

**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-0003727
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Reynolds
Lead inspector:	Helen Lindsey
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
23 June 2015 09:30	23 June 2015 18:00
24 June 2015 09:00	24 June 2015 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

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA). As part of the inspection, the inspectors visited the three bungalows that made up the designated centre, met with the residents, some relatives and staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

This centre is designated as a centre, currently for female adults with an intellectual disability. Many of the residents had complex needs, and needed significant support

around personal care, communication and making choices.

It was a campus based service, with nine bungalows, a house used for administration, and a building that houses the kitchens, canteen and the day services. This designated centre was made up of three bungalows, placed together on the campus. Each bungalow has an outside seating area, and there was also a large enclosed garden. The grounds were well maintained and provided a pleasant outside environment for residents and visitors to enjoy.

Two bungalows had six bedrooms, and one had five. They were decorated according to the residents preferences. There was an open plan living dining area with a kitchen. There was a small sitting room of the main area where residents could spend quiet time or meet visitors. There were two wet rooms including toilet, and also a separate toilet near the lounge area. There was also a laundry and staff room. Each house had an outside area that could be accessed by the residents and also a large internal garden, that was used for group activities and social gatherings.

Residents were observed to be responding to staff in a positive way. A number of staff had worked at the service for a long time, and so knew the residents and their communication styles well. The detail in the residents care and support plans provided person centred information about the residents including their likes and dislikes, which supported newer staff to receive clear information about how support was to be provided.

Inspectors saw that residents were supported to maintain relationships with their families and friends. Families visited the centre regularly, and called for updates from staff. Families were also involved in planning meetings for residents where their interests and plans for the future were discussed.

Policies and procedures that were in place guided staff practice and were well known by the team. A number of policies had been updated to provide clearer guidance to staff, and this had resulted in improved practice in the centre. For example the risk management policy.

Areas of non compliance related to the range of regular opportunities for social engagement and activity out of their bungalow, and off the campus where they lived. Also the staffing levels at certain times resulted in residents being supported by one staff in their bungalow, some of them had complex needs and if issues occurred would require the support of more than one member of staff. Families who provided information for HIQA also raised staffing levels as a concern.

Since the previous inspection, the provider had addressed all the areas of non compliance. The staffing had been reviewed as requested, but inspectors identified there were still issues in this area, as described above.

The areas of non compliance are discussed in the report and the actions required are detailed 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):

No actions were required from the previous inspection.

Findings:

Inspectors found the provider, person in charge and staff had systems in place to ensure residents were consulted with, and participated in decisions about their care and the organisation of the centre as much as they were able.

There was a complaints policy in place and a pictorial procedure was displayed in the centre. The policy met the requirements of the Regulations.

Inspectors found records of complaints were stored in each bungalow, with the exception of any that related to staff which the person in charge held in her office. There was written evidence of action taken and discussion around verbal complaints made, along with feedback to residents or the person making the complaint. The person in charge was very knowledgeable about the organisations policy, as were the team leaders, who said they tried to resolve most concerns at a local level.

The provider and person in charge ensured systems were in place to protect and manage resident's personal finances. A sample of resident's finances was seen, and the balances were seen to reflect the records, and receipts and signatures were in place for all monies spent.

Staff explained to the inspectors that there were weekly house meetings. A sample of minutes were read, and a range of issues were discussed at meetings. For example, grocery shopping, menus, and activities, including the recent competition for the 'best garden'.

Staff explained the process to support residents choosing meals, and this included choosing for the week ahead, but also checking at each meal if they had changed their mind and wanted something different. Inspectors saw residents being offered an alternative choice where they chose not to eat the lunch provided.

Examples were seen where residents had been supported to make choices about how they spent their time, either in their rooms, in communal areas or outside in the garden. Premises were laid out to support all residents moving freely around their home.

Inspectors observed staff treated residents with dignity and respect. Interaction between staff and residents was respectful and carried out in a friendly, patient manner. Inspectors observed staff knocking and asking permission to enter resident's bedrooms. Relatives also commented how well the staff knew the residents, and how positive this was.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were assisted and supported to communicate, appropriate to their identified needs.

There was a policy in place that set out communication practice with residents and staff, but this was being amended to focus on communication practice within the centre for residents.

Staff were aware of the communication needs of residents and these were clearly described in the communication care plan maintained on file for each resident. Residents were communicating well with staff and other residents throughout the inspection. Staff were seen to have a good knowledge of residents communication styles and for those who were did not communicate verbally, they were aware of how to interpret gestures and residents moving around the premises. For example walking to their bedroom and pulling bed covers if they wanted to rest.

