

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cabra Road - Community Residential Service
Centre ID:	OSV-0003059
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	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 August 2017 09:45	02 August 2017 16:40
03 August 2017 09:00	03 August 2017 16:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's application to register the centre. It was HIQA's third inspection of the centre.

An unannounced monitoring inspection was conducted in December 2014 and a full 18 outcome registration inspection in May 2015. Subsequently, in response to the major non-compliance found with the centre's premises, and the extended period

allocated for a centre to achieve registration, the provider in 2016 withdrew their original application. This was to facilitate the completion of the provider's planned improvements of the premises.

This inspection was conducted to assess progress, and the current lived experience of service provision for the residents

This inspection was completed by one inspector over two days. The required actions from the centre's previous inspection in 2015 were also followed up as part of this inspection.

How we gathered our evidence

The inspector met with a number of the staff team which included nursing staff, healthcare staff and the person in charge. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents.

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, residents' files, centre self-monitoring documentation and a number of the centre's policy documents. The inspector also completed a walk through the centre's premises.

The inspector met with all five residents, and reviewed the feedback questionnaires completed by both residents and their families. Overall, the residents reported that they were happy living in the house, and with the service provided there. However, all residents highlighted their current challenges with the premises not being large enough for their needs and wishes, and the associated interpersonal issues. All were eagerly awaiting and looking forward to the identified premises work being completed. The planned improvements to the premises were also noted to be highlighted by residents' families.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was comprised of one bungalow which was situated in a quiet residential area close to a number of community amenities. The house had a large front garden area which accommodated off street parking and it also had a large back garden with a shed.

The statement of purpose stated that the centre provided high support nursing and social care to the residents, and that this was provided in a home like setting. Residents' support needs included a number of physical care needs, psychological needs, emotional support, spiritual support and needs associated with the resident's intellectual disabilities. The centre was currently home to five ladies over 18 years of age.

Overall judgment of our findings

Eighteen outcomes were inspected against and the inspector observed that there was still a reasonable level of compliance with the regulations as nine outcomes were found to be in compliance. This included residents' healthcare, social care and communication needs. The centre's governance and management was also in compliance.

However, due to the non-completion of the planned improvements to the centre, outcome 6 (Premises) was found to be in major non-compliance with the regulations. In addition, Outcome 8 (Safeguarding and Safety Management) was found to be in moderate non-compliance. This finding for residents was directly associated with the cited premises deficits and subsequent negative impact on their day to day living. Significant areas for improvement were also required with Outcome 7 (Health and Safety and Risk Management), particularly with regard to the fire management system and with Outcome 4 (Admissions and Contract for the Provision of Services). The use of centre resources and staff training needs also required attention.

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:

In general, the inspector found that residents were consulted with, and participated in decisions regarding their care and the organisation of the centre. Residents were supported to exercise choice and control over their lives in line with their preferences, and facilitation of their independence. Access to information about their rights and advocacy services was made available. Complaints made by residents and their representatives were listened to and acted upon.

From observations, feedback from residents and a review of house meeting minutes, the inspector observed that residents were consulted about how the centre was planned and operated. This meeting was facilitated through a set agenda which encompassed resident related matters and also, a number of the centre's critical operational systems. The inspector observed an information box for residents which contained relevant policies and easy read information, national guidance documents regarding finances, information on HIQA, relationships and sexuality and abuse. Residents had access to advocacy services and information about their rights which they were aware of.

From a review of the centre's complaint's log the inspector observed that complaints made by residents and their representatives were responded to in keeping with the regulatory requirements. None of the four received since 06 August 2016 was active at the time of inspection. There was evidence of review and learning from this system. Staff treated residents with dignity and respect.

Residents were found to be facilitated to exercise control over their possessions and finances with underpinning systems noted. Financial assessments were completed with

residents, with passports/plans subsequently developed.

Residents participated in community based meaningful activities in line with their individual choices and capabilities.

The required policies were available to inform and guide staff practices. This included a policy on complaints and residents' personal property, finances and possessions.

Judgment:

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:

The inspector observed that residents' communication needs were recognised and supported in daily practice.

There was a policy available to inform and guide staff practices. Staff were found to be aware of, and knowledgeable of each resident's individual communication profiles.

Residents were facilitated with access to televisions, radios, internet access and a suite of written media formats. This included the provision of information on local events and activities. All residents had a television in their bedroom.

