR and finance department.

The PIC demonstrated knowledge of the regulations and the responsibilities of her role. She was committed to her professional development and noted that she was attending a leadership course. The PIC was observed to be aware of the residents' needs and wishes, with the inspector noting that she was very familiar to both residents and staff.

The inspector observed that there were arrangements in place for some staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided. However, there were no formalised arrangements in place to facilitate the support and performance management of some staff who only worked a night duty rota.

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):

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

Findings:

As highlighted in other outcomes of this report, improvement and progression with proposed plans are required to ensure that the centre is resourced to ensure effective delivery of care and support. This is primarily related to ensuring that there are sufficient resources made available for the completion of the outstanding premises

action plans from the centre's last inspection.

The inspector observed that a number of the short term actions had been completed and that progress was made in the search for a new, more suitable premises. The provider nominee noted that funding and conveyance matters are currently progressing with the new premises. There was evidence of communication regarding this matter with the residents and their families had been informed.

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):

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

Findings:

Overall, the inspector observed that there was sufficient staff with the appropriate skill mix to meet the assessed needs of residents. However, staff training gaps needed to be addressed to ensure that they had all the required skills and competencies to support residents.

The staff complement was comprised of nurses, social care workers and health care assistants. The person in charge (PIC) noted that since the previous inspection, the usage of agency staff hours now only occurred occasionally.

The inspector reviewed a sample of staff training records and found gaps with some staff member' s safeguarding and manual handling training requirements.

Supervision arrangements were observed to be available to staff members, including those that worked in a relief position. This was comprised of a formal personal development review process and the PIC providing clinical supervision as she worked shifts alongside her team. The PIC had completed training in the implementation of a formal supervision process with staff.

Staff meetings were occurring in the centre though the PIC noted that the frequency could be improved. The agenda was circulated prior to the meeting and included updates on individual residents, health and safety matters and HIQA related issues.

The centre maintained a planned and actual rota.

Throughout the inspection staff were observed to have good knowledge of residents' needs and to promptly respond to their requests.

Judgment:

Non Compliant - Moderate

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:

Helen Thompson
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-0003962
Date of Inspection:	04 January 2017
Date of response:	03 March 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 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:

Developmentally inappropriate communication with residents was observed during the inspection.

1. Action Required:

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

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

This issue of respect for all residents and age appropriate communication was discussed at a staff meeting on 17/01/2017 and will be on the agenda for future staff meetings.

Proposed Timescale: 17/01/2017

Theme: Individualised Supports and Care

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

All measures required for improvement of a resident's complaint were not put in place.

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:

An interim safeguarding plan was put in place on 05/01/2017 and a full safeguarding plan is now completed and in place. Behaviour support plans have been devised and are in place to support residents displaying behaviours that cause concern. A referral has been sent to the National Advocacy Service on behalf of the resident making the complaint.

The provider has secured funding for alternative accommodation and has purchased a new house where each of the 5 residents will have their own bedroom. Four of these will be at ground floor level.

The provider is applying for planning permission for this property for an extension of two bedrooms and an accessible bathroom.

The provider will tender for this work and commence the renovations and fit out.

Proposed Timescale: 31/12/2017

Theme: Individualised Supports and Care

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

A resident's complaint was not maintained, recorded and updated in line with the regulatory requirements.

3. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and

whether or not the resident was satisfied.

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

Two complaints have been formally escalated to complaints officer in writing on 05/01/2017. The PIC will continue to monitor the progress of these complaints and maintain documentation on same.

All further complaints will be recorded, maintained and escalated in line with regulatory requirements.

Proposed Timescale: 05/01/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some residents' identified social goals were not implemented as planned.

4. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Implementation of identified social goals and documentation of same was discussed at staff meeting 17/01/2017. All social goals will be reviewed and evaluated monthly.

Proposed Timescale: 14/03/2017

Theme: Effective Services

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

Some residents' plans were not updated to reflect recent changes and their current situational needs.

5. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The residents care plans have been updated to reflect recent changes and current situational needs.

Proposed Timescale: 14/02/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A number of Schedule 6 matters were not provided for in the centre:

- the downstairs shared bedroom was not suitable for the residents' needs either in its layout or available space
- Storage available was not fully suitable to need.

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:

The provider has secured funding for alternative accommodation and has purchased a new house where each of the 5 residents will have their own bedroom. Four bedrooms will be at ground floor level.

The provider is applying for planning permission for this property for an extension of two bedrooms and an accessible bathroom.

The provider will tender for this work and commence the renovations and fit out.

Adequate storage will be available in the new house.

A suitable outdoor container will be purchased to accommodate the safe and systematic storage of equipment and therefore reduce the random placement of equipment around the house.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

As per the comments in the body of the report, the centre was not wholly in a good state of repair.

7. 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 priority maintenance list has been completed and works will be prioritised.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The design and layout of the centre did not fully meet the assessed needs of some residents.

8. 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:

The provider has secured funding for alternative accommodation and has purchased a new house where each of the 5 residents will have their own bedroom. Four bedrooms will be at ground floor level.

The provider is applying for planning permission for this property for an extension of two bedrooms and an accessible bathroom.

The provider will tender for this work and commence the renovations and fit out.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

As per the body of the report a number of areas of the premises required painting, decorating and cleaning.

9. 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:

High dusting for all areas has been added to the cleaning duties in both houses to be signed off by staff on completion.

A priority maintenance list has been completed and works will be prioritised.

