

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Dara Residential Services
<b>Centre ID:</b>	OSV-0002325
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Dara Residential Services
<b>Provider Nominee:</b>	Aoife O'Toole
<b>Lead inspector:</b>	Karina O'Sullivan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	16
<b>Number of vacancies on the date of inspection:</b>	4

## 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:
26 January 2016 10:00	26 January 2016 19:30
27 January 2016 08:30	27 January 2016 18:00

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 designated centre by the Health Information and Quality Authority (hereafter called HIQA). This designated centre is Dara community service and is operated by Dara residential services, a company registered as a charity. Dara community living (hereafter called the provider) is governed by a board of directors to whom the CEO (Chief executive officer) reports.

Dara community residential supports people with intellectual disabilities by providing a community based residential service. Their aim is to support residents to "develop the competencies needed for everyday living, to contribute to the running of their

homes, and to participate in the life of the local community in accordance with their wishes" as outlined in the statement of purpose for the designated centre.

The purpose of this inspection was to monitor compliance and inform a registration decision under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the standards).

The inspector also followed up on the 16 actions required from the previous inspection in January 2014 which looked at seven outcomes.

The designated centre provided a residential service to 16 adults with a current vacancy for four residents. This designated centre comprised six community houses, all were two storey houses. Five houses were occupied while the sixth house was currently empty.

As part of this inspection, the inspector visited the six houses and met with some of the residents and staff members and reviewed questionnaires returned by residents and relatives. The inspector observed practice and viewed documentation such as personal plans, medical records, recording logs, policies and procedure, minutes of meetings and staff files.

The residents were observed to be living in the designated centre and when spoken to were happy to live within this designated centre. Residents informed the inspector that they liked the house they lived in and enjoyed the variety of activities they were involved. Residents had access to social care needs as residents were supported to participate in activities appropriate to their interests and preferences.

Residents were supported to have access to a general practitioner (GP) and a range of other services. Some residents moved practitioner as a personal choice this process was supported by staff.

Over the course of the inspection the inspector found the residents, person in charge and staff to be courteous, supportive and helpful with the inspection process.

Overall, the inspector found that residents received a good quality service. The inspector found significant improvements in the areas of noncompliance as identified from the previous inspection. This had resulted in improvements to the quality of life for residents living in the designated centre. For example increased staffing levels were available within the designated centre to accommodate the needs of residents to participate in activities of their choice. Residents were also involved in the planning, preparation and the purchasing of food. However some areas required further improvements including the assessment of the effectiveness of plans implemented and the detection and prevention of fire within the designated centre. These and other areas identified are outlined in this report within the subsequent action plan.

**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:**

The inspector was satisfied that the privacy, dignity and rights including both civil and religious rights of residents were promoted. Residents were afforded the opportunity and encouraged to make choices and these choices were respected.

The inspector found systems in place to consult with residents in a manner suitable to their needs and abilities. For example the use of photographs to identify staff members rostered for duty. Residents also had monthly meetings within the designated centre with agenda items on topics such as, the charter of rights and fire safety. The residents discussed a recent fire drill at the last meeting in one of the houses. Meetings notes were maintained and residents recorded and signed minutes on some occasions.

Residents were consulted in relation to the interior design of the designated centre. This included the purchase of furniture and personal items for their bedrooms including music systems, pictures and bed linen.

Residents and relatives had access to the national advocacy service. The relevant contact information was displayed in the designated centre. In addition the organisation had its own advocacy committee. The inspector met some of the residents who were involved. A sample of the work completed included the results of a recent review of the service provided was discussed among the committee. This included areas such as personal plan, introduction of communication boards, and staff. One resident identified that they did not want pictures displaying staff or meals in their home. The inspector observed this choice being respected as this resident did not require pictures to communicate.

Individual safes/ secure storage were provided in each resident's room. The inspector checked the balances of a sample number of residents' accounts and these were all found to be accurate. Appropriate records were maintained in relation to managing the residents' finances. In addition weekly checks were carried out to ensure that balances were correct. The team leader also completed monthly audits of expenditure as an additional safeguard.