Some staff did have some sign language, and some pictures were used in the designated centre, for example pictures of the meal choices, and easy read versions of policies and procedures.

The centre was campus based. There was access to the community as part of activities, as discussed in outcome 10. Residents were seen to have access to radio, television, internet, social media and information on local events. There had been a family day recently that residents were said to have enjoyed.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with family and friends.

Staff were aware of the support each resident needed, for example to make calls, and be aware of arrangements made to meet with family. Staff explained to inspectors the different arrangements families had. Some visited and supported residents with meals, others took their relatives out, and others enjoyed spending times with them, for example in the garden. Staff also explained some residents were supported to visit their families as they could not travel to the centre.

Relatives spoken with and those who completed the questionnaire were positive the centre, and said their relatives were well supported by the staff.

Records showed that families had been involved to some extent in the care planning process, with the consent of their relatives, and the new style of planning arrangements that were being introduced would lead to a lot more. Staff explained how the new process had led to them learning so much more about the residents history, and that of their families.

There was space in each of the houses for meeting friends and family privately. The visitor's policy made it clear residents could have visitors at times that suited them.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found the provider ensured admissions and discharges were in line with their policy, and each resident had an agreed, written contract.

Inspectors found each resident had a written agreement of the provision of services. A sample of contracts of care were reviewed, and they included the fees to be paid by each resident and outlined the services to be provided. The contracts were signed by the resident or their representative where required.

There was a comprehensive policy and procedures in place for admitting and the discharge of residents. The residents were admitted in line with the Statement of Purpose. There had been no new admissions or discharges to or from the centre in some time.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Care and support provided to residents reflected their assessed needs and respected their wishes.

The personal care plans set out clearly resident assessed needs, including health, social and emotional needs. They were person centred and described the residents covering their likes and dislikes, and gave a good overview of their preferred way to engage with people and the environment. The detailed plans gave clear instructions to the staff

about what prompting, supervision and support was needed in all areas. For example it was noted that residents likes.

For example intimate care plans recorded residents preferred time to bathe, preferred routines, and the time they liked to carry out their routines.

There were also risk assessments in place to identify areas where specific support was needed for the resident to maintain their safety, the safety of staff and for the environment they were in. For example accessing the environment as independently as possible, but with appropriate equipment to ensure the residents safety.

Where residents required involvement of other professionals, records showed that this had been supported. For example mental health services, health care specialists and occupational therapy. Recognised assessment tools were used to access falls risks, mobility, dietary needs and pain identification for people who are non verbal.

Inspectors read assessments of residents needs in relation to equipment from psychology and occupational therapy. There was a clear focus on comfort for the residents. Plans were also reviewed for residents with dietary needs, and again they focused on the resident having food and drink provided that was in line with their preferences.

Staff reported, and records confirmed, that plans were reviewed regularly, and a full review was carried out annually. The information in the documents was seen to be current, however more consistent dating of documents would improve practice. A planning process was used by the provider to support residents and their families to identify goals and interests for the residents. Goals for residents to achieve were being set, and progress was noted. Where the new planning system was being used staff commented it was giving them much more information about the residents and their families and supporting planning around residents likes and interests well.

Care was overseen using a number of processes including a multidisciplinary review held annually and to which relatives are invited. There was also a monthly core group meeting which is used to review the care provided. The inspector found that the requirement to ensure resident's needs could be met within the service and that the care was being effectively reviewed.

Through the inspection it was seen by inspectors that resident's plans were being followed as agreed and residents care and support needs were met. Families were also positive about the quality of care and support provided by the regular staff teams. However, there were limits on the activities and pastimes outside of the bungalows, these are discussed further under outcome 10 and 16.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is

appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The designated centre was made up of three neighbouring purpose built bungalows. They were found to be clean, modern, homely, bright and well decorated.

The layout of the bungalows was suitable to meet the needs of the residents. Doors and hallways were suitably wide for residents with low mobility or wheelchair users, with the hallways lined with full length handrails.

Each bungalow had a large living room dining area which was suitably furnished, decorated and clear of obstructions or hazards. There was a second small sitting room in which residents could be alone or receive visitors in a private space. There was a kitchen area in each house, though regular meals were provided for by the centre's main canteen. Each bungalow had its own laundry facilities.

