

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Riverside-Sonas Residential Service
<b>Centre ID:</b>	OSV-0005452
<b>Centre county:</b>	Dublin 15
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd
<b>Provider Nominee:</b>	Lorraine Macken
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	6

## **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 1 day(s).

**The inspection took place over the following dates and times**

From: 14 October 2016 09:00 To: 14 October 2016 18:15

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

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

**Summary of findings from this inspection**

**Background to the inspection**

This was an announced inspection that was completed as a result of the provider's application to register the centre. It was the first inspection of the centre which was a new build. One inspector completed the inspection over one day.

**How we gathered our evidence**

The inspector met with the person in charge, the clinical nurse manager 3 for the centre and the service manager. As it was a new build there were no residents residing at the centre. As part of the inspection process the inspector spoke with the aforementioned staff, reviewed documents which included the centre's policies, the safety statement, statement of purpose and a resident's transition and personal plan

template. The inspector also completed a walk around the premises.

#### Description of the service

The centre was a detached dormer bungalow in its own grounds nearby to a busy suburban village. The village was within walking distance with public transport and shops available. The centre also had plans to have its own transport option to support residents' needs and wishes.

#### Overall judgment of our findings

Overall, the inspector found that the proposed plans were sufficient to support residents with their daily lives and afford them opportunities to maximise their development. The provider had proposed systems in place to ensure governance and management of the centre. The inspector noted that the management team were enthusiastic and committed to ensuring that this move for residents from their current small de-congregated setting to a community living setting would be a person centred, safe and quality experience.

All 18 outcomes were inspected against. For the most part the provider had put appropriate systems in place to ensure that the regulatory requirements were being met. The inspector found full compliance in 14 of the 18 outcomes. Substantial compliance was found in three outcomes and one was found to be in moderate non-compliance. Some improvements were assessed as required in the identification of restrictive procedures, the meeting of Schedule 1 for the statement of purpose and with staff files. Additionally, improvements were required with the centre's fire safety management system.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector observed that the centre had proposed systems and processes in place to ensure that the incoming residents' rights, dignity and individuality would be supported.

The inspector found that there were plans to involve residents in the day to day running of the house which will be facilitated through a weekly meeting. The inspector noted that as part of the transition process residents had been involved in the decorating process. Additionally, residents had been involved in the naming process for their new home. Information was available to residents regarding their rights and advocacy. There are proposed plans to set up an advocacy committee in the house.

The centre had a policy for the management of complaints with an accessible version available for residents. A nominated person was identified as a complaints officer. Also, there are plans to appoint a local in-house representative. The inspector reviewed a sample complaints log and report form.

The centre had a policy for residents' personal property, finances and personal possessions. Each resident will have their own bedroom and five of the six rooms have an en-suite bathroom with the sixth having access to a large bathroom across the corridor. There was good space and storage options available in each room. Laundry facilities were available for residents.

A locked press was available for residents' valuables. Also, plans to support residents in the setting up of individual bank accounts were outlined by the management team.

The inspector was assured that the management team had a strong and committed understanding of the resident's need to participate in activities that were purposeful and

meaningful for them. It was clear that accessing and facilitating these activities in the local community had been given strong consideration.

**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):**

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

**Findings:**

The inspector was satisfied that the centre had systems and processes in place to ensure that the communication needs of incoming residents would be met. There was written guidance available regarding communication.

The inspector observed that there was a communication section in each resident's file to highlight their communication needs and supports required. Residents also had access to speech and language therapy input.

A training module on communication was scheduled for December 2016 with staff. Additionally, the person in charge noted that some of the proposed staff members that are currently supporting incoming residents have completed training in the use of IPADS and communication Apps. These augmentative communication aids were utilised with residents to draft social stories about moving to a new house.

The inspector observed that plans were in place to ensure that the centre is part of the local community with many cited by the person in charge, for example, recent contact with the local neighbourhood watch group.

The inspector found that residents will have access to radios, television, local information and Wifi will be available in the house.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector observed that plans were in place to ensure that residents were supported to maintain personal and family relationships and links with the wider community. There was evidence that residents' families were encouraged to get involved in their lives.

