

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003930
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Breda Noonan
Lead inspector:	Julie Hennessy
Support inspector(s):	Tom Flanagan
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 September 2014 09:30 To: 25 September 2014 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

The centre comprises two residential services. The inspection took place in one part of the service, which provides residential accommodation for both adults and children with a severe to profound intellectual disability. The inspection team comprised inspectors from both the adult social care team and the children's team.

The service could accommodate seven residents, three adults and four children. There were no vacancies at the time of inspection. The adults ranged in age from 25 to 27 years and the children from 12 to 16 years.

During a previous visit to the centre, it was identified that both male and female children in their teenage years shared a common dormitory-style room, although sleeping areas were separated by appropriate privacy screening. This unannounced monitoring inspection took place on foot of that information and included the exploration of how the dignity and privacy of the children was maintained.

At the time of inspection, inspectors found that the provider nominee was in the process of addressing the issue about the shared sleeping accommodation and that plans had been drawn up to create a separate bedroom, which would allow for the provision of separate sleeping accommodation for males and females. Since the

inspection, the provider nominee has satisfactorily addressed this issue and the separate bedroom has been completed.

Inspectors also found that staffing levels were at times inadequate, particularly at night-time, and were contributing to a restrictive practice in place for one resident, which was not in line with national policy or evidence based practice. This finding resulted in two major non-compliances. The first related to the insufficient staffing levels, as previously outlined. The second related to the restrictive practice itself. The major non-compliances were discussed with the provider nominee following the inspection. The provider nominee responded promptly to the findings by increasing the staffing levels during specific hours, which resulted in the removal of the restrictive practice in place for that resident.

The centre forms part of a congregated setting and the provider outlined plans in place to relocate the children to a community residential house. Inspectors found that despite the congregated setting; the premises were bright, spacious, warm and homely. The bedroom areas were decorated appropriately for either adults or children. There was a newly created secure outdoor garden space.

As part of the inspection, inspectors met with residents, the person in charge and members of management and the staff team. Inspectors observed practices and reviewed documentation such as personal plans, risk assessments, policies and procedures.

Overall, inspectors found a high level of compliance across a number of key outcomes. A significant amount of work had taken place with respect to care planning. Residents were happy, well-cared for and content. Inspectors observed staff interacting with residents in a respectful, age-appropriate and warm manner. Staff supported residents to use non-verbal communication and express choice about day to day matters.

However, inspectors also found that the placement of a resident in the centre and the mix of residents within the centre required further review. The provider nominee was requested to submit information to the Authority within a specific time-frame with respect to how the inappropriate placement of the resident would be addressed. The provider nominee responded within the allocated time-frame and outlined plans in place to provide more suitable accommodation for the resident in the long-term.

Inspectors found that the provider nominee was responsive to the non-compliances and fully engaged in the process by responding to the necessary actions in an appropriate and timely manner.

Other non-compliances were identified including in relation to the statement of purpose, maintenance of documentation and staff training. These findings are detailed in the body of this report and should be read in conjunction with the actions outlined in the action plan at the end of the report

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that residents' rights, dignity and consultation were supported by staff. Since the inspection, the unsuitable arrangement whereby male and female children in their teenage years shared a dormitory-style room has been satisfactorily addressed by the provider nominee and no further action is required.

During a previous visit to the centre on 24/7/2014, it was identified that both male and female children in their teenage years shared a common dormitory-style room, although sleeping areas were separated by privacy screening. On this inspection, inspectors found that although residents' rights, dignity and consultation were supported by staff; the provision of suitable bedroom accommodation for the same cohort of residents continued to be unsatisfactory. Inspectors found that the provider nominee was in the process of addressing this unsuitable arrangement and plans had been developed to create a separate bedroom that would provide for the separation of sleeping accommodation for males and females.

Since the inspection, the unsuitable arrangement whereby male and female children in their teenage years shared a dormitory-style room has been satisfactorily addressed by the provider nominee. The creation of a separate bedroom has addressed the finding relating to residents' privacy and dignity.

