

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Vincent's Residential Services Group P
Centre ID:	OSV-0005574
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Breda Noonan
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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 inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 July 2017 09:00 To: 25 July 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). The previous inspection took place on 11 January 2017 and following that inspection a certificate of registration was issued to the provider. At that time, this centre was not actively providing residential services at the time of inspection and there were no residents living at the centre. The purpose of this inspection was to monitor on-going compliance in the centre since it became occupied.

How we gathered our evidence:

The inspector met with the three residents living in the centre, the person in charge, staff on duty on the day of the inspection and the representative of the provider. The inspector reviewed the quality of care and support being provided to residents and arrangements for any prospective residents. The inspector also reviewed the physical premises and relevant documentation, including personal plans, risk assessment, policies and procedures and other records.

Description of the service:

The service provided could accommodate four residents with high support needs. The centre is a dormer bungalow with an adjoining apartment capable of accommodating one resident within a self-contained unit. It is located on its own site in a quiet cul de sac in a city suburb. It was warm, bright, spacious and accessible and there were no shared bedrooms. Residents had access to a patio area and secure garden. Bedrooms had been personally decorated by residents.

Overall judgment of our findings:

The transfer of residents to this community house formed part of the provider's plan to decongregate parts of the service, commencing with older units in a campus-based setting. This was clearly an important move for residents and their families. The move had been carefully prepared and supported by the multidisciplinary team. Links with community-based services, facilities and supports were being explored and in the early stages of being established. The staff team demonstrated their commitment and enthusiasm for the move, which had resulted in positive outcomes for residents, including increased outings in the community, increased opportunities to develop life skills and reduced restrictive practices.

Overall, the provider had put systems and arrangements in place to meet the requirements of the regulations. Some areas required improvement, in particular, it was not demonstrated that care plans reflected residents' current assessed needs. In addition, a link between assessed needs and residents' care plans, risk assessments and personal plans was not demonstrated. While a multidisciplinary review had been recently confirmed for the month following the inspection, the status of a number of referrals to allied health professionals was not clear, with some referrals more than two years old. Finally, oversight by the person in charge was required to ensure that person-centred practices were being implemented in the centre.

The reasons for these findings are explained under each outcome in the report and the regulations that were not met at the time of the inspection are included in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall, there were arrangements in place in relation to promoting residents' dignity and rights and ensuring that consultation with residents would take place.

The provider had a complaints policy in place and the complaints procedure was displayed in the centre. This was presented in an easy-to-read format. The person in charge described how complaints would be addressed if they arose and a log for recording complaints was seen by the inspector. There had been no complaints in relation to the centre since it became operational.

Residents had access to an advocacy service available from the provider and links with external advocacy agency had been developed by the person in charge, should any resident need to avail of independent advocacy services. One resident had also been identified as an advocate who participated in a service-wide advocacy forum. Monthly residents' meetings took place and a template was used to guide the topics discussed at those meetings, including activities, health and safety and any complaints. This meeting also incorporated a music or singing session, which was of particular interest to residents. One area was identified for improvement in that the format of residents' meetings did not sufficiently evidence that meetings considered residents' individual communication needs and as a result, ensured that residents' were fully participating in the running of the centre in accordance with their abilities.

A policy on residents' personal property and finances was in place. Residents had their own bedrooms. Residents had been consulted in relation to the décor of the centre and had chosen the colour schemes for their own bedrooms. Residents had their own

bedside lockers and wardrobes in which to store any personal possessions.

A volunteer was being provided through the organisation's volunteer coordinator to assist in supporting individual residents for activities one hour per week. Outings had been initially centred around the campus from which residents moved to community-based outings and further opportunities for various outings were being explored.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall, staff were observed to support residents to communicate their interests, wishes and to make choices. However, improvement was required to communication care plans to ensure that residents' current needs had been assessed, were clearly identified and were being implemented in full.