The person in charge outlined that the families of the incoming residents would all be invited by letter to their relative's personal planning meeting. If the person cannot attend they would be communicated with by phone and the minutes of the meeting would be sent to them with a copy of the resident's personal plan. The inspector observed that residents' families had been involved in their proposed move to the new centre and had visited the location.

The required policy in relation to visitors was in place. There was space available for residents to receive visitors in private without any restrictions.

The inspector noted that the management team had a strong commitment to ensuring that the incoming residents would have a good community presence and be involved in activities in line with their needs and preferences.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The centre had policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

The inspector observed that admissions were in line with the centre's statement of purpose and considered the wishes, needs and safety of the resident and other

incoming residents.

The inspector reviewed a sample contract of care that would be issued to the residents. The provider also had plans to link with the residents' families. The inspector noted that the agreement set out the services to be provided and the fees to be charged.

**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):**

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

**Findings:**

The inspector found that the person in charge had proposed systems in place to ensure that the incoming residents would have opportunities to participate in meaningful activities appropriate to their interests and preferences. The inspector was assured that each resident's assessed needs and required supports would be outlined in an individualised personal plan. The plan will be drafted with the resident and include the participation of the resident's representatives. Also, the inspector found that each resident's proposed move to their new community home was person centred and well supported.

The inspector reviewed a personal plan and found that it contained all the required areas to ensure that the residents' assessed needs and wishes would be supported. Each incoming resident has had a number of assessments recently completed. These assessments included their housing needs, quality of life and a comprehensive assessment of their health, personal and social care needs. The inspector noted that there had been strong multidisciplinary involvement in the residents' assessments and supports planning.

The inspector observed that the person in charge had explored options for facilitating and supporting the residents' social care needs from their new community home. Also, plans for residents to sample new community activities were outlined and proposals that this would be further supported within the residents' weekly house planning meeting.



The inspector observed one of the incoming resident's individualised transition plan for the move to her new home. The inspector noted that this transition was underpinned by a comprehensive assessment and planning process. There was evidence of the resident visiting the new house and of being involved in the decorating of her room. Proposed plans for the facilitation of a meaningful day and social activation for the resident were also present. The plan was very accessible with, for example, pictorial information available regarding the resident's new local community.

**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):**

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

**Findings:**

Overall, the inspector found that the design and layout of the centre was suitable for its stated purpose. The inspector noted that some adaptations had been made to ensure that the premises was accessible and promoted residents' capabilities.

The inspector found the premises to be a modern building which was nicely decorated. It was situated in a cul-de-sac within its own contained grounds which had good space to the front and side of the house and a garden area. The premises entrance had an electronic gate option. The centre consisted of a large kitchen/dining area with access to a conservatory to the side. There was a separate utility room to the back of the kitchen which contained laundry facilities, additional storage, an extra fridge and sink. A separate sitting room was accessible from the hall and kitchen. The house contained six bedrooms, three downstairs and three upstairs, five of which had an en-suite bathroom. A large bathroom was available upstairs and an additional small toilet with sink downstairs. There was also an office/staff sleepover room upstairs. Overall, there was suitable storage options available for both residents and the house needs in general. The main entrance hall was spacious and bright.

The inspector observed that members of the multidisciplinary team had been involved in assessing the premises suitability for incoming residents. A number of adaptations were subsequently completed, including the insertion of rails on the stairs, the open landing was closed off and a non-slip carpet was laid.

The inspector noted that the centre had a maintenance system in situ to ensure that the centre was properly maintained for the residents. However, a number of areas required attention to ensure that the premises was appropriate for residents. These included painting in the toilet and hall, wires required tidying and some cleaning. The inspector was informed that these issues were on the snag list, that the maintenance person would complete a final walk around the premises and that environmental service were scheduled to complete a check of the water quality and temperature.

There were arrangements proposed for the safe disposal of general and clinical waste if required.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

In general, the inspector found that the centre had proposed systems in place to ensure the health and safety of residents, visitors and staff is promoted and protected. However, some improvements were required with the fire management system.

