

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Doorway to Life Ltd
<b>Centre ID:</b>	OSV-0002411
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Doorway to Life Ltd
<b>Provider Nominee:</b>	Mary Kieran
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	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 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:

03 September 2014 08:40

03 September 2014 16:30

04 September 2014 08:45

04 September 2014 13:00

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 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**

Centre ORG-11031 provided full time accommodation to seven residents and a respite service was available for up to four residents. There were six full time residents accommodated in the centre on the days of inspection and three residents availing of respite.

As part of the monitoring inspection, the inspector met with residents, the person in charge, the provider, the key senior manager (KSM) and staff members. The inspector met with residents prior to them going out for the day and with residents who were on respite or who were going out at a later time. Residents were aware of

the inspection, why it was being carried out and stated that they had been involved in meetings where the imminent inspection was discussed. The inspector sought residents' permission to view their private accommodation and documentation pertinent to them. Where possible the resident accompanied the person in charge and the inspector to their living quarters. Practices were observed and documentation reviewed included person-centred care plans, medical and nursing records, the range of activities available for residents, satisfaction surveys, the menus, staff training records, staff files, minutes of meetings, policies and procedures and complaints. Residents' accommodation was also reviewed.

The centre, constructed in 2010, was a purpose built facility. The centre was well maintained, bright and homely. Furnishings, décor and general cleanliness were of a high standard. Residents stated they enjoyed living there and being able to attend college from the centre, enjoyed being able to go out to activities and spoke in a positive manner of all the staff.

The Action Plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. These were discussed in detail with the person in charge at the feedback meeting at the end of the inspection.

**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 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):**

This was the centre's first inspection by the Authority.

**Findings:**

It was evident that staff had in-depth knowledge of the residents and their backgrounds. Staff were observed interacting with the residents in a respectful manner. A residents' meeting was convened on a monthly basis. A member of the governing board of directors attended this meeting at least bi-annually. Minutes of meetings held with the residents were reviewed. It was evident that residents were consulted with and participated in discussions and there was evidence that issues tabled were addressed to ensure that a satisfactory outcome was achieved, for example, a request for more outings was articulated. There was evidence to indicate that the person in charge was addressing this by recruiting another bus driver. Currently one full time bus driver and one on-call bus driver facilitated residents access to transport, provided by the centre, to go on excursions, shopping, day services, outings and attend appointments. Local amenities were located within a short distance of the centre.

Centre specific satisfaction surveys had been completed by residents and their relatives. Comments recorded reflected a satisfaction with the service provided and were complimentary of the staff. Remarks documented in feedback forms forwarded to the Authority and to the person in charge were positive and concurred with comments noted in the centre's surveys.

The person in charge was knowledgeable about the residents and it was evident that the residents were very familiar with and engaged well with the person in charge.

The complaints policy was currently under review. The centre's complaints procedure was in line with the Health Service Executive's (HSE) complaints procedure. While the complaints procedure was displayed in a prominent position in the centre, it was not in a format accessible to all. The centre had a complaints log but no complaints were

recorded. The person in charge stated that while verbal complaints were addressed immediately, they were not logged by staff. Documentation evidenced that the type of complaint was recorded and submitted to the HSE on a biannual basis. An amended in-house complaints log was in place by the end of inspection which captured:

- the detail of a complaint
- details of any investigation into a complaint
- the outcome of a complaint
- any action taken on foot of a complaint
- whether or not the resident was satisfied.

Residents stated that they were aware of the complaints process and knew who to make a complaint to. Residents voiced how they were happy with the current procedure and stated that they were comfortable raising issues. Issues raised and addressed included for example:

- a request for increased supply of tea-bags in residents' bedroom/kitchenettes
- a request for the provision of extra towels. Minutes of residents' meetings reviewed concurred with this.

Residents had access to a national advocacy service. The person in charge stated that she was in the process of identifying a local independent advocate.

All residents had their own bedroom. Some residents lived in studios with kitchenette facilities and other residents lived in one-bedded apartments complete with kitchen/dining/living room facilities. Residents expressed their satisfaction at having their own private space and how they enjoyed the external views of trees, gardens and the park from their private quarters. All residential accommodation was personalised and decorated to a high standard. This is discussed in more detail under outcome six.