There was a complaints policy and procedure in place within the designated centre. The complaints procedure was displayed on the notice boards within the designated centre. Residents were aware of who the local complaints officer was and how to make contact with this staff member. The inspector viewed complaints within the designated centre, these included complaints from resident's pertaining to areas of concern to them. Such complaints were dealt with in a timely manner and learning was identified from these incidents. For example one resident was unable to attend an activity in the community due to the unavailability of a support person. This was rectified with a dedicated individual being included in the roster to accommodate the resident to partake in the weekly activity. Clear collaboration with all parties involved was evident.

**Judgment:**  
Compliant

## **Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector was satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Resident's augmentative and alternative communication needs were identified within their personal planning documentation. Supports needed by residents were put in place such as the use of talk books, visual displays for meals and staff rosters and Lamh (manual sign system used by children and adults with intellectual disabilities and communication needs in Ireland). The inspector observed all of these interventions within the residents' files and also in practice over the two day inspection. Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. Documents for house meetings and daily planners were available within the designated centre in an accessible format for residents with the use of pictures.

Residents had access to television, radio and wireless internet connection within the designated centre. Some residents also used the aid of devices such as tablets to enhance their communication further, work was being undertaken by staff to maximise the use of these devices for residents.

**Judgment:**  
Compliant

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

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

**Theme:**  
Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

From the information available the inspector was satisfied that families and friends were encouraged to get involved in the lives of residents.

Staff outlined how they facilitated residents to maintain contact with their families. This included access to telephones, transport home/ visits and family invitations to events in the designated centre including significant life events such as birthday parties.

Regular contact with family members was evident between staff and their relatives in accordance with residents' wishes. Staff assisted in the organization of holidays for both family members and residents with staff available to support the resident during holidays if required. One resident purchased a vehicle for their use this was done in collaboration with the resident, their family, staff and an independent advocate. The inspector viewed a clear contract devised and signed by all parties. The contract included the procedure in relation to the use of the vehicle, running costs and what would happen to the vehicle was no longer required.

Family members took an active part within the organization for example sitting on the board of management. The newly appointed person in charge identified that one of the family member had been involved in the interview for the post.

Links were maintained within the community as residents participated in a wide variety of activities according to their individual interests. One resident had experienced some difficulty in remaining a member of a local class. The inspector viewed how staff collaborated with the resident and the facilitator of the class. Additional supports were provided to ensure the resident was subsequently supported to re-join and participate fully in the class.

Visitors were welcomed within the designated centre and residents are building relationships among the local community including neighbours. One resident met with a neighbour daily for a chat in the mornings and takes their dog for a walk.

**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:**

The inspector was not satisfied that the residents' contracts for the provision of services outlined the information as required within the regulations. Residents' contracts did not contain accurate information in relation to the fees charged to residents and additional charges were not outlined.

A sample of residents written contracts were viewed by the inspector, the agreements were not clear in relation to the services being provided and the fees required to be paid. For example if residents had to provide their own transport. The inspector viewed contracts where residents provided their own transport and also contracts where transport was provided by the organization. There was no difference in the fee paid by either resident.

The inspector viewed the fees within the contracts the fee stated on the contract did not match the amount deducted from the resident's bank account. For example the written contract stated €60 and the amount debited from the resident's account was €13. The person in charge was able to identify that €47 was an additional income the resident was receiving and this was paid directly to the organization. This was not made clear in the contract as some residents were in receipt of this additional income while others were not.

Additional charges such as activities were also not included in the contracts viewed.

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose. There were no recent admissions to the designated centre.



**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):**

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

**Findings:**

The inspector was not satisfied all of the actions identified in the previous inspection had been achieved. The inspector did acknowledge that significant improvements had taken place in relation to the assessment of resident's needs. Collaboration with multidisciplinary team members and participation with residents in relation to their plans had also taken place. The area of concern to the inspector pertained to the assessment of the effectiveness of resident's personal plans.