Inspectors found that staff had ensured that their practices protected the privacy and dignity of residents. Bathroom doors were closed when residents were receiving intimate care. Each resident had an intimate care plan. Individual toiletries were kept for each resident. Any assistance needed was offered discreetly. Staff displayed awareness

and sensitivity of the need to protect privacy and dignity when delivering care.

Inspectors found that there were a number of ways in which consultation took place, which were cognisant of the abilities of the residents. Although residents were non-verbal, there was evidence that any changes in the centre, including changes to their care, were explained to them by staff. Family members were given formal advance notification of personal plan review meetings and invited to attend. Each resident had a named nurse and a named key-worker, who attended review meetings. Parents were very involved in the care of their children and this was evidenced in a range of documentation including personal plans, consent forms and contracts of care. Information relevant to residents was displayed in pictorial format, including a charter of rights and easy to read booklets, including one in relation to complaints.

Residents were supported to express choice in ways that were individual to them using primarily different methods of non-verbal communication. For example, inspectors observed staff supporting individual residents to express choices about what they would like to eat, which DVD they would like to watch and which music they choose to listen to. Staff sought response or feedback from residents, in ways that were appropriate to each individual resident. Staff clearly articulated to inspectors the different methods of communicating with each individual resident. Such methods were also captured in the individual residents' care plans.

The organisation had an advocacy steering committee, managed by the CNM3 (Clinical Nurse Manager). Residents had access to the advocacy steering committee through their representative in the house.

There was a complaints policy in place. As previously mentioned, an easy-to-read version for residents was prominently located in the entrance area/living room. There was a dedicated complaints officer and an independent nominated person to manage complaints. Staff were able to name the persons responsible for receiving and overseeing complaints. The inspector viewed the complaints log. Whether the complaint was resolved and the complainant satisfied was documented.

Residents were supported to attend religious ceremonies of their choice, for example, some residents attended Mass in the chapel with family members. A special Mass at Christmas was also held which family could attend.

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):

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

Findings:

Inspectors found that residents' wellbeing and welfare were maintained by a high standard of evidence-based care and support. The arrangements to meet each resident's assessed needs were set out in a personal plan. Overall, the personal plans were very comprehensive, person-centred and reflective of each individual resident's needs, interests and capacities. Some improvements, outlined below, were required to the setting of goals and capturing information about the children's educational progress.

Inspectors reviewed a sample number of files for both children and adults:

A specific tool was used to document each residents' assessment of their health, personal and social care needs, abilities and wishes. The information contained in the tool was informed by multi-disciplinary input. Where needs, supports or risks were identified, other specific plans had been completed including, plans relating to health, communication, intimate care, sleeping, nutrition and mobility. Individual risk assessments were completed as necessary to protect the residents from injury or harm, for example, with respect to residents at risk from choking.

Each resident had a written personal plan and information was maintained in an accessible pictorial format. Personal plans were individual and person-centred. Plans contained information about residents' family links, visits from family, what they enjoy doing during such visits and any special events. Residents' likes and dislikes were clearly captured. Each resident had a 'memory file' with pictures and memorabilia about their family, their childhood and growing-up years.

Multi-disciplinary team input was available in personal plans. Review meetings were documented. As previously discussed under Outcome 1: Residents Rights, Dignity and Consultation, family members were given formal advance notification of the review meetings and invited to attend. Each resident had a named nurse and a named keyworker, who attended review meetings.

Personal plan review meetings included a full evaluation of the residents' health and social needs, wishes and abilities and a review of any education or day services in which

the resident participated and whether goals had been met for the previous year. Documentation also included a written family report and a personal statement on behalf of the resident. Goals were set for the following year at such meetings.