All residents had a locking mechanism on their bedroom doors.

A large day-room/sitting room with a television/DVD and radio, an activity room, a private meeting room and four activity rooms were available for residents' use.

The centre had a policy on residents' finances and personal property. Each resident controlled their own financial affairs. Inventories of residents' personal property were recorded and dated.

Laundry facilities were provided and while staff attended to the residents' laundry, some residents attended to their own laundry. To assist residents' access, laundry facilities were placed on raised plinths.

It was evident, on the day of inspection, that personal care practices respected residents' privacy and dignity and that residents were encouraged and facilitated to maintain their own privacy.

Telephone services were available in the centre. Residents had access to computers, the internet, information on local events and media.

**Judgment:**

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre had a draft policy on communication. Training for staff on communication was booked and scheduled for November 2014. There was evidence that residents' access to assistive devices was facilitated. Residents had access televisions, radio, internet, computers, a laptop and an electronic communication notebook. Residents were facilitated to communicate with family and friends using skype, internet face-time or to use their phone via the internet. Staff were observed communicating with residents in a respectful manner.

An information pack for residents was viewed and noted to include a brochure about the service, application forms, medical form, a calendar identifying dates for respite, consent forms, a feedback form and a personal inventory list. Residents availing of respite were encouraged to bring in any assistive equipment/technology they used and had access to such technology available in the centre.

The sample of person centred care plans reviewed indicated that staff were aware of the communication needs of residents and demonstrated knowledge of how they would communicate with 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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence of good communication between the centre and residents' families. Residents had access to their own general practitioner (GP). Open visiting was facilitated and encouraged and residents were able to meet visitors in private. There was evidence that residents were supported to develop and maintain personal relationships. Residents informed the inspector how they enjoyed being able to entertain visitors in their private quarters. A visitors' book was located at the reception. Residents' family members did not happen to be in the centre during the times the inspector was in the centre.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Residents had a written agreement which dealt with the support, care and welfare of the resident in the centre and details of the services to be provided for that resident. A sample of contracts reviewed were signed, dated and included the fees and details of any service that may incur an extra cost. The centre had a comprehensive policy to guide staff on prospective admissions which included details of the application process and pre-admission assessment. This information concurred with the centre's Statement of Purpose.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**



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

This was the centre's first inspection by the Authority.

**Findings:**

Each resident had a person centred plan (PCP). Residents had opportunities to participate in activities, internally and externally. External activities included attending social gatherings, social outings, cinema and seasonal events. Residents chose either to organise their own daily schedule or attend day services. Residents who attended day services attended between two and five days per week. Residents had a choice to attend more often. The day services schedule reviewed evidenced that a variety of activities were provided for residents attending the day services.

It was evident from a sample of residents' PCPs reviewed that efforts were made to capture the residents' expressed preferences and particular goals. It was clear that a subsequent plan was devised to achieve the goal/goals. There was evidence of review and assessment to ascertain the status of the goal and if it was achieved. It was evident that residents' PCPs were under regular ongoing review and update. The inspector spoke with the staff member responsible for the PCP and it was evident that the staff member regularly engaged with the residents, at the resident's choice and at a time when residents could take their time to review their PCPs. The staff member demonstrated a keen knowledge of the residents, of their lives, hopes and aspirations.

Residents had access to a range of allied services (dietetic, optical, speech and language, occupational therapy, psychology, psychiatry, neurology, dental, chiropody and audiology services. Residents could also access the in-counselling service and in-house physiotherapy.

There was evidence that all relevant information about the resident was provided and received when the resident was absent or returned from another care setting, home or hospital.

The person in charge described how residents were supported on moving onto more independent living. Residents had access to an independent living officer based on-site who with the person in charge developed, planned and implemented supports for residents' prior to transferring to new accommodation and adapting to life in a new environment.