Staff were observed to use different methods to support residents' communication. For example, pictures were used to offer choice during mealtimes and sign language was used to offer choice as to when residents' chose to shower. Each resident had a communication profile in their file that outlined their preferred method of communication. Residents' communication needs had been considered by the speech and language therapist in their previous centre with recommendations on file. However, it was not demonstrated that all recommended communication supports were being used in the centre. For example, where three different types of communication supports had been recommended by the speech and language therapist for a resident (a visual schedule, symbols and pictures of activities), only one of these was observed to be used. The care plan did not provide clear information as to how well or otherwise residents responded to such supports and it was difficult to determine whether further speech and language assessment or review was required. The person in charge had however arranged for a multidisciplinary review for all residents the month after the inspection, which would inform residents' current needs and supports.

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):

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

Findings:

Overall, the person in charge and provider representative outlined the arrangements in place to ensure that admissions take place in a planned and safe manner in line with the organisation's policy and the statement of purpose. As identified on the previous inspection, written contracts of care for prospective residents required review and revision to reflect any changes in terms, services or charges.

The organisation had a policy in place relating to admissions, transfers and discharge of residents, which outlined the criteria for admission. The inspector saw that the protection of residents from behaviours that may challenge by their peers and compatibility of residents due to move to this centre had been considered as part of the assessment of needs. For the separate apartment, the provider outlined how such considerations had been included in the design and layout of that apartment. The separate apartment was currently unoccupied. There was a dedicated committee involved in any potential transfer to that apartment and the provider representative confirmed that this would be based on an assessment of any resident's individual needs.

An individualised transition plan had been developed for any prospective residents, which considered elements required to support a successful transition. The plan was based on a multidisciplinary assessment of needs. The transition plan included information about the centre, an orientation programme and community activities that may be of interest to residents. The plan outlined how each resident would be introduced to their new home in a gradual manner. This was then implemented in practice, commencing with short visits and building up to longer stays over a four-week period. Residents' representatives also had the opportunity to visit the centre prior to residents moving in.

The residents residing in this centre had transferred from another centre within the same service. It was identified at the previous inspection that contracts of care would require review and revision to reflect any changes in terms, services or charges on admission to this centre. This action had not been completed and was again identified at this inspection.

Judgment:

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, improvement was required to ensure that residents' needs were assessed and that care plans and personal plans reflected those assessed needs and any changes in circumstances.

Staff were clearly endeavouring to support the move to the community from a campus-based setting. Outings had increased and there was on-going discussion at staff meetings as to how to further increase opportunities to engage in activities in the community. All staff reported how much residents were enjoying this increased participation in the community.

An assessment of needs had been completed by the multidisciplinary team that informed residents' transition to this centre. That assessment of needs outlined any supports that residents would require following their admission to the centre, including in relation to intimate care, communication, positive behaviour support and accessing the community.

However, residents' care plans, person-centred plans and supporting documentation (individualised risk assessments, behaviour support plans, communication plans) required updating and review. Plans did not adequately reflect the change from a campus-based to community setting. A clear link between the assessment of needs, care plan and person-centred plan was not demonstrated, making the information disjointed. Some information was no longer relevant and there was overlap and repetition between care plans. This was also mentioned in the context of residents' communication needs under outcome 2. As a result, it was difficult to identify what each individual residents current assessed needs and support requirements were. The person in charge outlined that a multidisciplinary meeting was scheduled for the following month to ensure that residents' assessments reflected their current needs and to discuss any changing needs.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The inspector reviewed an example

and saw that the template recorded comprehensive information in relation to the needs of the resident including any communication supports and any support required during mealtimes or to take medication.

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):

No actions were required from the previous inspection.

Findings:

Overall, the design and layout of the premises was suitable for its stated purpose. Reassurances in the form of a plan was required to ensure that required upgrading of a bathroom would be completed prior to the separate apartment becoming occupied.

The designated centre comprised a detached dormer bungalow with an adjoining apartment capable of accommodating one resident within a self-contained unit. The main area of the premises contained three bedrooms, one of which was ensuite, a wet room, a kitchen, dining area, living room, utility and staff rooms. The apartment consisted of a bedroom, kitchen, toilet and living area. The apartment was linked to the main area of the centre but had its own entry and exit. Residents in both the main house and separate apartment would have access to their own patio area. There was also access to two separate patio areas, a garden area to the rear of the premises and ample parking space to the front of the property.