However, improvements were required to the documentation pertaining to the setting of personal goals for both adults and children. Goals were mainly activity-based instead of outcome-focussed, making it difficult to determine how the goal would contribute to improving the quality of life of the residents. Documentation relating to how goals will be achieved (including any supports required), whether goals are short-, medium- or long-term, clear time-frames for achieving goals and any challenges to meeting goals were not maintained for each resident. Inspectors spoke with the person in charge and members of the staff team who were able to clearly articulate this information.

With respect to children specifically; improvements were required to the documentation relating to the education of each child. All of the children attended school. There was evidence of school reports and timetables in children's files. There were systems in place to ensure effective communication between the school and centre staff, including the use of a communication book and completion of daily records in medical files, as appropriate to the child. The inspector observed a handover between the school nurse and centre staff at the end of the school day. However, while centre staff attended an annual review in the school of each child's educational progress and any educational needs, this information was not available in the centre to the inspector. The inspector found that an education plan was not available pertaining to each child's educational needs, educational progress and educational goals; this made it difficult to determine the progress that children were making in school over time.

There was a system in place to ensure that residents' transfers and discharges, should they arise, would be planned for and carried out in a safe manner. There was a 'service user group' and 'admissions, transfers and discharges committee' in place to manage any residents' transfers or discharges to or from the centre. However, inspectors also found that the placement of a resident in the centre and the mix of residents within the centre required further review. The provider nominee was requested to submit information to the Authority within a specific time-frame with respect to how the inappropriate placement of the resident would be addressed. The provider nominee responded within the allocated time-frame and outlined plans in place to provide more suitable accommodation for the resident in the long-term.

Residents enjoyed activities on-campus such as art therapy, music therapy, pet therapy, other unit activities such as baking, going to the on-campus gym and swimming pool and reflexology. Although many activities were campus-based, inspectors found that activities were meaningful and purposeful to residents and reflected their individual interests and capacities. Residents also had the opportunity to enjoy off-campus activities including going for walks, drives and to the shopping centre. The person in charge described how efforts were being made to increase off-campus activities; one resident recently went to the barbers for a hot shave and residents visited Dublin Zoo relatively recently.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the health and safety of residents, staff and visitors was promoted and protected. Improvements were required in relation to the completion of regular fire checks.

The inspector reviewed the risk management policy, which included the risks specifically required by the Regulations and the arrangements in place to control named risks. The arrangement involved the completion of a risk assessment for each risk named in the Regulations at centre-level. The inspector found that such risk assessments had been completed in the designated centre.

There was a safety statement in place, which was in the process of being updated and an incident management policy in place that was up to date.

A system was in place to complete risk assessments. A range of risk assessments for different work activities and work areas had been completed for both the centre itself and individual residents, where necessary. Inspectors found that risk assessments provided adequate guidance for staff in relation to what measures and actions were in place to control risks in the centre.

Incidents were being recorded and reported and there was evidence of learning from incidents.

The inspector found that there were a range of fire safety arrangements in place. All staff had received fire safety training and inspectors spoke with staff who were aware of what to do in the event of a fire.

There was a prominently displayed evacuation plan in place. The mobility and cognitive needs of residents were considered in the evacuation procedure. Inspectors viewed documentation of fire drills, which were carried out on a regular basis.

Suitable fire equipment was provided. Fire exits were unobstructed and there were adequate means of escape. The inspector viewed servicing records and found that the fire alarm was serviced on a quarterly basis and fire safety equipment and emergency lighting was serviced as required on an annual basis.

One area was identified that required improvement in relation to fire safety: not all of the daily and weekly fire checks had been completed, which formed a part of the arrangements in place to review fire precautions in the centre. This was discussed with the person in charge on the day of inspection.

Inspectors found that overall there were satisfactory arrangements in place for the prevention and control of the spread of infection including training in infection control and cleaning schedules. Although one of the regular cleaners was on annual leave, a relief cleaning staff member was available for a number of hours. The centre was clean and tidy. Hygiene audits were carried out. The inspector reviewed audit findings and found that the audits contributed to improving practice, with actions identified and followed up on. One area was identified for improvement in relation to infection control: although cleaning schedules were in place, they were not being consistently completed.