In one of these bungalows, a resident wished to live separately from the other residents, which was provided for by this resident having a bedroom at the end of the bungalow, a separate living room, and a separate external door to the gardens.

Inspectors observed three bathrooms in each bungalow. These were spacious and included wetroom shower areas, sensory bath, height-adjustable sinks, shower chairs/wheelchairs, suitable grab rails and low level ware for residents with reduced mobility.

The residents each had their own bedroom which also served as an option to receive visitors privately. The bedrooms were spacious and clear enough to accommodate wheelchair users, were personalised for each resident with wall decoration and photos, and had adequate storage for the residents' personal use. The doors to the bedrooms had a glass pane, but they had internal pull down blinds for privacy.

The main living room of each bungalow led out to a spacious, well decorated and furnished patio area. These patio areas all connected into a large shared garden space in which residents could socialise and participate in recreational activities and hobbies.

The front door was electronically locked; however staff were shown to support residents in using the swipe key to exit and had informed inspectors that training was to commence for residents to use the swipe key, where appropriate.

The road shared by the bungalows as part of the premises was observed to be wide enough to suit the operation of the designated centre, allowing enough space for

residents, including those with reduced mobility or in wheelchairs, to embark and disembark from vehicles without the parked vehicles delaying the flow of other traffic belonging to the neighbouring bungalows.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found the health and safety of residents, visitors and staff was promoted.

The centre had policies and procedures relating to health and safety and these were seen in practice. For example infection control and maintenance arrangements.

There was a risk management policy in place, and inspectors saw that it covered the requirements of the regulations. This had been reviewed in March 2015, and staff were informed of the changes.

There were a range of risk assessments seen in the different bungalows. The risk assessments were in place for individuals, setting out any actions taken to reduce the risk, and whether the risk level had then reduced. There was also assessments in place drawing together the information for individual in to one for the bungalow, and assessing the impact for the centre. There was also a corporate risk assessment that covered topics such as premises, finances, and staffing.

Risk assessments were seen to be reviewed periodically, or as required. For example falls risk assessment were reviewed and amended if the resident experienced further falls.

The inspector read the local infection control protocol, and staff were seen to be implementing it, for example ensuring protective equipment such as gloves were available, and also hand washing practice.

There was an emergency plan available to inspectors. This detailed the procedure for evacuation, and the location of alternative accommodation and means of transport should these be needed.

The inspector reviewed the incidents and accidents for the centre. Staff were clear on their role in reporting incidents and the person in charge was clear in their role of notifying HIQA of any incident that was set out in the regulations. There was a system

in place to review incidents across the service, and check for any trends or areas of practice that needed to improve to reduce the risk of reoccurrence.

The centre had a fire prevention and management policy onsite outlining for staff the regular checks and tests, guidance on evacuation and reduction of fire hazard. Fire training was mandatory, held locally in centre, and all staff had records of attending fire training within the past 12 months.

Each bungalow had a local fire file that evidenced staff or external officers completing daily, weekly, monthly and yearly checklists. Emergency doors and lighting, hydrants, fire extinguishers, alarms and panels were subject to regular testing and maintenance. The file reviewed by inspectors contained fire drill reports, denoting dates, times, staff involved and notes for consideration in future drills. Floor plans denoted locations of fire exits, of which were a suitable number, with the evacuation plan identifying the primary exits to be used.

A general evacuation plan for each house was kept in the file along with a personal emergency egress plan (PEEP) for each resident, identifying levels of mobility and cognitive understanding to consider when evacuating.

Each house had fire doors including double doors compartmentalising the main body of the house. All electronic locks and hold-open magnets on doors disable in an emergency to allow for evacuation and fire containment.

The evacuation routes were clear of obstruction and the assembly point was identified, as was the location of temporary accommodation should immediate return to the centre after an evacuation not be an option.

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):

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

Findings:

Inspectors were satisfied that measures were in place to safeguard and protect residents from abuse; had ensured systems were in place to promote a positive

approach to behaviours that challenge; and the management of restrictive practices were in line with the National policy.

There was a policy on and procedures in place for the prevention, detection and response to abuse that was comprehensive, and guided practice.

Inspectors spoke with staff who were familiar with the types of abuse and how they would respond if an allegation of abuse was made.

The person in charge was also familiar with the procedures to follow to carry out an investigation and what their role would be. There was a designated person nominated to oversee the investigation of allegations of abuse, and the person in charge was familiar with her role and responsibilities in relation to these procedures.