The inspector did find that the wellbeing and welfare of residents was provided to a good standard. This was evident within the sample of residents' files the inspector viewed.

Each resident had a personal plan in place incorporating personal and social needs. These plans were personalised and reflected resident's individual requirements in relation to their social care needs. For example one resident had moved day service recently due to a personal preference. Another resident had the skills to travel independently, however this resident's personal preference was to be accompanied with staff and this was respected.

Resident's personal interests were reflected within their plans including sporting activities such as golf. One resident went on a golfing holiday and had plans under way to go on another. This resident also participated in golf with the assistance of a support worker every Saturday. The team leader outlined plans for the residents to become more involved in the golf course in the future as golf is of significant importance to this resident.

Clear collaboration with various day services were evident for example one resident required weight monitoring and this was clearly communicated to the day service.

Interventions such as setting up menu planners visually on a tablet had commenced. This involved both day service staff and staff from the designated centre in collaboration with relevant members of the multi disciplinary team.

Evidence of family involvement was evident within resident's personal plans for example one resident was in the process for sourcing alternative accommodation. This included family members becoming involved in the process.

The inspector was satisfied that residents had plans in place however the review of these plans did not take in to account the effectiveness of these plans. In some instances the information identified in the personal plans did not reflect actual practice. For example one resident's plan identified weekly yoga classes. However only two dates were identified that the resident attended, one in October 2015 and one in January 2016 there was no explanation as why this activity was not being achieved.

**Judgment:**  
Substantially 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 inspector found the designated centre suitable and safe for the number and needs of residents.

The designated centre comprised six community houses providing residential services to people with intellectual disabilities. All were located in close proximity to each other.

One house had extensive renovations which were nearing completion at the time of inspection this will be home to four residents. Two of the houses were home to four residents in each, while another house had two residents. The fifth house had five residents, four residents lived within the main house with one resident residing in a self contained apartment to the back of the house. The sixth house was home to one resident.

All of the houses were homely, in a good state of repair and had an adequate maintenance service.

The houses were furnished and appropriately equipped, and all had a functional outside areas.

Facilities for items to be securely stored such as files and medications were available within each of the houses.

The inspector found that the designated centre met the requirements of Schedule 6 in the regulations. For example, the designated centre was suitably heated, had suitable kitchens, bathrooms and laundry facilities while adequate private and communal accommodation was available. Resident's bedrooms were personalised in accordance to the resident's preference including soccer clubs, music and paintings completed by the residents.

**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):**

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

#### **Findings:**

The inspector was not satisfied that the health and safety of residents, visitors and staff was promoted. There were no thermostatic controls fitted in some houses to the hot water system. During the inspection the water was found to be excessively hot. The inspector also had concerns in relation to fire detection and prevention.

The inspector reviewed the risk management policies and procedures and found them to meet the requirements of the regulations. There was a clear system in place to identify, examine and manage potential hazards within the designated centre. This was evident through the risk register viewed within the designated centre. An example of this was in relation to uneven surface outside one of the houses. This was rectified and residents were satisfied with the improvement, as they were afraid of tripping on the uneven surface.

Staff identified thermostatic controls had already been identified, the inspector viewed evidence of correspondence with a contractor to install and or replace as required throughout the six houses. The inspector was satisfied that the issue of hot excessively hot water would be addressed within the designated centre.

The inspector did identify an area not already identified within one house in relation to the risk of needle stick injury and the disposal of sharps. Staff spoken to were not familiar with the procedure in relation to the sharp box when full and if this was to be transported or where to source a new box. The infection control policy made no reference to sharps disposal or management of a sharps box.

There was a health and safety statement in place. The health and safety policy was reviewed in January 2016 and was in draft format awaiting board approval.