There were systems in place to ensure oversight of health and safety and fire safety within the organisation, including a health and safety and fire safety committee.

Judgment:
Non Compliant - Minor

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:

Inspectors found that not all restrictive practices in place were acceptable; a major non-compliance was identified in relation to one restrictive practice. The provider nominee has satisfactorily addressed this finding since the inspection and removed the use of the restrictive practice. In addition, the placement of a resident in the centre and the mix of residents within the centre required further review.

Inspectors reviewed restrictive practices in the centre. Documentation was maintained pertaining to the use of all restrictions including; the rationale for each practice, the indications for use, the frequency and duration of use. There were risk assessments in place. Restrictive practices were agreed with the multi-disciplinary team (MDT). Family involvement was documented. Restrictive practices were subject to monitoring and

review and oversight was provided by a restrictive practices committee, which met annually.

However, an inspector reviewed documentation pertaining to the restrictive practice for one adult resident and found that the restrictive practice in use in the centre was not in line with national policy or evidence-based practice. The practice involved the resident's bedroom door, which was locked via a magnetic mechanism when the resident was settling down to sleep. The door was subsequently unlocked when the resident was asleep. The inspector found that this restrictive practice was a major non-compliance as it was not in line with national policy and evidence-based practice. The inspector spoke to the person in charge during the inspection and the provider nominee following the inspection about the practice. There were a number of factors contributing to the restrictive practice in use including; inadequate staffing levels at certain times(this is actioned under outcome 17: Workforce); the unsuitable placement of the resident in the centre; and an unsuitable mix of residents within the centre (this was actioned under outcome 5: Social Care Needs).The inspector found that the provider nominee was unable to demonstrate that all alternative measures had been considered and that it was the least restrictive practice that could be used. The provider nominee has satisfactorily addressed this finding since the inspection and removed the use of this restrictive practice.

There was documentary evidence that the placement of the resident in the centre was not suitable. This was confirmed by the person in charge and the ADoN. This placement was contributing to the need for some of the restrictive practices, which were in place to protect more vulnerable residents in the centre. MDT minutes confirmed that a more suitable environment could reduce the need for and possibly eliminate some of the restrictive practices for that resident. The inspector found that the provider nominee was taking steps to address this issue. The ADoN (assistant director of nursing) outlined draft plans to provide a more suitable environment for the resident in that a premises had been identified for conversion to a purpose-built apartment for the resident. Also, planning has commenced and was in the early stages to move the children in the centre to their own house in the next year.

MDT minutes also confirmed that restrictive practices were minimised during the day when the resident had a one-to-one staff assigned but that this one-to-one ratio could not be maintained all of the time, particularly at night, when there was one staff on duty for the seven residents. As a result, night-time staffing levels were a contributing factor for the restrictive practice in place for this resident that was not in line with national policy and evidence-based practice. The inspector acknowledges that the provider nominee has taken satisfactory steps to address this since the inspection. This issue will be further discussed under Outcome 17: Workforce and in the associated action.

The inspector found that staff endeavoured to keep the restrictive practices to a minimum. For example, staff used distraction techniques and brought a resident out for walks during times when other residents were arriving back to the house.

There was also documentary evidence that the day service was not suitable as it did not meet the same resident's needs. This was confirmed by the person in charge and the ADoN.

Inspectors found that there were systems in place to protect residents from being harmed or suffering abuse.

Relevant policies were in place, including in relation to child protection, the protection of vulnerable adults, behaviours that challenge, the use of restrictive practices, the provision of personal intimate care and residents' personal finances and possessions.

There were supports in place for staff to raise any issues about the service. There was a whistle-blowing policy in place. Inspectors spoke with staff who were knowledgeable about the signs and symptoms of abuse and how to report any concerns that they might have. Residents were provided with emotional support by staff and each resident had a named nurse and key-worker.