Each resident had an intimate care plan that was incorporated into their personal plans. The plans provided clear guidance and reflected the residents' wishes.

There was a policy relating to positive behaviour support that was seen to be operating in practice. There was also a policy of the use of restrictive practice, including when it was and was not appropriate.

Inspectors read examples of the behaviour support plans in place for residents who required them. They provided clear and comprehensive guidance to staff on the supports to be provided for the resident. Examples were seen for different environments and care tasks to ensure staff had clear information to guide them that was easy to access. Staff said they were very helpful in ensuring residents got the support they needed in their preferred way. Low levels of incidents relating to residents responsive behaviour showed that the support in place were effective.

It was evident that plans were reviewed regularly by a psychology team. There was good access to psychology and psychiatry services, with letters and minutes on resident's files of the regular input from these departments.

Any request to use a form of restrictive practice had been referred to the 'therapeutic management of aggression' group to approve, monitor and review. Each bungalow in the designated centre had a risk assessment in place that set out the restrictive procedures agreed for the residents, if any, and identified the risk to the resident and the centre. This was regularly monitored, and examples of reduction in restrictions were seen. For some residents it was noted that the restrictive practice in place was supporting their quality of life, for example safety equipment. Staff were knowledgeable about what restrictive practice was, and this was an improvement since the previous inspection.

Specialist assessments had been sought where the organisation wanted to assure themselves that their practice was in line with national guidance.

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):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding any incidents and accidents. The person in charge was clear of what incidents needed to be notified and the timescales in which they must be notified to the Authority. To the knowledge of inspector all incidents and accidents were reported clearly, and in a timely manner.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors were not satisfied that each resident had opportunities for new experiences, social participation and activities that matched their preferences.

There was a day service on campus that offered a wide range of sessions including accredited training courses, dance, singing, craft and exercise. Residents generally attended for one or two sessions a day, usually lasting 40minutes-1 hour.

Residents were also taken out for walks by staff, generally within the grounds of the campus.

Residents were seen to be going out for trips in to the community, for example drives on the bus, lunch out, and to Mass.

However, as activities and trips were usually a one to one activity, this would leave one

staff member in the centre with the other residents, and unless the resident was able to engage independently in an activity, they were left unoccupied for periods of time.

The action for this is made under outcome 16.

Judgment:

Non Compliant - Moderate

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):

Findings:

Inspectors found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals.

All residents had access to general practitioner (GP) services. There was also an out of hours GP service available. There was evidence that residents accessed other health professionals such as, physiotherapy, occupational therapy, dietician and speech and language therapy.

Letters of referrals, and reports were available as part of residents records. There was clear evidence that where residents had meetings with health professionals they were supported to attend, and any treatment prescribed was put in place. Follow up procedures such as checking residents blood were also recorded clearly and were in line with the requests of the GP or consultant. The service had qualified phlebotomists who were able to perform this test, to reduce the discomfort for the residents.

Where specific healthcare needs were identified for residents there were clear plans in place to guide staff practice. For example to support residents with epilepsy and diabetes.

Where residents had specific dietary needed, assessments were in place from the dietician and speech and language therapist, and the recommendations were seen to be in place for the residents. Residents were seen to be supported discreetly at meal time if this was needed, and equipment such as plate guards were in place to support residents to be as independent as possible.

Staff were all clear on the food preferences and choices for residents and how to support them to make choices at mealtimes and manage their food and nutritional needs. Inspectors were shown the pictorial menu that residents were supported to choose from.

Meal selections were made on a Sunday, but staff explained that on the day they re-checked with the resident to make sure they still wanted the same option. If the meal arrived and the resident did not want it, other foods were available in the kitchen.

Meals were provided in a central kitchen that also provided to the staff canteen. There were kitchens in the houses should they choose to cook there.

Inspectors observed that residents had access to meals, refreshments and snacks. Mostly staff were seen to offer these rather than the residents ask for them.

The meal times observed were seen to be relaxed experience, with all residents sitting at the table together, with staff providing support as required and encouraging conversation.

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):

Findings:

Inspectors found that there was evidence of good medication management practices and each resident was protected by the designated centre's policies and procedures for medication management.

The medication policy had been amended as required since the previous inspection. It now included the procedure on prescribing and met the requirements of the regulations. The policy included a procedure for self-administration of medication; there were no residents managing their own medication on the day of inspection. The inspector observed the nursing staff administering medication in line with the policy.

Inspectors reviewed the prescription sheets for a number of residents and found each medication was accompanied by a signature from the prescribing GP.