The inspector found that the provider had taken precautions against the risk of fire. Fire detection systems and fire equipment was available in the house. There was a fire register which contained the necessary checklists. Also, the inspector was informed that the house was scheduled to be reassessed by a fire consultant in late October.

There was a fire alarm present but outstanding work was required on the system. This included the changing of locks on some external doors and the wiring of the alarm system to self-release in the event of a fire. The inspector was informed that this work was scheduled for the following week.

The person in charge outlined the fire evacuation plan for residents which included day and night procedures and was underpinned by a traffic light system. Also, each resident's supports requirements will be outlined in a personal emergency evacuation plan. There are two fire exits available, one through the front door and another through the conservatory on the side.

However, during the walkabout the inspector observed that there was a fire evacuation plan posted at the back door which indicted that this was also an exit though the egress from this area was limited in space. The person in charge clarified that on review it was found that this was not a suitable option, that the fire plan should not indicate it as an emergency exit and that it will be altered.

The inspector was informed that all the doors had been replaced with a fire door option. However, the inspector noted a slight gap in one of the fire doors leading from the sitting room to the kitchen.

There were policies and procedures in place for risk management and emergency planning. There was a policy relating to when a resident goes missing. The centre had completed a health and safety statement and risk register which was developed from the incoming residents individual risk assessments. The main risks identified included slips, trips and falls, accessing and egressing transport, behaviours of concern and absconding. Fire risk assessments were also completed which will be re-done when the residents have completed a fire drill in their new home.

The person in charge outlined the proposed process in relation to investigating and learning from incidents and events. It is planned that there will be a safety representative on the staff team who will attend the service's health and safety committee meetings. Also, a safety pause is to be included in the centre's handover process.

Fire and manual handling training is scheduled to be completed with staff prior to the centre opening.

The centre had proposed systems to ensure effective infection control in the centre. Colour coded cloths were available, colour coded chopping boards were on order and personal protective equipment will be available. Also, the person in charge plans to draft a cleaning schedule which will be underpinned by required hygiene standards and HACCP requirements. An annual deep clean of the premises is planned.

**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):**

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

**Findings:**

The inspector found that the centre had proposed measures in place to protect residents from being harmed or suffering abuse. The required policies and procedures were available to inform staff practices. These included a policy for the prevention, detection and response to abuse and for the provision of personal and intimate care.

The person in charge outlined the proposed local system and the service level mechanisms that were in place. The inspector noted that the occurrence of unexplained bruising with residents was identified on the centre's risk register.

There was safeguarding training scheduled for the new staff team.

The inspector observed that there were behavioural supports available to incoming residents. These included psychiatry, psychology and the clinical nurse specialist in behaviour.

The management team outlined the centre's due process practices for restrictive practices with incoming residents and outlined a sample specific practice of on occasions locking a kitchen press with non-edible items. However, from discussion the inspector noted that this practice was not being considered as a rights restriction for the other incoming residents. This was highlighted and discussed at the feedback meeting.

A training module on positive behaviour support was scheduled for the new staff team.

The required policies which included the provision of behavioural support and the use of restrictive procedures were available to inform and guide staff practices.

**Judgment:**

Substantially Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspector was satisfied that the centre had plans and systems in place to ensure that incidents would be reported, recorded, reviewed and notified to the chief inspector when required. The person in charge was observed to be knowledgeable and aware of her reporting responsibilities.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector observed that the management team in the centre had a clear understanding of and commitment to facilitating residents with opportunities for new experiences and personal development.

Plans were made for residents to access their preferred activities in their local community to sample new activities and to forge relationships at every opportunity. Skills teaching was noted to be incorporated into the residents' social goals and their life skill development, for example, food preparation.

The required policy on access to education, training and development was in place.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that the person in charge had proposed systems in place to ensure that the healthcare needs of residents were assessed, reviewed and met. These needs and plans will be documented within the residents' personal file. The inspector observed that residents' files additionally contained health communication and immunisation passports, pain scale assessments and observation charts if required.

The person in charge outlined the proposed plans with regard to residents' general practitioner (GP) services and noted the research that had been undertaken in ensuring that the choice was a good fit for the residents' profiles. This included transport access, option of male and female GPs for residents and local infrastructure.