Bedrooms were of a suitable size and layout. Residents and their relatives had already selected bedrooms, which would be personalised over the coming weeks. Residents had been supported to chose the colour schemes for their bedrooms. Built-in storage space was provided for residents' personal use.

There were adequate sanitary facilities provided with an accessible shower and bath in the dormer bungalow. However, in the separate (as yet unoccupied) apartment, the bathroom was not of a suitable standard with fixtures and fittings in poor condition and in a poor state of hygiene. Reassurances in the form of a plan was required to ensure that required upgrading of a bathroom would be completed prior to the separate apartment being occupied.

There was suitable heating, lighting and ventilation. Furnishings, fixtures and fittings would be brought from another centres when residents moved or purchased with the involvement of residents.

A separate staff office and staff bedrooms were available upstairs. There was suitable storage to lock away any hazardous items.

The centre had a separate kitchen and dining area that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided for residents to launder their own clothes if they so wish.

Works outstanding at the pervious inspection had been completed, including fire improvement works and the installation of hand rails.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall, policies and procedures were in place for promoting the health and safety of all in the centre. Improvements were required to the assessment and management of risk and the risk register.

An organisational risk management policy was in place along with a centre specific safety statement and risk register. The risk register contained risk assessments for generic risks such as manual handling, slips, trips and falls and medication administration. Individualised risk assessments were maintained in residents' files. However, while risks were actively discussed at staff meetings, discussions and actions agreed were not reflected in the risk assessments viewed. A number of risk assessments viewed had not been updated to reflect subsequent actions taken and control measures outlined did not reflect the actual measures in place. Some risks had not been adequately assessed, for example, a risk assessment did not indicate where an oxygen cylinder should be stored and the storage arrangements viewed were not in accordance with the fire policy. Also, the health and safety audit did not identify where the oxygen cylinder was stored, meaning that anyone reviewing the audit did not have the information they required to ensure that safe measures were in place with respect to the safe use and storage of oxygen.

A fire alarm system, emergency lighting and fire fighting equipment including fire blankets and fire extinguishers had been installed in the centre and the inspector saw certificates of installation carried out by competent external bodies. Emergency lighting was seen to be operational on the day of inspection while fire exits were also seen to be unobstructed and clearly marked. Fire doors were present throughout the centre. A fire evacuation procedure was available. A personal evacuation plan had been developed for each resident, that identified any mobility or cognitive impairment and any supports required.

Practice fire drills were completed at regular intervals. However, a review of fire drill records indicated that fire drills were not completed in line with the organisation's policy. While night-time drills simulated night-time staffing arrangements, they did not simulate likely scenarios of all residents being asleep and in bed. Day-time drills demonstrated that the centre could be evacuated in a timely manner.

An incident book was maintained in the centre. There were arrangements in place for the review of any incidents and learning from incidents with incidents reviewed at local level every three months and at management meetings every six months.

A sample of training records reviewed indicated that staff had undergone training in manual handling, fire safety, hand hygiene and food safety.

An infection control policy was in place and had been recently updated. The inspector spoke with a member of the household staff who had received training in relation to infection control, hand hygiene and food safety. Householding services were provided one full day per week and four half days. A separate utility with hand wash basin was provided for the management of laundry. A cleaning schedule was in place and the centre was observed to be hygienic on the day of 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, there were systems and arrangements in place to promote a positive approach to behaviour that may challenge and to protect residents from abuse.

The person in charge and care staff demonstrated knowledge and understanding in relation to the recording and appropriate investigation of incidents, allegations and suspicions of abuse in line with national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, the protection of vulnerable adults and in relation to restrictive practices.

Where there had been incidents of challenging behaviour between residents, the person in charge had ensured that appropriate steps had been taken. Statutory notifications of such incidents had been made and a safeguarding plan had been developed and was being actively reviewed.