There was information available in the centre relevant to safeguarding and safety of adults and children. A child protection and welfare handbook, standard report forms relating to child protection, Children's First 'frequently asked questions' and HSE hand-outs relating to safeguarding were prominently displayed.

A visitor's log was maintained and residents were not left alone unsupervised. There was a staff member on duty at night and regular night-time checks were completed.

Inspectors viewed training records and found that staff had received training in relation to the protection of vulnerable adults.

Some staff had received training in relation to Children's First: National Guidance for the Protection and Welfare of Children 2011. Staff who had not received this training had been scheduled to attend. There had not been any child protection notifications in the centre.

Staff required training in relation to the management of behaviour that challenges, as required by the Regulations. This is an organisational issue and the provider nominee is aware of this requirement. This will be further addressed under Outcome 17: Workforce and in the associated action.

Inspectors reviewed arrangements in place for managing residents' finances and found a clear and transparent system in place with receipts for items purchased, two signatures on all transactions and an auditing system in place.

Judgment:
Non Compliant - Major

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:

Inspectors found that residents healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services.

Inspectors reviewed residents' files for both adults and children and there was evidence of timely and frequent access to their GP. Residents had access to other medical professionals and appointments were organised as required including to rheumatology and orthopaedics. Records of referrals and reports were maintained in residents' files.

Residents had access to a MDT team, including occupational therapy (OT), physiotherapy, dietetics, speech and language therapy (SALT), psychology and psychiatry. A number of clinical nurse specialists were also available in the service, including in areas such as health promotion, food and nutrition, tissue viability and infection control.

Input from medical and allied health professionals was documented in residents' care plans and the inspector found that such input informed practice. One resident had recently required care in the acute (hospital) sector and all of the necessary information was readily available to ensure continuity of care including for example, to ensure adequate pain control.

There was evidence that all medical and nursing care was explained to residents and consent from next of kin was documented as necessary.

The inspector found that residents' nutritional needs were met:

Main meals were prepared in a central kitchen and this was overseen by the catering manager. Meals were distributed to the centre via hot trolleys. The inspector observed lunch which was served hot and appeared appetising and well-presented. A weekly menu was displayed in the kitchen. Breakfast, tea and snacks were prepared in the house. The centre had a suitably equipped kitchen and separate dining area, which were spacious and homely. The inspector observed lunch and found that it was an unhurried occasion. Any assistance required was offered discreetly.

A policy was in place for residents who received nutrition and hydration via percutaneous endoscopic gastrostomy (PEG) tube. Inspectors spoke with staff who were knowledgeable about the management of this area.

Advice relating to dietary needs was sought from the dietician and speech and language therapist as required and recommendations were reflected in residents' care plans. Different foods and drinks were presented in pictorial format. Residents had access to drinks throughout the day. Inspectors observed different means by which choice was facilitated at mealtimes that were appropriate to individual residents.

Inspectors reviewed residents' files and found that residents' nutritional needs were clearly documented. Of the sample reviewed, inspectors found that plans were very specific and included information such as how the resident liked their food, how choice was facilitated, what portion size they liked and information regarding the thickening of food. Care plans addressed the social aspects of mealtimes. Fluid charts were maintained for residents as necessary.

Residents were supported to make healthy living choices. For example, for some residents hand hygiene was promoted and aided by posters in pictorial format.

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:

Inspectors found that residents were protected by safe medication management policies and practices.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. Inspectors spoke with nursing staff and found that they were familiar with the guidance as outlined in the policy.

Inspectors reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process.

Prescription charts and administration charts were completed in line with relevant professional guidelines and legislation. Clear information was available for each resident including a full description of each medicinal product, the indication for use and the potential side-effects of any medicinal product.

All medications were individually prescribed including medications that were required to be crushed. Medications that were administered via PEG were prescribed as such. Inspectors noted that the maximum dosage of PRN ("as required") medications were also prescribed and all PRN medications were regularly reviewed by the GP. There were no residents prescribed controlled medications at the time of inspection.