The inspector was assured that the proposed residents will have access to multidisciplinary (MDT) supports and that there will be continuity of support for those who are already receiving same. MDT supports included psychiatry, psychology, physiotherapy, clinical nurse specialists in behaviour and dementia, speech and language and occupational therapy. A number of the MDT members were observed to have been involved in the residents' assessments and transition plans. Residents' established access to allied health professionals will continue to be supported in this centre with plans proposed to source some local services. For example, chiropody if appropriate for the resident.

The inspector was assured that the food provided in the centre would be nutritious, varied, of their choice and available in sufficient quantities for the residents. Residents will have a weekly meeting to discuss menu options and the inspector observed that their likes and preferences have been captured. Additionally, the inspector was assured that residents' specialised diets will be supported and that they will have access to the support of a dietician.

The person in charge outlined the related training that is planned for staff with a dietician, speech and language therapist and the service's catering manager. Competencies included food and nutrition, dysphagia support and consistency and food safety.

Proposed options and plans for residents to get involved in food, snack and meal preparation were highlighted by the person in charge who had undertaken research with regard to skill teaching programmes.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that there were plans in place to ensure that residents will be

protected by the centre's policies and procedures for medication management. The available policies underpinned practices regarding the ordering, prescribing, storing and administration of medicines to residents. The proposed processes for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

Additionally, when the final decision is made regarding the residents' pharmacy choice, the person in charge outlined the proposed plan to draft a local guideline to further inform and guide staff practices. The inspector observed that the provider had explored a number of options to ensure that an appropriate community based pharmacist would be available to the residents.

The inspector was informed that medication will be administered by social care workers who will be trained in the safe administration of medication. Also, there are plans for staff to complete training in the administration of buccal midazolam. Three of the proposed five social care workers on the staff team have previously had the experience of administering medication.

There was a separate storage area in the staff office to ensure the safe storage of residents' medication. There was also a plan for a medication fridge.

The person in charge outlined the centre's proposed system for the review and monitoring of safe medication practices. It was also noted that monthly audits of the residents' prescription and medication records are planned and that a culture of openness with regarding to learning from any identified issues will be strongly promoted.

The proposed residents for the centre have had capacity assessments completed and subsequently will be supported with all their medication needs.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The provider submitted a statement of purpose with their application to register. The statement of purpose was dated 27 July 2016. The inspector found that in general it

outlined the aims, objectives and ethos of the designated centre and the facilities and services to be provided for residents. It was in line with the majority of the Schedule 1 requirements but some improvement was required with the service organogram as it was incomplete. Also, additional information regarding the specific criteria for admission to the designated centre and reference to emergency admissions needed to be included.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The provider had proposed arrangements in place in relation to the governance and management of the centre. This included a defined management structure with clear lines of authority and accountability. Additionally, the person in charge and clinical nurse manager (CNM)<sup>3</sup> outlined the proposed management systems for the centre which included weekly local management meetings and the person in charge attending fortnightly service manager's meetings. The person in charge noted that this forum would provide support and shared learning to her role. She had plans for the minutes of these meetings to be communicated to the staff team.

The provider was aware of their responsibility to complete six monthly unannounced visits to assess the quality of care and support provided in the centre and to complete an annual review. It is proposed that these will be undertaken by the service's quality and risk manager.

Additionally, the person in charge reported that audits would be completed locally in medication management systems, residents' care plans, restrictive practices, incident reports and infection control systems.

The provider had plans in place to support, develop and performance manage the staff team.

The person in charge was found on interview to have the relevant qualifications and experience for the type of service that was to be delivered in the centre. Also, the



person in charge was found to knowledgeable of the legislation and aware of her statutory responsibilities. She was noted to have a comprehensive knowledge of the proposed residents' needs and wishes and had been supporting them in their existing home for a number of months, especially with regard to their proposed transition to this new centre.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The provider had proposed arrangements in place for the absence of the person in charge. The management team were aware of the notification requirements for this situation.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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

**Findings:**

From discussion with the person in charge and person involved in management the inspector was satisfied that sufficient resources would be provided to facilitate residents' in achieving their individual personal plans.