**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*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The centre was purpose built to facilitate both long term and respite breaks for residents. The centre was located adjacent tenanted properties managed by the provider. Access to the centre was indirectly off the main road and ample car parking was provided. All entrances to the centre were wheelchair accessible. Access to the centre was via a secure front door leading to a large reception area. A nurses' office/medication room was located off the reception office. A large communal day room/dining room was placed off the reception area. The main kitchen was situated off the dining room. Catering staff changing facilities and a catering specific housekeeping room were to be found off the main kitchen. The communal day-room/dining room was a bright and spacious room and was appropriately furnished with height adjustable tables, seating. Access to a paved patio was via double doors leading off the dining area. Located to the right of the reception area was the physiotherapist treatment room, a meeting room, an office for the independent living co-ordinator, an activities room, a pottery room, a information technology (IT) room complete with a whiteboard facility, day services room, housekeeping store and wheelchair accessible toilets. Residents' accommodation was located left of the reception area and on the first floor. Residents accommodated on the first floor had access to a large seating area and access to a balcony. Residents had a choice to live in a studio with kitchenette facilities or in a one-bedded apartment complete with kitchen/dining/living room facilities. Residents' studios consisted of a bedroom/en suite with kitchenette facilities. Residents' apartments included a bedroom, bathroom and a kitchen/dining/living area complete with soft seating a dining table and chairs.

The design and layout of the residents' accommodation ensured ample provision of furnishings to store personal belongings by means of bedside lockers, wardrobes with in-built safe and chests of drawers. Seating and bedside tables were provided. Each resident had his/her own television and/or radio in their bedroom. Each bedroom had a call bell facility and bedside light. All bedrooms had spacious, wheelchair accessible en suites. Each bedroom/en suite had full ceiling mounted hoist cover. Each ceiling hoist had it's own charging station. Residents had access to a mobile hoist should a resident express a preference to use this type of hoist. Wash hand basins located in the bedroom en suites were height adjustable for residents' use. Each bedroom had a separate staff hand washing sink. The ground floor accommodations had doors leading onto the external gardens. Located left of the reception area was the administration area inclusive of three offices, an assisted bathroom with a ceiling hoist, a laundry room, sluice room, staff changing /overnight accommodation and two lifts to the first floor. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There was appropriate equipment for use by residents or staff and evidence that equipment was

regularly serviced and maintained. The premises was clean, well maintained with suitable heating, lighting and ventilation. There was evidence of a continuous programme of general upkeep and décor renewal.

Closed circuit television (CCTV) with a supporting policy on it's use, was used in the centre.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The organisation had an updated health and safety statement.

Documents reviewed reflected that a weekly safety and maintenance audit was carried out by staff and reviewed by the person in charge. The centre had a risk register inclusive of an individual risk assessment for residents. The risk register identified various risks and outlined the measures in place to mitigate the risk. While separate policies with regard to the specific risks as required under Regulation 26 were in place, the centre did not have an overarching policy to guide and inform staff on risk management. This is addressed and actioned under outcome 18. There was evidence that incidents and accidents were recorded and evidence that a review and discussion of such incidents was conducted at board meetings and staff meetings. The centre had an emergency plan. A procedure for the safe evacuation of residents and staff in the event of fire was displayed at various locations in the centre. Training for staff in fire safety was ongoing. While records reviewed indicated that staff had up to date fire safety training, records of which staff and residents had attended the fire training were not maintained. This is addressed and actioned under outcome 18. Staff and residents were voiced their knowledge of what to do in the event of a fire. Residents were included in fire evacuation training. The most recent fire drill was carried out in August 2014. It was evident that fire drills were regularly carried out and incorporated each shift resulting in all staff being involved every six months. A white board located in the reception area identified the fire warden and fire marshall on duty each day and at night. A fire evacuation chair was located at each stairwell and an evacuation sheet was located on each resident's bed. There were documented records of regular servicing of the fire alarm and fire equipment. All fire exits were unobstructed.