The inspector observed practices relating to the safe administration of medication, including the administration of medication via PEG, and found that they were reflective of policy and in line with relevant professional guidelines.

A secure fridge was available for any medicinal product that required refrigeration. A daily log of temperature readings was being maintained. Weekly checks of the medication fridge, drug trolley and emergency trolley were maintained. Oxygen was available in the centre in the event of an emergency.

Any changes, updates or medication errors were captured in a centralised system. Medication management audits included all steps in the medication management cycle. An inspector reviewed the most recent audit findings from an audit on 4/8/2014 and found that they contributed to learning in that actions identified during the audit were being addressed.

Oversight of medication management, including PRN and psychotropic medications, was by the Drugs and Therapeutics committee.

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 Statement of Purpose consisted of a statement of the aims of the centre and a statement as to the facilities and services which was to be provided for residents.

The Statement of Purpose contained most but not all of the information required by Schedule 1 of the Regulations. However, some parts of the Statement of Purpose did not contain sufficient information to accurately describe the services provided in the centre.

More specific information was required with respect to the following: the specific care needs that the centre was intended to meet; the facilities which are to be provided to meet those care needs; a description of the separate day care facilities; criteria for admission, including with respect to age; emergency admissions; the age range of residents for whom it is intended that accommodation should be provided; the size of

the rooms; a full description of sleeping accommodation and finally, specific arrangements made for respecting the privacy and dignity of residents.

Inspectors found that the Statement of Purpose was clearly implemented in practice. For example, the manner and delivery of care was respectful and there was ample evidence that family were seen as partners in care.

Judgment:

Non Compliant - Moderate

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:

Overall, inspectors found that there was an effective management system in place, clearly defined management structures and the persons in charge had the required skills, qualifications and experience to manage the designated centre.

Inspectors found that there was a clearly defined management structure in place in the designated centre. Inspectors spoke with staff and found that they were clear in relation to lines of authority. Staff confirmed that they were well-supported by management, including the person in charge and the provider.

Although there were support structures and staff in place for times that the person in charge was not in the centre, including support by a CNM3 and senior nursing staff in the centre; formal arrangements were not in place that identified a specific deputising arrangement for any notifiable absence of the person in charge. This was discussed with the person in charge and the provider and a possible suitable deputising arrangement was identified during the inspection.

The post of the person in charge was full-time. The inspector interviewed the person in charge and found that he had the necessary experience, skills and qualifications, as required by the Regulations. The person in charge was fully aware of his responsibilities under the legislation.

The person in charge was a registered nurse in both general and intellectual disability nursing. The person in charge had previously attended a four-day course relevant to management and was currently exploring a management course for completion at an appropriate level. The person in charge had also completed a range of relevant training and education courses relevant to his role, for example, in relation to child protection, end of life care for people with an intellectual disability, the Health Act and was scheduled to attend a course for children with an intellectual disability the following week.

There were systems in place to support the role of the person in charge. The person in charge reported to the CNM3 and attended meetings with the CNM3 on a monthly basis. The provider visited the centre regularly (weekly) and was in contact other week days as necessary. In addition, the provider and the person in charge met monthly at CNM2 meetings.

There were audits in place to monitor the quality and safety of the service in the designated centre. These included audits of infection control/hygiene, medication management, bedrails and finances. Inspectors found that the system of auditing could be improved by involving the person in charge in the audit process on a more formal basis.

The provider had put in place a formal system for carrying out a bi-annual unannounced visit of the designated centre and a visit had taken place by the ADoN on 24/9/2014. A copy of the visit was made available to inspectors.

Arrangements were in place that ensured staff were facilitated to discuss issues relating to safety and quality of care and that staff could exercise their responsibility for the quality and safety of the services that they delivered. These included monthly team meetings, although in practice these took place every two months. The inspector reviewed minutes that confirmed that such meetings took place and spoke with nursing, care and household staff who confirmed the relevance of such meetings.