Residents were observed to utilise a number of technological aids, for example, IPADS, tablet devices and laptops. Assistive technology reviews were completed with some residents.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector observed that residents were supported to maintain and develop personal relationships, and links with the wider community. Families were encouraged to be involved in residents' lives.

Residents were observed to be supported to foster and maintain links with their families and friends. The inspector noted good evidence of communication with residents' families, and of them being kept informed/updated regarding their relative's progress. Family members attended planning and review meetings in line with resident's wishes.

The inspector found that residents were encouraged and supported to maintain links with, and participate in their local community. Residents attended knitting clubs, flower arranging classes, the hairdresser, the cinema and utilised the local library. Residents also regularly accessed local shopping centres.

There was a policy available to inform and guide staff practices regarding visitors. At the time of inspection, the inspector was informed that residents had free access in receiving their visitors.

However, there was no separate general space for the residents to receive visitors in private. This matter is further discussed under Outcome 6 - Safe and Suitable Premises.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The inspector found that each resident had a written agreement of the terms on which they shall reside in the centre. The agreement outlined the service to be provided and associated charges. However, some improvement was required in the detailing of additional charges incurred by residents.

In addition, the centre's admission procedure, particularly with regard to emergency

admissions, had not been reviewed to take into consideration the altered/evolved needs of the residents.

A number of contracts were reviewed and the inspector observed that all additional specific charges were not outlined on a resident's current contract of care. There had been a change in the resident's circumstances which was not accurately reflected on their contract.

The centre's specific admission procedure was contained within the current statement of purpose (SOP) and included the procedure for emergency admissions. However, the inspector observed that, since the last emergency admission in 2015, a number of residents had experienced significant changes in their health, safety and safeguarding assessed needs requirements. The centre's admission process had not been reviewed or revised to take account of residents' altered needs or wishes.

Judgment:

Non Compliant - Moderate

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, the inspector found that residents' wellbeing and welfare was maintained and supported through evidence-based care and support. Assessments of need were completed and individualised person centred plans outlined the arrangements to meet resident's identified needs. Residents, their representatives and members of the multidisciplinary team (MDT) participated in the assessment and planning process. Residents were facilitated to participate in a range of meaningful activities in keeping with their interests, preferences and capabilities.

From a review of residents' files, interviews and observations the inspector found that residents' needs were identified and comprehensively assessed. Plans were subsequently developed to address/support identified needs and wishes. There was an overarching traffic light system which guided staff regarding the resident's needs

prioritisation and associated supports.

The inspector noted that plans were implemented, reviewed and evaluated in a systematic, dynamic manner. Residents were noted to be central to this process, and their family members were clearly involved. Staff from other areas of the resident's life, for example, their day service were also involved.

As required, members of the MDT also participated in the assessment of needs and subsequent review processes. Accessible formats were utilised in resident's plans.

Residents were supported to participate in activities of their choice with an emphasis on accessing community amenities and facilities. This was incorporated into their person centred planning goals and included attendance at concerts, watching matches in the local pub, trips to the zoo and holidays. Goals were also linked to the resident's skills development.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Overall, the inspector found that the design and layout of the premises was not in keeping with residents' assessed, evolving and progressing individual needs. Additionally, the premises did not facilitate residents' collective living needs in a comfortable and homely manner.

These regulatory non-compliances were evident from general observations over the inspection process, a review of resident's files, the centre's data sets/documentation, interviews with the residents themselves and other feedback sources. The inspector particularly noted that the residents' current living environment failed to optimally promote/support their well-being needs. This finding was endorsed by both residents and their supporting staff.

A number of the prescribed premises matters as outlined in Schedule 6 were not

available to the residents. These included:

- a lack of communal accommodation, including adequate social, recreational and dining space. No separate sitting/living room was available to residents.
- insufficient toilet facilities to meet the needs and wishes of residents
- some resident's bedroom space was not in line with their current needs requirements
- no private space or area for residents to receive visitors
- lack of storage areas

The inspector also noted that some improvement was required with the maintenance and upkeep of the premises. A number of areas required painting, and some kitchen presses were not of a sufficient standard.

These regulatory non-compliances with the centre's premises were identified during the previous inspection. The provider subsequently acknowledged that the premises in its current design and layout was not suitable for five residents. Post a review of this situation the provider has communicated and outlined their plan to address this regulatory non-compliance. These issues also continue to be highlighted by the centre's self-monitoring process.