The inspector observed the planned staffing resources and was informed that this will be reviewed when the centre is operational. Also, the person in charge outlined the centre's plan to purchase a suitable vehicle to support residents.

**Judgment:**  
Compliant

**Outcome 17: Workforce**

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

**Theme:**  
Responsive Workforce

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

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

**Findings:**

From a review of the proposed roster and discussion with the person in charge the inspector observed that the proposed staff numbers and skill mix would be appropriate to meet the needs of residents. Additionally, it was highlighted that the roster would be flexible in line with the residents' needs and wishes, with this clearly communicated to the incoming staff team.

It was proposed that the person in charge will have direct supervisory responsibility for frontline staff which included social care workers and care staff. The majority of the staff members were already supporting the incoming residents in another of the service's centres. The person in charge will be working Monday to Friday in the centre and will be available to directly supervise staff on duty. She also outlined her plans had plans to conduct performance reviews with staff members.

Regular staff meetings are planned by the person in charge with a launch staff meeting for the centre to be conducted prior to moving. A staff communication folder and book are also proposed to ensure that effective communication is maintained.

The inspector observed the centre's training schedule for staff which was developed in keeping with incoming residents' health, safety, social and communication needs.

The centre had recruitment procedures in place. The management team noted that they had been involved in the interview process for the new staff team.

The inspector reviewed the information and documents to be obtained in respect of staff employed in the centre. The inspector found that there was a file for each proposed staff. However, an issue was identified, as one person's file had an unexplained gap in

their employment history.

**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):**

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

**Findings:**

The inspector reviewed the schedule 5 policies and procedures for the centre and observed that all, as required by the regulations, were present and in date. However, the inspector did note that the policy and procedure regarding communication with and provision of information to residents was incorporated into an overarching policy entitled staff communication which might hinder staff in accessing this information.

Records, as outlined by schedule 4 were also available in the centre. These included a statement of purpose, a residents' guide which was an easy read version and a staff roster. The inspector observed that the centre was insured.

The person in charge outlined that the residents' records will be stored in the office but will be available to residents.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
<b>Centre ID:</b>	OSV-0005452
<b>Date of Inspection:</b>	14 October 2016
<b>Date of response:</b>	21 December 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 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:**

As outlined in the report a gap was observed with one of the fire doors.

#### 1. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

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

Fire company have been onsite and reviewed fire safety issues. Plan in place to have same rectified and currently awaiting works to be completed.

**Proposed Timescale:** 23/12/2016

**Theme:** Effective Services

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

As identified in the body of the report outstanding work was required:

- regarding the fire alarm and releasing of external doors
- the clear identification of the fire evacuation exits and posting of the fire procedures.

**2. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Locks have been changed on external doors and wiring of the alarm system to self release has been completed. Fire plans have been updated and fire evacuation exits have been correctly identified on site and in all fire evacuation procedures.

**Proposed Timescale:** 29/11/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

A proposed environmental restrictive practice for an incoming resident, within a communal area, was not additionally identified as a restriction for other residents in the house.

**3. Action Required:**

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

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

Restrictive procedures have been updated for all other individual service users on site and will be reviewed/updated to reflect the move to their new home.

**Proposed Timescale:** 16/12/2016

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

As outlined in the body of the report some additional information was required to ensure that the document complied with the details of Schedule 1.

**4. Action Required:**

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

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

Service Organagogram has been updated and inserted into the statement of purpose, specific criteria for admission and emergency admissions have also been included.

The PIC has revised and rectified the Statement of Purpose to include the amended date and the centre organisation structure, as per email correspondence on the 13th December 2016. The Statement of Purpose was re submitted on the 20th of December 2016.

**Proposed Timescale:** 29/11/2016

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

An unexplained gap was identified in a staff member's file.

**5. 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:**

Human Resources Department have reviewed information and documents as specified in schedule 2, where gaps have been identified documentation has been forwarded for completion by relevant staff members

**Proposed Timescale:** 30/11/2016