Steps were in place to manage the risk of fire with a recent fire risk assessment completed within the six houses. The inspector did note areas of concerns including lack of fire doors or intumescent seals on doors, lack of emergency lighting and lack of appropriate alarm system to alert staff or residents in the event of a fire. However the designated centre had a detailed plan in place to rectify these issues. The inspector viewed evidence of an external contractor scheduled to progress with the outstanding items including areas the inspector had concerns about.

The inspector viewed the fire assessment and confirmed work scheduled for January had been completed for example the insulation of a break glass system at each emergency door.

Evidence of routine checks and service of the fire detection, alarm system, emergency lighting were present and equipment was being conducted by a fire professional. All staff had undertaken fire training. There were provisions for weekly checks to be conducted within the designated centre.

The inspector viewed the emergency plan and was satisfied that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. There was also clear communication with all staff pertaining to any changes in the emergency plan.

The inspector found that there was an up to date insurance policy in place with adequate cover.

From speaking with the person in charge and reviewing documentation the inspector determined that there was a system in place to monitor and review accidents, incidents and near misses in the designated centre. The inspector was satisfied that appropriate corrective actions were implemented when required. For example a resident's with mobility issues with a history of fractures has a bedroom down stairs due to personal choice and also due to reducing the risks of falls from previous accidents recorded.

Personal evacuation plans were present for residents.

All staff had attended training in moving and handling and a system was maintained centrally by the organisation to identify when refresher courses were due.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse. However improvements were required in relation to behavioural support provision as plans did not reflect current practice.

The inspector viewed a behavioural support plan, the incidences of behaviours being displayed had increased since November 2015. Elements of the plan were very informative and provided clear guidance for staff when communicating with the resident. If staff observed any of the resident's identified triggers clear verbal phrases were outlined to assist staff members to engage in a consistent approach to behavioural management.

However the inspector was not satisfied that the behavioural plan identified the following "as a last resort CPI (crisis prevention intervention) was to be implemented" with the resident. This did not guide staff effectively as no identification of the exact CPI technique was specified. The inspector queried the implementation of CPI with the resident and staff described the CPI technique required to be implemented and stated that this is "not required to be implemented". Staff were not able to identify when the CPI technique was last utilised with this resident and no record was maintained. This resident was in receipt of one to one support from staff. The inspector viewed staff files and found one relief staff had not received training in relation to behavioural support. The inspector also noted that staff had reviewed this resident's behavioural plan within the last month and retrained the implementation of the CPI technique within the plan.

The inspector also viewed behavioural charts for two residents, lack of recordings were evident with no identification why behaviour were not being recorded for example four days in January when the resident was present the record was blank.

There was a policy in place on the prevention, detection and response to abuse and staff had received training this policy had been reviewed and was currently in draft format and dates were scheduled for further staff training in relation to the revision in the policy. Staff outlined the procedures to be followed should an allegation of abuse arise.

The inspector was satisfied residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. From speaking with residents they were aware of the person to speak with should they have concerns.

**Judgment:**  
Non Compliant - Moderate

### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector was satisfied with the practice in relation to notifications of incidents. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

**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:**

The inspector was satisfied that the general welfare and development needs of resident's were promoted. Residents were afforded opportunities for new experiences, social participation, education, training and employment.

The team leaders and support workers outlined how support was provided to residents to pursue a variety of interests including art, cooking and dancing classes. Resident's also engaged in community activities such as the gym, dog grooming and yoga classes.

The inspector viewed residents' profiles and these contained relevant information in relation to activities residents participated in.

Residents were also facilitated to partake in employment within a local hotel and another resident wanted to work with children through activities. This was sampled and resulted in the resident deciding not to pursue this area of employment.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

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

**Theme:**  
Health and Development

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

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

#### **Findings:**

The inspector was satisfied that the actions identified in the previous inspection had been achieved as significant progress had occurred however, other areas of concern were identified in the following areas:

- Residents health assessments viewed were not all completed, some areas of residents healthcare plans were left blank and incomplete. For example visual screening section left blank included if the resident required glasses. One resident's health plan identified that the resident attended the chiropodist every month this was completed in 2014 however there was no evidence of this. The last recorded appointment was the 8 December 2015. An annual review of this health intervention was not evident to identify if changed had occurred since 2014.