The person in charge told the inspector that residents' behaviour support needs would be reviewed at a multidisciplinary team meeting arranged for the following month.

A training schedule had been developed that identified staff training needs in this area and staff had received training in relation to safeguarding and positive behaviour support.

There were systems in place in relation to the oversight of restrictive practices and a service-wide restrictive practices committee would review and approve any practices in use. Where restrictive practices were in place, there was a clear rationale and they had been assessed and approved. Overall, restrictive practices had been reduced for residents since moving into this centre from their previous accommodation.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, while staff supported residents' healthcare needs, improvements were required to ensure that residents' current needs had been assessed by an appropriate health professional and that all required supports had been identified.

As previously mentioned under outcome 5, a comprehensive multidisciplinary assessment of residents' healthcare needs had been completed for residents due to move into this centre. Improvements required to care plans were previously discussed under outcome 5.

Residents had access to a general practitioner of their choice and to specialist consultants. Assessments were reviewed from physiotherapy, occupational therapy, dietetics and clinical nurse managers for individual residents. However, some gaps were found and it was not clear whether all areas of need had been assessed by an appropriate health professional. For example, an occupational therapy referral for one resident was viewed that was two and a half years old and a psychology referral was also two and a half years old. A multidisciplinary meeting was scheduled for the following month.

Suitable facilities were provided for meal preparation with a well-equipped kitchen and dining area in the main house and separate apartment.

At the previous inspection, the person in charge outlined that breakfast and supper would be prepared in the house while the main meal would continue to be provided from the centralised campus kitchen. A discussion in relation to how this practice fitted into a community-based model took place. Since the previous inspection, main meals were now also being prepared in the house and residents were involved in meal selection and meal preparation, in accordance with their preferences and abilities.

Where residents' had dietary needs or were at a risk of choking, an assessment had been completed by an appropriate health professional. However, where a resident's care plan demonstrated weight gain, it was not observed that healthy choices were being satisfactorily supported, in accordance with a healthy eating plan devised by the dietician.

The person in charge outlined how arrangements would be put in place to ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes. Such arrangements would be identified and outlined through the healthcare planning process.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Overall, there were policies and procedures in place in relation to medication management. Since the previous inspection, locked facilities to ensure safe storage of medicines had been installed

The organisation's medication management policy was dated 29 July 2015 and outlined specific arrangements for the monthly ordering, receipt, recording, making requests between monthly orders and the return of used or out-of-date medicines.

The inspector spoke with nursing staff who clearly described what medicines were prescribed for each resident and any recent changes. An internal audit had been completed by a clinical nurse manager and an external audit by a pharmacist. Learning from audits were shared at staff team meetings and the inspector saw that recommendations made had been completed.

Locked facilities to ensure safe storage of medicines had been installed. The person in charge was aware of the regulatory requirements in the event of storing any medicines that required additional controls. Provisions were in place for any medicines that required refrigeration.

There were systems in place for checking that medicines received from the pharmacy correspond with the medication prescription records, for ordering of medicines, checking stock levels and returning used or out-of-date medicines to the pharmacy. A sample of medication administration records viewed demonstrated that medicines were administered as prescribed and the form allowed space to record comments on withholding or refusing medications.

A system was in place to ensure that training in relation to medication management would be delivered to relevant staff every two years (or more frequently if required). As outlined on the previous inspection, the person in charge had completed competency assessments of nursing staff.

Oversight of any PRN medicines (medicine only taken as required) used was by either the resident's general practitioner or consultant psychiatrist and a drugs and therapeutics committee. The effect of any PRN used was now being recorded, following a recent audit recommendation.

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):

No actions were required from the previous inspection.

Findings:

Overall, there were systems and arrangements in place to ensure the effective oversight and operation of the designated centre.

There was evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. Healthcare assistants and household staff reported to the clinical nurse manager (CNM1), staff nurses and the CNM1 reported to the person in charge (CNM2) and the person in charge reported to a CNM3, who in turn reported to the representative of the provider. The representative of the provider met with clinical nurse managers at scheduled management meetings.