Residents and their representatives were found to be aware of the planned work and were looking forward to its completion in 2018.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that the health and safety of residents, visitors and staff was promoted and protected. However, some improvements were required with the centre's fire management system, notably assurances regarding fire containment measures.

Suitable fire equipment was provided in the centre with evidence of servicing. There was a clear fire procedure with both residents and staff found to be informed. Resident's individual fire safety needs were risk assessed with personal emergency evacuation plans subsequently developed to support their evacuation support requirements. Drills were completed at various times with residents and staff. Fire safety related checks were also completed on a daily, weekly and monthly basis. There was evidence of servicing of the fire alarm and emergency lighting.

However, the inspector found that there was room for improvement with regard to the provider's arrangements for the containment of fire. The inspector noted that the doors were of a regular standard, and on occasion some were observed to be kept in an open position.

The centre had an established risk management system in operation which was underpinned by the required policies. This encompassed policies for risk management and emergency planning, a health and safety statement and a policy for when a resident goes missing. There was a centre risk register which captured and outlined potential harm/risk areas for residents, staff and visitors. The register identified individual clinical risks for residents and centre risks. These included slips, trips and falls, challenging behaviour, smoking, fire and manual handling.

Staff were observed to be facilitated with manual handling training. The inspector also noted that specialist equipment utilised by residents was reviewed and serviced.

The inspector found that there were satisfactory arrangements in place for the prevention and control of infection. The house was generally clean and standards were maintained through a cleaning roster/system. There was personal protective equipment and hand washing facilities available.

The centre vehicle used to transport residents was noted to be serviced at the time of inspection. The inspector observed a system for the completion of monthly checks and general review of the vehicle.

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:

In general, the inspector found that there were measures in place to protect residents from being harmed or suffering abuse with appropriate actions taken in response to allegations, disclosures and suspected abuse. However, the inspector noted that the ensuring of some resident's safeguarding needs was not consistent.

Residents were assisted and supported to develop knowledge, understanding and skills for their self-care and protection. Residents' emotional and therapeutic needs were supported and there was a positive approach to behaviour that challenged. A restraint-free environment was promoted.

There were systems and measures in operation to protect residents, and to reduce identified safeguarding risks. Incidents, allegations and suspicions of abuse were found to be appropriately responded to by the provider. Safeguarding plans were subsequently developed to inform staff practices and support to residents.

However, (as also outlined in Outcome 6) the resident's living environment was observed to hinder their optimal health and well-being. Some residents reported their dislike of being exposed to peers' disagreements and that on occasion in some areas of the house they felt unsafe. It was noted that sometimes residents choose to spend longer periods of time in their rooms.

The inspector did acknowledge the provider's plans to address the cited issues with the centre's premises but these had not commenced at the time of inspection.

Staff were observed to interact with residents in a person centred and respectful manner. Staff member's awareness of resident's safeguarding needs, and their knowledge of abuse was found to be good. Intimate care guidelines were present to inform and guide staff support.

The inspector found that residents' emotional and behavioural needs were supported with access to a suite of multidisciplinary team members. This included psychiatry, psychology, social work and a clinical nurse specialist. Plans/care interventions were available to inform staff member's support of resident's individualised needs. Additional information on specific conditions was also present in residents' files. The usage of restrictive practices was recognised and found to be appropriately safeguarded with residents.

The policies as required by the regulations were available to staff.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector observed that a record of incidents was maintained in the centre and the chief inspector was notified as required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

In general, the inspector found that residents' opportunities for social participation, new experiences and educational opportunities were facilitated and supported.

Some residents were noted to attend a structured day service, others self-directed their meaningful day activities, and another resident worked in one of the provider's other service areas. Residents were encouraged to trial/sample new experiences and the discovery exploratory process had been utilised with a resident.

Residents were encouraged to participate in community based activities, and in line with their individual wishes to consider/sample educational opportunities. Usage of a related assessment process was noted in residents' files.

The inspector noted that there was an emphasis on community participation in the residents' house meetings with upcoming events highlighted.

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, the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents' healthcare needs were observed to be recognised, assessed as part of their assessment of need with plans developed as required to inform and guide staff practices. Reviews occurred regularly and in line with changes in the resident's presentation. Additional information regarding the resident's particular health conditions was available in their files.

Residents were facilitated at a service level with access to a multidisciplinary team which included physiotherapy, occupational therapy, speech and language therapy, social work and psychiatry.