- Health assessments had scheduled review dates, the inspector noted that changes in the health status for residents were not reflected within some resident's health plans. An example of this was the procedural steps within a diabetic plan. This was not adhered to when the resident's blood glucoses levels ranged above 8mmol/L. Clear steps were outlined within resident's plan however there was no evidence of these being implemented. Staff were not able to identify if the plan was fully implemented on the days the inspector queried from the recording sheets. The inspector noted since the 1 January 2016 the resident's reading reached 12.1mmol/L, 9.6mmol/L and 9mmol/L while also noticing that staff were also not adhering to the timeframe for obtaining the levels.

The resident's plan identified before breakfast, some of the readings were recorded after breakfast, while in some occasions no recording was obtained for example on the 13 January 2016 and no reason was identified for this.

- Other monitoring actions within resident's healthcare assessments were being completed without adequate review, such as bowel monitoring. For example while recording systems were in place residents were not supported with associated healthcare management plans as required.

- Weight monitoring pertaining to one resident was also undertaken with no evidence of review other than monthly recording. This resident also had a diagnosis of another condition. The inspector was unable to see any linkage between both areas of health needs for the resident or analysis of what interventions were being effective for this resident pertaining to weight management.

The inspector viewed an epilepsy management plan. The medications the resident was prescribed including emergency medication were in place for the resident and staff were trained in the administration of the medication.

Residents had access to a general practitioner and one resident had changed to a different practice recently as a personal choice.

Regarding food and nutrition the inspector found improvements in this area since the previous inspection. The inspector found residents participating in meal times within the designated centre. Residents assisted staff in meal preparation and participated in menu planning. The inspector viewed user friendly menu selection and weekly shopping lists. Refreshments and snacks were available for the residents outside mealtimes within the designated centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found the medication management policies and procedures were satisfactory and safe.



The policy provided comprehensive and clear guidance to staff on areas such as medication administration, refusal, medications requiring strict controls, disposal of medications and medication errors. The policy was updated and awaiting board approval.

The inspector found the sample of staff files viewed contained medication management training. Safe storage facilities were provided for medication within the designated centre.

The inspector viewed a medication incident which had occurred a few days previous to the inspection. The inspector also observed the alerting of this error through the IT system. This allowed for relevant staff to be informed including the nurse.

An audit of medications had taken place in October where several areas were identified to be addressed including PRN (Pre re nata as required medication) medications not being individualised. On viewing a sample of medications the inspector did not observe this practice in place. Minutes of staff management meetings were viewed it was clear that audit results including the medication audit were being used to enhance and improve practice.

**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:**

The inspector was satisfied the statement of purpose met the requirement of the regulations. Minor amendments were required, and these were subsequently sent in to the inspector.

The statement of purpose accurately described the services that will be provided in the centre and this will be kept under review by the person in charge. This document was also available to residents.

**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):**

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

**Findings:**

The inspector was not satisfied with the overall governance and management structure in place within the designated centre while some actions from the previous inspection were achieved one remained outstanding.

The inspector observed minutes of supervisory meeting involving team leaders and support workers. However this was less evident for the team leader's supervisory meetings with the person in charge. While meetings were taking place it was difficult for the inspector to identify the effectiveness of these meetings as no formal system was in place. For example the inspector was informed that supervision take place every 6 weeks. However one file viewed had no documented meeting since the 02 October 2015. Some meetings were not signed or dated. Therefore it was difficult for the inspector to ascertain when these meeting actually took place.

The provider had nominated a person to conduct visits to the centre at least once every six months and produce a report, while this was being completed it did not take into account the whole designated centre. Instead this focused on one house within the designated centre every 6 months.

The annual review was present however did not take into account the review of quality and safety of care in the whole designated centre instead this focused within one house.