Systems were in place to ensure that feedback from residents and relative was sought and led to improvements. Family satisfaction survey and service user satisfaction survey reports were produced in June and September 2013 (respectively) and publicly displayed on the organisations' website.

There were arrangements in place to ensure oversight of key areas relevant to the provision of safe, quality care to residents. These included a; health and safety committee and fire committee, drugs and therapeutics committee, advocacy committee and restrictive practices committee.

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:

Inspectors found that staffing levels were at times insufficient and were contributing to restrictive practices in place for one resident. This major non-compliance was discussed with the provider nominee following the inspection. The provider nominee responded in a timely manner and has taken appropriate steps to increase the staffing levels, which has allowed for the most restrictive practice to be ceased.

As previously mentioned under Outcome 8: Safeguarding and Safety; a one-to-one staffing ratio for a resident was not maintained all of the time, particularly at night, when there was one staff on duty for the seven residents. As a result, staffing levels were at times a contributing factor to the restrictive practice in place for one resident, whereby the bedroom door was locked (via a magnetic mechanism). This major non-compliance resulted in a negative outcome for a resident and was discussed with the provider nominee following the inspection. The provider nominee responded promptly to the major non-compliance and secured funding to increase staffing levels for specified periods during the morning and at night (specifically between 07:00-11:00 and 18:30-21:30). As a result, the restrictive practice involving the locked bedroom door was ceased effective from 06/10/2014.

Inspectors found that there was an accurate staffing roster showing staff on duty which included the times that all staff were on duty. The staff team was short one care staff member and one household staff member on the day of inspection. A relief care staff and household staff member were made available during the course of the inspection. The person in charge confirmed that where household staff were absent, that relief staff were made available for a number of hours. The staff roster confirmed that relief care staff were provided during the busiest periods.

There was an induction process in place for new staff. Staff were supervised appropriate to their role. Staff annual appraisals took place. Inspectors reviewed such appraisals and found that they contained a written contribution from both managers and staff, were thorough and of good quality.

There was a training plan in place for 2014. The annual staff appraisal system facilitated the identification of staff training needs. Inspectors spoke with staff who confirmed what training they had received and records of training were reviewed. As previously

mentioned, the inspector found that not all mandatory training had been provided in accordance with the Regulations, specifically in relation to behaviours that challenge and one staff required refresher manual handling training.

Staff had completed other training or instruction relevant to their roles and responsibilities including in relation to hand hygiene, first aid, food safety and safe moving and handling and specific topics such as paediatric tube replacement, dysphagia in adults and care planning.

Staff were aware of the Regulations and Standards. Inspectors noted that the organisation had held information and training sessions for staff and management in relation to the Regulations and Standards, in accordance with their roles and responsibilities.

There was a system in place for the management of volunteers within the organisation, which was overseen by the volunteer coordinator. There was a volunteer policy in place which clearly set out the roles and responsibilities of volunteers in writing; all volunteers provided a vetting disclosure; volunteers were interviewed prior to commencing as a volunteer; three references were sought for each volunteer and; there was a clear training and supervision system in place.

Staff files were not reviewed on this inspection, however, files were reviewed on a number of occasions in recent months and the Authority were satisfied that there was a robust system and audit procedure in place to ensure completeness of files as required in Schedule 2 of the Regulations.

Judgment:
Non Compliant - Major

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:

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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 Ltd.
Centre ID:	OSV-0003930
Date of Inspection:	25 September 2014
Date of response:	28 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Both male and female children in their teenage years shared a common dormitory-style room.

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

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Construction of separate sleeping accommodation for male and female children has been completed, ensuring privacy and dignity needs are met.