The person in charge worked full-time and was the person in charge of two designated centres. When the person in charge was not in this centre, the CNM1 was in charge. The person in charge and CNM1 generally worked opposite each other to ensure effective management of the centres and also demonstrated that there were systems in place for communication and handover to ensure continuity of care. The representative of the provider confirmed that these arrangements were being currently reviewed to ensure that when the separate apartment became operational that there would be adequate governance of the entire centre.

The person in charge met the requirements of the regulations in terms of skills, experience and qualifications. She was dual qualified in general and intellectual disability nursing and held a certificate in management. The person in charge provided evidence of continuous professional development, for example, she had completed a masters in palliative care and a clinical supervision course and attended a research innovation conference within the previous 18 months.

Audits of quality and safety of care were being completed in the centre and the inspector viewed audits that related to medication management, infection control, health and safety, mealtimes, staff handover time, residents' monies and the quality of staff interaction with residents.

An unannounced visit of the centre had been completed two months prior to this inspection. This visit identified improvements to residents' quality of life as a result of their move from a campus-based setting to a community house. Improvements included increased involvement in activities in the community, a move to more community-based

practices and decreased restrictions in comparison to their previous living arrangement. The decreased restrictions, for example in relation to access to the kitchen area, had in turn supported residents to become more independent and be involved in preparing their own drinks or meals.

Staff were supporting a change to more community-based practices, for example, main meals were now being prepared in the house and no longer being received from a centralised canteen. The inspector discussed the need for on-going monitoring and supervision of person-centred practices in the centre with the person in charge and representative of the provider. Both parties provided reassurance that they would continue to support such community-based practices, particularly in relation to ensuring that day to day routines were resident-focussed.

The representative of the provider was aware of the requirements of the regulations to complete an annual review of the quality and safety of care in the centre. This centre was not yet operational for a period of one year.

Judgment:

Substantially Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

Overall, the use of resources had been assessed and identified for the safe and successful operation of this centre.

The facilities and premises reflected the statement of purpose.

There was a system in place for the identification of any maintenance issues or equipment requiring replacement on an emergency basis. There was evidence that any maintenance issues raised were being addressed.

At the previous inspection, it was identified that the statement of purpose identified that dedicated transport would be made available to this centre. At this inspection, a dedicated vehicle had been provided to the centre, which staff described as affording them the opportunity to facilitate activities, outings and appointments for residents, based on their individual interests and wishes.

Judgment:

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):

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

Findings:

Overall, the skill mix of staff required for this centre once operational had been assessed and identified. A staff training programme was in place to meet residents' support requirements.

As previously mentioned, residents living in this centre had transitioned from another designated centre. To ensure continuity of care and support the provider had identified staff members who would also transition into this new centre with the residents while provision had also been made for nursing care.

The majority of the staff team had transitioned with residents from their previous place of residence, to allow for continuity of care and to support a successful transition.

Since the previous inspection the staffing arrangements at night had been re-assessed with a waking staff nurse on duty at night-time.

A training prospectus was available in relation to any required training for staff working in this centre. Any new staff hired for the centre had completed an induction training course on commencement which included topics such as fire safety, infection control, safeguarding, the protection of vulnerable adults and information on the provider's policies.

An induction process was in place which included job shadowing, policies and procedures, residents' personal plans, safeguarding, incident reporting, complaints management, notifications and documentation.

Staff files had been reviewed at a previous inspection and so were not reviewed during this inspection. Evidence of up-to-date registration of nursing staff had previously been reviewed.

The person in charge outlined the supervision arrangements in place, which involve formal annual supervision and appraisal.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Julie Hennessy
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-0005574
Date of Inspection:	25 July 2017
Date of response:	02 August 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:

The format of residents' meetings did not sufficiently evidence that meetings considered residents' individual communication needs so as to ensure that residents' were participating in the running of the centre.