Residents were noted to also attend a number of allied services which included epilepsy outreach clinics, vascular clinics and specialised medical services.

Residents' palliative and end of life care and wishes were found to be considered, explored and supported in an individualised, sensitive manner.

All residents were supported to attend a general practitioner of their choice. In out of hour's situations their medical needs were reviewed through a community based service.

Residents' food and nutrition needs were recognised and assessed. Resident's individual food choices were clearly supported, and residents noted that the food available was good. Healthy eating and lifestyle was encouraged with residents, who were promoted to take responsibility for their needs. Residents had free access to a variety of drinks and snacks.

As individually required, residents were further supported by the services of a speech and language therapist and a dietician. Specialised diets were facilitated for residents.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

In general, the inspector found that the centre had an established medication

management system. Each resident was protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

There was evidence in the resident's file of review of their medical status both by their general practitioner, psychiatrist and specialist clinical team. However, evidence of the most recent review was not clearly reflected/documentated on the resident's individual prescription sheet. This was discussed at the feedback meeting.

Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place. There was an established system for the handling of unused and out of date medicines.

A community based pharmacist was available to and supporting residents' medication needs.

Medication in this centre was administered by registered nurses only. The inspector observed the bank list of nursing staff signatures with their initials and correlating registration numbers. This record was reviewed on a weekly basis. Each resident's medication record was regularly audited. Also, as required (PRN) medication usage for a resident was tracked and monitored. Residents were noted to be aware and informed regarding their medication usage.

There was a system in place for reviewing and monitoring safe medication management practices. The last recorded drug error with a resident was in autumn 2016.

At the time of inspection, no resident was responsible for the administration of their medication.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector reviewed the centre's current statement of purpose (revised 02 March 2017) and found that it described the service that was provided there for residents. In

general, the regulatory requirements as outlined in Schedule 2 were met. However, the information with regard to the current staffing complement required some further clarification.

The statement of purpose document was reviewed, and was made available to residents of the centre.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

In general, the inspector found that there were management systems in operation in the centre that promoted and supported the delivery of a safe, quality service for residents. This included a process of self-monitoring. There was a clearly defined management structure with distinct lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person.

The overarching management systems in operation in the centre ensured that the service provided to residents was safe, appropriate to their assessed needs and monitored. The annual review and provider's six monthly unannounced visits were completed. The annual review demonstrated evidence of consultation with both the resident and their representative.

There was evidence of the audit process being utilised for care planning, fire safety and medication.

There was an awareness of service provision gaps with regard to the centre's premises, fire management and safeguarding as correlating with residents' needs. The provider's future plans for the premises had considered these matters.

There was a clearly defined management structure. The person in charge (PIC) worked in a full time capacity with responsibility for one centre only. She had a weekly allocation of protected time to facilitate her in meeting the responsibilities of her role. The PIC was

supported by a clinical nurse manager (CNM) 3 and by the provider nominee. The PIC was clearly involved in the governance, operational management and administration of the centre. She was also committed to her professional development. The PIC was familiar with, and identifiable to residents.

There were opportunities for the staff to raise, highlight and discuss any concerns regarding the quality of care provided to residents.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge (PIC) had not been absent from the centre for 28 days or more. The PIC was responsible for this designated centre only and was present for the majority of her working hours. There was a clear system in situ for her absence with the staff nurse on duty assuming a lead role.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

From observations, interviews with residents, members of staff and a review of

resident's files, the inspector found that improvement was required with regard to the centre's resources. This finding related specifically to the provision of adequate transport for residents in line with their needs and wishes, and to support their welfare.

The inspector noted that the lack of suitable transport was hindering some residents in freely accessing social activities as they wished. Residents were confined to utilising an accessible taxi service which was not always available.

Subsequently, on occasions some residents were limited to engaging in in-house based activities in premises which (as outlined in Outcome 6) lacked adequate social, recreational and communal space for their well-being.

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):

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

Findings:

Overall, the inspector found that the number and skill mix of staff was appropriate to residents' needs. Residents received continuity of care and support. Training and education needs were facilitated for staff. However, some training gaps as relevant to residents' needs were identified.

To ensure that training reflected contemporary evidence based practice, some improvements were required with the provision of training in line with residents' needs. This included the provision of education in mental health and well-being, positive behaviour support, behavioural management and manual handling. Also, some staff member's required refresher training, for example in safeguarding.