The centre had procedures in place for the prevention and control of infection. Alcohol hand gels, disposable aprons, hair nets and disposable gloves were provided and stored

in a safe manner. The centre's had a comprehensive policy to guide staff on the prevention and control of infection. Housekeeping duties were carried out by designated staff who demonstrated their knowledge of housekeeping procedures and practices to prevent infection. Guidance for staff in regard to regular deep cleaning of the centre was in place and the décor, painting or general maintenance was under regular review. Specific alginate bags used for soiled laundry (a high density translucent red polythene bag designed to prevent the need to handle soiled garments), were available. Waste (domestic and recycling) was stored in designated bins in an external yard and an arrangement was in place for the regular collection by an external agency.

Admission to the centre was via a front door accessible via a fob key. A badge to identify visitors was available and a visitors' sign in/out book was available in the reception area.

The centre had ample provision of moving and handling equipment for residents. Records reviewed indicated that equipment was regularly serviced and staff had attended up-to-date training on the use of such equipment.

Records reviewed evidenced that a series of daily and weekly safety checks were performed on the centre's vehicles and regular servicing was carried out by an external contractor.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The centre had a policy on residents' finances and personal property and evidence that residents responsible for their own finances signed that they chose to manage their finances.

There was a policy on, and procedures in place, for the prevention, detection and

response to abuse. Staff members spoken with were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse and who to report it to. Staff had attended training on:

- the prevention of the vulnerable adult
- managing behaviours that challenge and the use of restrictive practices. However, the method of recording staff attendance at these training programmes required review. This is addressed and actioned under outcome 18.

The centre had a policy on the use of restrictive practices. Restrictive measures were in use at the centre. Multi-disciplinary input was sought for the use of bedrails or lap-belts. There was evidence that residents signed consent for the use of a restrictive practice. Most residents went out by day; either to a day service, to work, to college or elsewhere. The person in charge stated that visual checks on residents' restraints were carried out on a regular basis while residents were in the centre and stated that residents expressed that they did not wish to be disturbed at night. Residents' opinions concurred with this. Residents stated that they felt safe in the centre and spoke in a positive manner of all staff and remarked how kind staff were and expressed that they could bring any issue, concern or request to the attention of the person in charge or any staff member.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

A record was maintained of all incidents and accidents that had occurred in the centre. There had been no incidents which required reporting to the Chief Inspector. A quarterly report had been provided to the Authority as required by the Regulations.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Residents accommodated in the centre were attending third level colleges, attending day service facilities or had secured employment. The residents' person centred plans identified the hopes, goals, employment/training goals of each resident. Residents had the opportunity to attend the day service facilities from Monday to Friday and returned to the centre each evening. A range of activities were on offer in the day activation service and these activities included attending clubs, social gatherings, out for lunch/coffee, social outings and seasonal events. The individual preferences of residents in relation to activities were facilitated, particularly in the evenings and at weekends. Bus trips were organised at the weekends and residents could avail of the centre's transport and bus driver for their own use. Residents also had access to the in-house day activation service where activities, for example, pottery, drama club, chess games, card games, computers, cooking, aromatherapy and hand massage were facilitated by designated staff.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Residents' health care needs were met through timely access to general practitioner (GP) services, including out-of-hours. Access to appropriate treatments and allied therapies was available to residents. Residents had access to dietetic, optical, speech and language, occupational therapy, psychology, psychiatry, neurology, dental, chiropody and audiology services. Residents could also access the in-counselling service and in-house physiotherapy.

There was evidence of multi-disciplinary input with an ensuing plan of action to ensure the seamless transfer of a resident from another service. Documents reviewed reflected

the active engagement of the resident in their plan since moving to the centre.