Inspectors found staff were knowledgeable in medication management. For example there staff were able to explain the processes and decision making for administering 'as required' (PRN) medication.

Inspectors reviewed a sample of residents' medication files which were clear and legible. Resident identifiers were in place such as photographic identification for each resident to ensure the correct identity of the resident receiving the medication thus reducing the

risk of a medication error. Medication was administered within the prescribed timeframe. Discontinued medications were signed off and dated by the Doctor.

Prescription sheets reviewed were clear and distinguished between "as required" (PRN) and regular medication. The inspector observed prescribing practices which promoted safety in medication management. For example, the maximum amount for PRN medication was recorded on prescription sheets and the purpose of the required medication.

Inspectors observed that there were appropriate procedures for the handling and disposal of unused and out of date medicines in line with the policy. There was evidence of continuous quality improvement in medication management as the medication management system was the subject of a regular audit by the person in charge.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that the Statement of Purpose met the requirements of the Regulations.

The Statement of Purpose accurately described the type of service and the facilities provided to the residents. It reflected the centre's aims and ethos. It also described the care needs that the centre is designed to meet, as well as how those needs would be met.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found there was an established management structure in place, with the roles of staff were clearly set out and understood. There were good systems in place to monitor and review the safety and quality of care, and a full time person in charge was in place.

The person in charge was suitably qualified and experienced, and managed the centre with clear accountability and responsibility for the provision of the service. The person in charge was full time in her role in the organisation and oversaw the three bungalows that made up the designated centre.

Arrangements for supervision had been established since the previous inspection, and this included the management team. Staff confirmed the person in charge was available to be contacted if needed, held regular meetings, and also visited each bungalow regularly.

Inspectors met the team leaders for each bungalow, who supported and deputised for the person in charge in her absence.

There were systems in place to monitor the safety and quality of care provided to residents, with comprehensive audits completed by a quality and safety department within the organisation.

A review of these documents showed the reviews were very thorough, and followed the format of the standards and regulations. The areas looked at included complaints, personal plans. Included as areas for improvement were training and staffing levels in some areas.

An overall report encompassing the overview of the quality of the service was in place. This was discussed with the person in charge and regional services manager, who were aware of the requirement to provide a copy of same to residents.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider nominee was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider nominee had appropriate contingency plans in place to manage any such absence. There were satisfactory arrangements in place through the availability of the supervisor to cover short absences of the person in charge, and a period of absence greater than 28 days would be covered by the programme manager. The supervisor and the programme manager demonstrated a clear understanding of their role and responsibilities under the Regulations if required to deputise for the person in charge.

The provider nominee was aware of the requirements to notify the Authority in the event of the person in charge being absent.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Inspectors found from a review of residents needs that the designated centre was insufficiently resourced to support the needs of many of the residents to achieve their individualised plans due to the deployment of staff in two of the bungalows.

The designated centre physically met the resident's needs, and there was access to vehicles to facilitate trips out. However, as there were periods of time with only one staff in each house, there was a negative outcome for residents. For example, most residents were only leaving the campus occasionally, some as little as twice a month. Each day there was a period of time when all residents in a bungalow would only be able to spend time in the bungalow or garden, as there was insufficient staff to provide support other than supervision, and prompting.

In one bungalow staffing levels were higher, and some residents had agreed one to one support arrangements in place, and so the outcomes for residents were seen to be that they were engaged in a wider range of activities more frequently.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

Inspectors observed that at times there were insufficient staff available to meet the assessed needs of the residents at the time of the inspection. Adequate supervision arrangements were in place, but some improvement was needed to the training for staff members.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. However, at different times through the day, for example during staff breaks and when one staff was taking another resident to an activity, there were up to five residents with one member of staff to support them. Some of the residents had complex needs, and in some instances the combination of needs would result in needing more than one staff to be available to meet those needs, for example mobilising around the bungalow and meeting personal care needs. In one house, there was a separate section of the bungalow where someone resided that also needed regular supervision as well as residents in the main part of the building needing supervision and support with personal care including using the bathroom.

Inspectors reviewed the roster and saw that this was a daily occurrence in each of the houses that made up the designated centre.

Inspectors were informed that the roster had been altered since feedback at the last inspection, and that at times there were three staff in the house to support five or six residents. They felt this was having a positive impact on the residents who were able to access more activities, and leave the bungalow more. There was also sufficient cover to support the residents at meal time.