A planned and actual staff roster was available for the centre. The staff complement encompassed staff nurses, a social care worker and healthcare assistants. Staff vacancies were covered by familiar relief staff.

Throughout the inspection, it was observed that staff interactions and engagement with residents was very responsive, person centred, and dignified.

Staff supervision was facilitated directly through the person in charge's presence on shifts, where she was observed to be available to provide direct support. Team meetings also facilitated staff reflection, discussion and support. The person in charge noted that a formal supervision process was due to be implemented with staff. Interviews and conversations with staff endorsed that they felt supported in their role and that the person in charge was readily available.

An information folder was available to staff which contained relevant HIQA materials, the centre's reports and corresponding action plans, self-monitoring data and key centre communications.

Staff were recruited and selected through the service's human resources department. This encompassed the checking and recording of all required schedule 2 information.

There was an established system to ensure that the regulatory requirements for volunteers were met. A resident acknowledged and praised the support that they received from their volunteer person.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspector found that the required records were maintained and available in the centre. Records were kept secure but were easily retrievable. The centre was observed to be insured as required as the documentation was forwarded with the centre's registration application.

However, a review of the policies available in the centre demonstrated that a number of the policy documents were not reviewed and revised in line with the regulatory requirements. These included the policy for the provision of personal intimate care,

behavioural support and the use of restrictive practices.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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-0003059
Date of Inspection:	02 August 2017
Date of response:	27 October 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 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:

The centre's admission process had not been reviewed with due consideration of residents' current assessed safeguarding needs and wishes.

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 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The centres admission criteria will be reviewed to take into account assessed needs of current residents.

Proposed Timescale: 26/11/2017

Theme: Effective Services

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

Additional charges were not clearly outlined and documented on a resident's contract of care.

2. 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:

The contract of care of the resident will be reviewed to clearly outline additional charges.

Proposed Timescale: 26/11/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

As outlined in the body of the report the design and layout of the premises was not in keeping with residents' needs.

3. 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:

Plans are in place to build on an extension to the property with additional recreational, social, dining and toileting spaces.

Proposed Timescale: 31/08/2018

Theme: Effective Services

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

Some areas of the premises required attention to ensure that they were maintained to an appropriate standard for residents.

4. Action Required:

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

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

A review of the maintenance issues will be carried out. Maintenance issues will be addressed.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Inadequate communal accommodation was available to residents, including a lack of appropriate dining, social and recreational space. Also, as outlined in the body of the report there was a lack of provision of other Schedule 6 requirements.

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:

Plans are in place to build on an extension to the property with additional recreational, social and dining space.

Proposed Timescale: 31/08/2018

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:

The provider had not demonstrated adequate arrangements with regard to fire containment measures.

6. 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:

Upgrading of the fire containment systems will be addressed during the building of the extension to the property.

Proposed Timescale: 31/08/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

As outlined in the body of the report, some residents are not being comprehensively protected from all possible abuse.

7. 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:

The proposed extension to the property will provide more social and recreation space. This will allow residents to be in different part of the house and have more private space and time away from their peers if they wish.

Proposed Timescale: 31/08/2018

Outcome 12. Medication Management

Theme: Health and Development

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

The resident's prescription sheet did not reflect the most recent date of review of their medication needs by the relevant professional.

8. Action Required:

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

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

The residents' prescription sheet now reflects the date of review.

Proposed Timescale: 26/10/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The section outlining the staffing complement required review to ensure that it accurately reflected the current/actual situation with regard to each staff grade, full-time equivalents and vacancies.

9. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The staffing complement has been reviewed to reflect current staffing and grades.

Proposed Timescale: 26/10/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

As outlined in the body of the report, the centre's transport provision was not in keeping with residents' current needs and wishes.

10. 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 will review the transport provision to the centre and ensure that accessible transport is available to the resident when she requires it.

Proposed Timescale: 01/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

As outlined in the body of the report a number of gaps were identified with some staff member's training requirements.

11. Action Required:

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

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

A training needs analysis has been completed and staff will be prioritised for training.

Proposed Timescale: 01/02/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

A number of policies were not reviewed within the required regulatory timeframe of three years.

12. Action Required:

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

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

The policy on Behaviour Support has been updated in September 2017. The policy for Intimate Care and Restrictive Practice are currently being reviewed by authors.

Proposed Timescale: 31/12/2017