Residents who attended day services had their lunch in the day centre and their main meal on their return to the centre. External clients using the day service in the centre had their morning tea, lunch and afternoon tea in the centre and dined with the residents. The inspector noted on the days of inspection that these times provided an active social engagement for residents who chose to stay in the centre for the day. Residents confirmed that they met every Friday to discuss the menu plan for the weekend and to organise the shopping. All meals in the centre were prepared by the staff under the tutelage of the head chef. The menu depicting the choice of the day was displayed in a prominent place. All staff had attended training on basic food hygiene and preparation/cooking of raw food. The dining room was a bright and spacious room and accommodated height adjustable tables, set in an attractive manner. Residents who were going out for the day had their breakfast in the dining room. Snacks, home baking, hot and cold drinks including fresh drinking water were readily available throughout the day. Assistive cutlery or delph was available for residents with reduced dexterity. All residents had access to an occupational therapist who regularly attended the centre. Records of resident meetings and satisfaction surveys were reviewed and they reflected that the residents were very complementary of the food on offer. Residents stated that they had a choice of meals and that they could ask for any food they wanted. Residents voiced how they enjoyed their meals and enjoyed entertaining their visitors in their private quarters. The inspector met with the head chef who confirmed she met the person in charge and staff on a daily basis. The head chef demonstrated in-depth knowledge of the residents' food choices and preferences, of residents experiencing a weight loss/gain and of how she incorporated residents' preferences. A seasonal menu was in operation. Up-to-date information regarding residents' diets, general dietary requirements to guide staff, was available. There was evidence that choice was available to residents for breakfast, lunch and evening dinner. A sample of medication administration charts reviewed evidenced that a nutritional supplement prescribed by a general practitioner for a resident was administered accordingly.

There was evidence that an environmental health officer (EHO) recently inspected the centre. No action was generated from the inspection.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre had up to date operational policies relating to medication management. Medication was administered by nursing staff and social care staff. Social care staff had attended training on the safe administration of medication. Although there were written operational policies relating to the ordering, prescribing, storing, administration disposal and self administration of medications, the inspector found that documentation pertaining to prescribing was not in line with best practice or professional guidance and did not concur with the centres' policy on medication management. The inspector's observations included:

- each resident did not have a prescription chart signed by the GP. A copy of the residents' general medication prescription (GMS) was used as a medication prescription
- residents' photographic identification, date of birth details of GP and note of any allergies, were not documented on some residents' medication documentation
- a medication was transcribed on a resident's medication chart, however no dose was stated and the transcribed medication was not signed by two staff. These non-compliances are captured and actioned under outcome 18.

An in-house audit on medication management had been carried out however, none of the inspector's observations were noted and the external agency who supplied the pre-packed medications had never performed an audit in the centre. Medications were signed as being administered by staff. The centre had processes in place for the handling of unused medicines. Medications, delivered in a pre-packed system were supplied by an external pharmacy supplier. Medications that required strict controls (MDAs) were not presently prescribed.

Following a risk assessment and assessment of capacity, residents took responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability. Staff had received training in the administration of particular medications to residents.

The centre had a designated fridge to store medication that required storage at a particular temperature. Daily records of the temperature of the fridge were maintained.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.



**Findings:**

The centre had an up to date statement of purpose that accurately described the services provided. It contained all of the information required by Schedule 1 of the Health act 2007 (Care and Support of Residents in designated Centres for Persons (adults and children)With Disabilities) Regulations 2013.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The person in charge worked full-time and had the skills and experience necessary to manage the centre. It was evident that both the person in charge and the KSM had in-depth knowledge of the residents and their backgrounds.

There was evidence of on-going review of the quality and safety of care in the centre and evidence of learning from the review. The person in charge explained and demonstrated the systems and processes that were in place to ensure that services provided were effectively monitored. These included for example, health and safety audits, staff appraisals and satisfaction surveys, review of the staff roster and staff training. While staff stated that the provision of training for staff was ongoing, the recording of such training required review and this is addressed and actioned under outcome 18.

Minutes of staff meetings were reviewed. The minutes reflected an active engagement with staff and topics discussed ensured that the residents' welfare was on the agenda, for example, food, outings, likes and dislikes and particular needs addressed.

The person in charge formally met with the board of management on a monthly basis. Both the person in charge and the provider (the chairperson of the board) demonstrated

a commitment to ensure that systems were in place to so that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. The inspector was satisfied that there was satisfactory supervision of the centre to assure that the care being delivered ensured that the needs of residents were met.