The inspector did acknowledge that there was a clear governance and management structure in place. All staff spoken to by the inspector clearly outlined the systems and process in place within the organisation.

The person in charge had changed since the previous inspection and from discussions, interview and information provided. The inspector found that the person in charge was experienced, qualified and a suitable person in relation to this designated centre. The person in charge is supported by a director of administration, clinical nurse manager, team leaders and support workers. The inspector observed and also met with residents in the main management building where residents called into the person in charge during the inspection.

**Judgment:**  
Non Compliant - Moderate

**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 inspector found that the person in charge was aware of the requirement to notify the Authority of any absence over 28 days.

Appropriate deputising arrangements were in place should the need arise.

**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):**

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

**Findings:**

The inspector found that sufficient resources were provided to ensure that effective delivery of care and support for residents were afforded. This was completed in accordance with the statement of purpose and needs of the residents. The action identified in the previous inspection had been achieved.

The inspector viewed a sample of actual and planned rosters. The revised roster system was in place since the previous inspection. The team leader had supervision time built in to facilitate supervision time with support workers. There was also time for staff overlap to assist in the effective deliver of care and support for residents choosing to participate

in other activities or remain in their home if they so wished.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector noted significant progress since the previous inspection in relation to the implementation of a revised rota system. However improvements were required in relation to schedule 2 documents contained in staff files and also the provision of staff training.

The inspector found that there were appropriate staff numbers and skill mix provided to meet the assessed needs of residents leading to safe delivery of services. This had been achieved with a review of the rota and the implementation of two staff being present within the designated centre. This allowed for periods of overlap to enhance the residents choice should they wish to remain in their home while other residents engaged in activities in the community. The inspector viewed a sample of rotas and observed evidence of this, while residents also informed the inspector of this change in practice.

The inspector viewed a sample of staff files including training records and was satisfied that staff had received training in the areas identified as concern in the previous inspection. This included manual handling and fire training. In addition one staff member was undergoing a train the trainer programme to facilitate teaching relevant staff lamh signs. other staff members had undertaken training in relationship and sexuality, medication management, diabetic and epilepsy management. However one relief staff member had not under gone training in behaviour management and this staff member was providing care on a one to one basis for a resident with a behaviour support plan.

Supervision of frontline staff had commenced and the inspector viewed a sample of these records in various houses between the team leader and the support workers.

The sample of staff files viewed contained the information outlined in Schedule 2 with the exception of a full employment history with any gaps in employment identified.

**Judgment:**  
Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**  
Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The inspector read the residents guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the designated centre and a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. However some of the required policies as outlined in schedule 5 were not maintained in accordance with the regulations. These included the following monitoring and documentation of nutritional intake, health and safety, medication management and the detection and response to abuse policy were all in draft format awaiting board approval.

The inspector found systems were in place to ensure that medical records and other records, relating to residents and staff, were maintained in a secure manner.

The inspector viewed some of these records and noted incomplete and inaccurate recordings for the some items. When residents attended appointments such as reflexology these were being recorded in the residents daily notes and in an individual recording sheet. Inaccuracies were noted as the resident had attended more sessions than what was documented in the recording chart. In order to verify the sessions attended all daily notes for the resident would have to be analysed, this could lead to confusion for staff in relation to the needs of this resident. Another example of inaccurate records was in relation weekly shopping and residents' participation, as not

all documents were dated and signed. Therefore it was difficult for the inspector to identify how often this process took place with the residents. Multiple recording for the same data was being completed across a range of documents for example weight monitoring was being recorded in the MUST (malnutrition universal screening tool) assessment tool, monthly recording chart and daily notes.

The inspector reviewed documentation submitted as part of the application to register, and determined that there was an up to date insurance policy in place for this proposed designated centre.

**Judgment:**  
Non Compliant - Moderate

### Closing the Visit

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

#### **Acknowledgements**

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

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

Karina O'Sullivan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Dara Residential Services
<b>Centre ID:</b>	OSV-0002325
<b>Date of Inspection:</b>	26 January 2016
<b>Date of response:</b>	15 March 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The contracts in place did not contain accurate information in relation to the fees charged to residents. Any additional fees residents had to pay were also not outlined within the contracts in place.