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

1. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

The person in charge will meet with the speech and language therapist and design and develop an easy read, supported by pictures and symbols system to support residents to have a clearer understanding of the minutes of residents meetings. The speech and language therapist will meet with and explain this approach with all of the staff team. The clinical nurse manager 3 will support the person in charge in implementing the new format of minutes for the residents meetings.

Proposed Timescale: 31/08/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Individual communication supports required by each resident were not clearly outlined in his or her personal plan.

2. Action Required:

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

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

The person in charge with the support of the clinical nurse manager 3 will review the personal plans of all residents in the centre. All assessments and plans of care relating to communication will be reviewed to ensure they offer clear advice to staff on the support needs of each resident with regard to communication. Assessments and plans of care will be clear and concise and include only up to date information. The person in charge will seek the support of the speech and language therapist to ensure the plans of care reflect guidance given by the therapist.

Proposed Timescale: 08/09/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Written contracts of care required review and revision to reflect any changes in terms, services or charges on admission to this centre.

3. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All contracts will be updated to reflect the current terms for each resident since transferring to this centre.

Proposed Timescale: 31/08/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

A personal plan had not been prepared no later than 28 days after admission to the designated centre which reflected each resident's assessed needs.

4. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A personal plan will be prepared for each resident at a meeting scheduled for 14/08/2017. The assessments for each resident prior to transfer to the new centre will be reviewed by the full multi-disciplinary team involved to ensure the assessed needs are being met, and care delivered a to support each individual's needs.

Proposed Timescale: 17/08/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

In the separate (as yet unoccupied) apartment, the bathroom was not of a suitable standard with fixtures and fittings in poor condition and in a poor state of hygiene.

5. 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 bathroom in the separate living apartment will be refurbished to be of the required standard prior to any resident transferring to the apartment.

Proposed Timescale: 28/02/2018

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:

As detailed in the findings, the risk management system was not sufficiently robust.

6. 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:

The service health and safety officer is scheduled to deliver training and input to the person in charge and staff team on risk management and the risk assessment process. The health and safety office will support the staff team in review and completion of each residents risk assessment, ensuring that risks are identified, control measures are clearly outlined and additional control measures identified.

Proposed Timescale: 31/08/2017

Theme: Effective Services

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

While night-time drills simulated night-time staffing arrangements, they did not simulate likely scenarios of all residents being asleep and in bed.

7. 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 night time drill/simulated night time drill, where all residents are in their beds will be completed to reflect an accurate evacuation time for night time. The person in charge will link with the maintenance supervisor to ensure this is completed and recorded.

Proposed Timescale: 18/08/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

As detailed in the findings, improvements were required to ensure that residents' current needs had been assessed by an appropriate health professional and that all required supports had been identified and clearly outlined in a healthcare plan.

8. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A personal plan will be prepared for each resident at a meeting scheduled for 14/08/2017. The assessments for each resident prior to transfer to the new centre will be reviewed by the full multi-disciplinary team involved to ensure the assessed needs are being met, and care delivered to support each individual's needs. The clinical nurse manager 3 will review all healthcare plans for each resident with the person in charge to ensure that all assessed needs have a corresponding plan of care in place identifying and directing all staff in care and supports required by each resident. The guidance from all clinicians and clinical nurse specialists will be adhered to in the support of each resident. The care plan review for each resident will be completed by 30/09/2017. The person in charge and the clinical nurse manager 3 are reviewing the model of the current care plan, and changes will be made to reflect the current model of service, which has a community focus in the new centre. The new model of care plan will be piloted for one of the residents in the centre.

Proposed Timescale: 30/11/2017

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:

Oversight by the person in charge was required to ensure that person-centred practices were being implemented in the centre.

9. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The person in charge and the clinical nurse manager 3 are reviewing the roster to ensure that the person in charge has allocated time when on duty to oversee the practices and care delivery in the centre. The person in charge will ensure that all work practices are person centred and this will be reflective in the rostering of staff to ensure all care needs of the residents are supported at all times. The clinical nurse manager 3 will also support the person in charge in her role, and liaise with the staff team in her absence to ensure all practices are person centred and focus on resident's needs.

Proposed Timescale: 31/08/2017