Staff were observed interacting with the residents in a respectful manner. Staff stated that the centre was a happy place to work in and were supportive of the person in charge and the board of management. There was evidence of consultation with residents and it was evident that the outcomes such consultations were acted upon. Residents knew the person in charge, the KSM, and staff and spoke in a positive manner in regard to all staff.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The KSM acted for the person in charge in her absence. A shift leader was identified to all staff on a daily basis.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence that the person in charge monitored the centre's resources and evidence that budgetary/finance meetings were held regularly. Staffing levels were continually reviewed to ensure that the staffing levels met the needs of the residents. The centre had access to regular maintenance services. Service contracts reviewed indicated that external contractors were engaged to service equipment on a regular basis. There was evidence of ongoing maintenance and décor.

Residents had access to a wheelchair accessible bus driven by a designated bus driver or the on-call bus driver and to a smaller vehicle which staff were licensed to drive. Records reviewed indicated that the vehicles were checked daily and weekly and serviced on a regular basis.

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

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre had a policy for the recruitment and induction of staff. A sample of personnel records reviewed evidenced that the records contained documents required by Schedule 2 of the Regulations.

Staffing arrangements ensured that qualified staff were on duty twenty four hours. The centre catered for low/medium dependency residents. Qualified nursing staff commenced duty at 17:00hrs and were on duty until 10:00hrs the next day. The staff roster reflected the number of staff on duty over the 24 hour period.

The method of recording staff training required review so as to ensure that they accurately reflected the training staff had participated in. Staff members stated they had attended training on, for example, hand washing and infection control practices, hazard analysis critical control points (HACCP) food safety management training, challenging

behaviour, food and nutrition and medication management. This issue was captured and actioned under outcome 18.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence that there were written operational policies to guide and inform practice. However, documentation pertinent to schedules 3, 4 and 5 required review.

**Schedule 3:**

Although there were written operational policies relating to the ordering, prescribing, storing, administration disposal and self administration of medications, it was found that documentation pertaining to prescribing were not in line with best practice or professional guidance and did not concur with the centre's policy. The inspector's observations included that:

- each resident did not have a prescription chart signed by the GP. A copy of the residents' general medication prescription (GMS) was used as a medication prescription
- residents' photographic identification, date of birth details of GP and note of any allergies, were not documented on some residents' medication documentation
- a medication was transcribed on a resident's medication chart, however no dose was stated and the transcribed medication was not signed by two staff.

**Schedule 4:**

While records reviewed indicated that staff had up to date fire safety training, records of which staff and residents had attended the fire training were not maintained. The method of recording staff training required review so as to ensure that they accurately reflected the training staff stated they had participated in.

**Schedule 5:**

While the centre had a risk register, the centre did not have a policy to guide and inform staff on risk management.

There was evidence that the centre was adequately insured against accidents, or injury to residents, staff and visitors.

**Judgment:**

Non Compliant - Moderate

## **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Geraldine Ryan  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Doorway to Life Ltd
<b>Centre ID:</b>	OSV-0002411
<b>Date of Inspection:</b>	03 and 04 September 2014
<b>Date of response:</b>	14 October 2014

### 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 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 complaints procedure displayed was not in a format accessible to all.

**Action Required:**

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

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

A more effective Accessible Request/Complaints Procedure is in development.

**Proposed Timescale:** 30/12/2014

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The centre did not have a policy on risk management.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**

Risk management Policy already contained in Safety Statement. As requested, a stand - alone Risk Management Policy in development.

**Proposed Timescale:** 30/12/2014

**Theme:** Use of Information

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

Each resident did not have a prescription chart signed by the GP. A copy of the residents' general medication prescription (GMS) was used as a medication prescription.

Residents' photographic identification, date of birth details of GP and note of any allergies, were not documented on some residents' medication documentation.

A medication was transcribed on a resident's medication chart, however no dose was stated and the transcribed medication was not signed by two staff.

**Action Required:**

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Medication Management System being reviewed with pharmacy.

**Proposed Timescale:** 31/12/2014

**Theme:** Use of Information

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

Records of which staff and residents had attended the fire training were not maintained.

The method of recording staff training did not reflect the training staff stated they had participated in.

**Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:**

Training Log being reviewed to fully reflect training staff have participated in.

**Proposed Timescale:** 31/12/2014