Proposed Timescale: 10/10/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

Improvements were required to the documentation pertaining to the setting of personal goals for both adults and children. Goals were mainly activity-based instead of outcome focussed. Documentation relating to how goals will be achieved (including any supports required), whether goals are short-, medium- or long-term, clear time-frames for achieving goals and any challenges to meeting goals were not maintained for each resident. With respect to children specifically, an education plan was not available pertaining to each child's educational needs, educational progress and educational goals.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Personal plans will be reviewed annually or more frequently where required and all goals and outcomes will be tracked and monitored and goals will be amended if they are unrealistic or not being achieved.

The centre will review the tracking measurement document for goals, and have frequently set review dates for these goals.

With regard to the education plan for each child the PIC and Nominee provider have agreed with the school that the school will provide the centre with a document outlining the overall educational aims and targets for the child for the year. The residential staff will support each child in attaining each of these aims and targets. The residential staff will monitor and work with the educational team in ensuring that the aims and targets of all child's educational plan are achieved, and progress monitored. The annual report is provided to the centre currently, and the centre staff are attending the annual review

meeting in the school, and the parent teacher meetings in the a school along with the parent. The nominee provider is satisfied that the document outlining the goals and targets from the school meets the regulatory requirements.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

There was evidence that the placement of one resident in the centre and the mix of residents within the centre was unsuitable.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

There is a plan and time frame for development of apartment style accommodation to specifically meet the needs of one resident from this centre. The plans and time frame for this was submitted to the regulator on 7.11.2014.

Proposed Timescale: 07/11/2015

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:

Not all of the daily and weekly fire checks had been completed.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Daily and weekly fire checks will be completed and audited by the PIC to ensure compliance. Where not completed the PIC will be addressing this with staff.

Proposed Timescale: 26/09/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff required training in relation to the management of behaviour that challenges, in accordance with the Regulations.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The training prospectus includes training in relation to the management of behaviours that challenge; all staff since the inspection are booked in to attend this training. The training has been reviewed and now includes de-escalation and intervention techniques. These dates for the remaining staff training are organised for 07/11/2014, 27/11/2014 and 03/12/2014.

Proposed Timescale: 31/12/2014

Theme: Safe Services

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

Not all restrictive practices were in line with national policy and evidence-based practice; other factors that were contributing to one restrictive practice in place had not been adequately considered including the placement of the resident, the mix of residents within the centre, the environment and staffing levels.

Action Required:

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

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

There is a restrictive practices register in place in the centre, and will be reviewed more frequently as restrictions are eliminated, or as the needs of service users change. The provider and PIC have responded in eliminating the restrictions in accordance with National policy and evidence based practice.

There is a plan and time frame for development of apartment style accommodation to specifically meet the needs of one resident from this centre. The plans and time frame for this were submitted to the regulator on 7.11.2014.

Additional staffing resources extra to those funded for the cost centre have been deployed to the centre since the monitoring inspection; hence the restrictive practices

of the one resident have since been ceased. The organisation will act on convening that the committee meet more frequently as restrictions are reduced in order to record the removal of restrictions at the time of removal.

Proposed Timescale: 31/12/2014

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:

Some parts of the Statement of Purpose did not contain sufficient information to accurately describe the services provided in the centre.

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 statement of purpose has been amended and was submitted to the regulator on 7.11.2014, to include information to accurately describe services provided in the centre.

Proposed Timescale: 07/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels at times were inadequate as they contributed to restrictive practices for one resident.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Additional staffing resources extra to those funded for the cost centre have been deployed to the centre; hence the restrictive practices of the one resident have since been ceased.

Proposed Timescale: 03/10/2014

Theme: Responsive Workforce

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

Not all mandatory training had been provided in accordance with the Regulations, specifically in relation to behaviour that challenges and one staff required refresher manual handling training.

Action Required:

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

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

The training prospectus includes training in relation to manual handling and the training in the management of behaviours that challenge; all staff since the inspection are booked in to attend these courses. The staff member requiring refresher manual handling training will complete her refresher training on return from leave.

Proposed Timescale: 31/12/2014