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

**1. Action Required:**

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

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

Each person's contract (Terms and Conditions) is being reviewed and updated where required to ensure information in relation to all fees charged is clear.

**Proposed Timescale:** 27/05/2016

**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:**

Reviews of personal plans did not take into account the effectiveness of the plan or reflect changes in the residents' needs.

**2. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A review of each person's personal plan and its effectiveness will be conducted as part of each person's planning review.

**Proposed Timescale:** 30/06/2016

**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:**

Lack of appropriate management and guidance in relation to sharps.

**3. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.



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

The procedure with sharps including the storage and replacement of sharp boxes will be documented in the safety statement.

Action has been taken to ensure the safe storage and replacement of sharp boxes

**Proposed Timescale:** 29/04/2016

**Theme:** Effective Services

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

Fire management system required improvements in relation fire equipment including fire alarms, emergency lighting and fire doors.

**4. Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Upgraded fire alarms, emergency lighting and fire doors will be completed for each house.

**Proposed Timescale:** 30/06/2016

**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 working with residents had not received training in the management of behaviours nor in the application of the technique identified within the behaviour support plan.

**5. 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:**

Behaviour support plans are being updated by a behaviour specialist from 24th March.

Staff working in this area will be receiving training in its implementation.

**Proposed Timescale:** 30/06/2016

**Theme:** Safe Services

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

Behavioural plans did not represent actual practice and behavioural recordings were not complete. Therefore the identification of the causes of behaviour was difficult to establish in order for reviews to take in to account the effectiveness of the plans in place.

**6. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Behaviour support plans will include the reason why and how information is recorded and reviewed.

Staff working in this area will be receiving training recording of behaviour incidents.

Behaviour support plans will be reviewed on a regular basis to ensure their effectiveness.

**Proposed Timescale:** 30/06/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Lack of evidence in relation to the facilitation of medical treatment recommended for the residents.

**7. Action Required:**

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Evidence of facilitation of medical treatment will be present in the designated centre.

**Proposed Timescale:** 29/04/2016

**Theme:** Health and Development

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

There was a lack of evidence to demonstrate resident's health care plans were being implemented.

**8. Action Required:**

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

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

All health plans are being reviewed by team leaders and CNM1 to ensure coherency between practice and the plan.

**Proposed Timescale:** 30/06/2016

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

Six monthly unannounced visits were not conducted incorporating the whole designated centre.

**9. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider will include all houses in unannounced six monthly visit.

**Proposed Timescale:** 30/06/2016

**Theme:** Leadership, Governance and Management

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

Effective arrangements were not evident to support, develop and performance manage all members of staff.

**10. Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

All team leader supervision records will be signed and dated.

Supervision procedure will be documented in staff development policy.

**Proposed Timescale:** 30/06/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Schedule 2 documents to be included in respect of all staff members.

**11. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The gap in one staff file history has been amended.

All staff files have been reviewed and are compliant with Schedule 2.

**Proposed Timescale:** 11/03/2016

**Theme:** Responsive Workforce

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

Relief staff had not received training in behavioural management.

**12. 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 one relief staff member who is supporting the individual will receive appropriate behaviour management training.

**Proposed Timescale: 29/04/2016**

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Not all of the schedule 5 policies were available to staff as these were in draft format.

**13. Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

The four policies being reviewed by the Board (Nutritional Intake; Medication Management Policy; Safety Policy; Prevention, Detection & Response to Abuse) will be signed by the board and issued to the designated centre.

**Proposed Timescale: 29/04/2016**

**Theme:** Use of Information

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

Lack of schedule 3 documents for some residents within the designated centre.

**14. Action Required:**

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

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

Schedule 3 documents will be present in the houses

**Proposed Timescale: 30/04/2016**