Relatives feedback both in questionnaires submitted to HIQA or in person was very positive about the staff. Examples of comments provided were 'All staff are caring and respectful, while maintaining dignity at all times', and 'They are so good and kind to all the residents'. Families did express concerns in the questionnaires they completed for HIQA about the staffing levels in the houses, and the use of agency staff.

There were arrangements in place for using agency staff. Inspectors saw a copy of the service level agreement, which included the arrangements for assuring staff used had been through appropriate recruitment checks.

The person in charge and area manager provided details to the inspectors of the staff who had been recruited and would be starting in the near future. It was their hope this would reduce the use of agency staff.

Staff knew the residents well, and were seen to have the skills and experience to meet their needs. Residents seemed comfortable in their company, and were seen to enjoy being involved in activities in the bungalow, and also heading out to the day service or for a walk around the grounds.

On each shift there was a person identified as being in charge. The staff rota matched the staffing in place at the time of the inspection.

Annual appraisals were being completed, and the information supported the development of the training plan. Staff meetings were taking place regularly in each bungalow, and there was also a meeting of the managers of each bungalow and the person in charge. Staff felt the new shift pattern had also improved the ability to share information with colleagues, which was improving the organisation of care and support in each bungalow. Topics discussed at the meetings included staff training, residents needs and preparation for HIQA inspections.

Training records confirmed that staff had received training both on an annual basis and an as needed basis. All staff had completed training in fire safety, protection of vulnerable adults and moving and handling. It was noted however that very few staff had completed training around autism, and a number of staff had not received training or a refresher training in positive behaviour support. The provider nominee explained that this was planned and the training schedule was seen by inspectors.

Training records showed that induction training included, but was not limited to, Health and Safety, Fire safety and evacuation, manual moving and lifting of residents, prevention of abuse and responding to complaints.

Inspectors reviewed recruitment policies and procedures and found that they reflected the requirements of regulations. A sample of staff recruitment records completed and they were found to be compliant with the regulations, and included all the information set out in schedule 2.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records and most of the required policies were in place. The provider was in the process of developing outstanding policies.

Written operational policies were in place to inform practice and provide guidance to staff. Inspector found that staff members were sufficiently knowledgeable regarding these operational policies.

The one policy that was not available on the day, but the provider was working on was a Communication Policy specifically for residents.

Inspectors found that medical records and other records, relating to residents and staff maintained in a secure manner.

Inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and included a summary of the complaints procedure.

The directory of residents was maintained up-to-date and there was satisfactory evidence of insurance cover was in place.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003727
Date of Inspection:	23 June 2015
Date of response:	29 July 2015

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 16: Use of Resources

Theme: Use of Resources

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

Residents did not have access to sufficient support levels to ensure they could participate for extended periods of time in a range of social, educational and recreational activities.

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

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The designated centre has an approved staff complement which is agreed as part of the service level agreement signed with the HSE annually.

An annual needs assessment to be carried out by CNM3. This to be updated more frequently if the needs/identified risks for the residents change.

A review of staffing to be carried out annually by the Service Manger, Director of Nursing, Director of HR and CNM3 using information obtained from the needs assessments of residents in the designated centre to inform staffing requirements.

Any requirement to increase the staff complement as a result of the annual review will be submitted to the HSE for approval of funding.

Vacant posts in the designated centre as outlined in action for outcome 17 will be filled through an active recruitment process and will result in sufficient staff being available to ensure residents have access to increased outings and activities.

The weekly roster will be planned in a flexible manner to ensure sufficient staff resources are available to enable residents to access activities and outings as per their personal plan.

There will be a monthly audit of activities and outings for each resident, carried out by their keyworker to ensure the residents social needs are met according to their personal plan

Proposed Timescale: 30/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff available was not always sufficient to meet the identified health, social and emotional needs of the residents.

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:

Three Care staff have being interviewed with start dates of 29th June, 27th July and 3rd of August respectively.

Interviews for staff nurses are taking place on the 30th July and 2.5 WTE nurse staff nurse posts to be filled.

Interviews for Care Staff taking place on the 30th July, 13th & 14th August. 3 WTE posts to be filled. A relief panel will also be formed from which vacancies created by sick leave and annual leave will be filled.

Proposed Timescale: 30/12/2015

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 communication policy was in development and so not available on the day.

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:

Communication Policy for Service users was completed on the 13th July and a copy has been viewed by an inspector on a subsequent visit to another designated centre in the same campus

Proposed Timescale: 13/07/2015