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

As per the body of the report accessibility of the centre continues to be an issue for some residents.

10. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

One resident has been referred to the ADT (Admission, Transfer and Discharge) committee due to her changing needs. Should there be a change in other residents' needs prior to the opening of the new house they too will be referred to ADT for consideration.

The provider has secured funding for alternative accommodation and has purchased a new house where each of the 5 residents will have their own bedroom. 4 bedrooms will be on the ground floor.

The provider is applying for planning permission for this property for an extension of two bedrooms and an accessible bathroom.

The provider will tender for this work and commence the renovations and fit out. Five residents will move in to this house each having their own bedroom.

Proposed Timescale: 31/12/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Centre and some residents' individual risk assessments were not reflective of recent risk related incidents.

11. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

All centre and resident's individual risk assessments will be reviewed and additional control measures will be added as required to reflect any changes in risk.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

Cleaning equipment was not being stored in line with the standards required.

12. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Safe storage of cleaning equipment discussed at staff meeting on 17/01/2017 and has also been identified on daily cleaning duties list which staff signs as work is completed.

Proposed Timescale: 06/02/2017

Theme: Effective Services

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

Fire procedures were not comprehensively tested with residents and staff.

13. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

A successful fire drill was carried out on 05/01/2017 in the early morning with minimal staff on duty.

The PIC will plan at least two more fire drills to be carried out at night/early morning at times of minimal staff in 2017.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

There were inadequate fire containment measures in the centre.

14. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The Provider will liaise with the maintenance manger re assessing the current fire containment measures, to cost fire doors and have same installed.

Proposed Timescale: 31/08/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff did not have the required training to respond to residents' behaviour support needs.

15. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The Person in Charge has completed a training needs analysis highlighting training needs in managing behaviours that challenge.

Staff will receive appropriate training in the management of Challenging behaviour if they have been identified as not having attended same as yet. Refresher training will be offered to those whose training has elapsed. A seminar in mental health issues will be arranged so staff will have a wider understanding of the conditions and issues that impact on behaviour.

Staff and PIC will receive training on risk assessments.

Staff will receive local training on care plans and care interventions.

Proposed Timescale: 31/10/2017

Theme: Safe Services

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

No comprehensive behavioural assessment was completed to understand and alleviate the cause of some residents' challenging behaviour.

16. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

A referral has been made to the Clinical Nurse Specialist in Behaviour .

Members of the multidisciplinary team will complete an assessment and a positive behaviour support plan will be developed for the resident that requires one.

Proposed Timescale: 14/03/2017

Theme: Safe Services

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

Current consent and communication with residents' representatives was not present for some restrictive practices.

17. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Residents' representatives have been contacted and have consented to current restrictive practices in place for their relative.

Proposed Timescale: 14/02/2017

Theme: Safe Services

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

Individualised protocol documents were not present to underpin staff practices regarding the administration of psychotropic PRN medication.

18. Action Required:

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

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

Individualised protocols have been put in place where PRN psychotropic medication is prescribed.

Proposed Timescale: 14/02/2017

Theme: Safe Services

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

Some residents' safeguarding needs were not robustly met and supported.

19. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

A safeguarding plan is now in place to support the residents' safety – 5/1/17
A referral had been made to the Clinical Nurse Specialist in Behaviour.
Behaviour support plans are being put in place to support residents with behaviours of concern.

Proposed Timescale: 28/02/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Residents' opportunities for access to education and training opportunities were unclear.

20. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

A record of each resident's opportunities in accessing education and training will be maintained in each individuals' care plan.

Proposed Timescale: 28/02/2017

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:

A resident's requirement for specialist psychology support was outstanding.

21. 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 PIC has discussed residents' requirement for psychology support with the head of the Psychology department. Residents are now near the top of the list and will be seen as a priority.

Proposed Timescale: 06/02/2017

Theme: Health and Development

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

Some residents' recommended specialist therapy interventions were not being implemented.

22. Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Physiotherapy interventions will be carried out as recommended by the physiotherapist. Documentation of interventions will be maintained and signed by staff on each occasion they are carried out.

Proposed Timescale: 06/02/2017

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:

Unannounced visits by the provider were not completed within the required six monthly regulatory timeframe.

23. 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 provider will schedule and carry out six monthly unannounced visits to the designated centre.

Proposed Timescale: 01/03/2017

Theme: Leadership, Governance and Management

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

Some members of the workforce did not have arrangements in place to ensure that they were supported and performance managed with regard to their personal and professional responsibilities.

24. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The PIC will continue to meet with night staff both formally and informally.

The PIC will liaise with the CNM2's who regularly meet with the night staff and manage any identified support needs.

The PIC will meet with each night staff during the night when on night duty herself.

The PIC will carry out annual performance reviews with all night staff.

Proposed Timescale: 30/06/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

Insufficient resources were available to provide for the assessed needs and wishes of residents regarding the accessibility and suitability of the premises.

25. 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:

The provider has secured funding for alternative accommodation and has purchased a new house where each of five residents will have their own bedroom four of which will be at ground level.

The provider is applying for planning permission for this property for an extension of two bedrooms and an accessible bathroom at ground level.

The provider will tender for this work and commence the renovations and fit out.

Proposed Timescale: 31/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Training gaps needed to be addressed for some staff members.

26. 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:

The PIC has carried out a training needs analysis and forwarded it to the education department.

Proposed Timescale: 31/10/2017