

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rossan View
Centre ID:	OSV-0005579
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Lorraine Macken
Lead inspector:	Thomas Hogan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

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: 06 June 2017 09:30 To: 06 June 2017 12:00

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

This was an announced inspection to inform a registration decision following an application to the Health Information and Quality Authority by the Daughters of Charity Disability Support Services Company (the provider). The centre was a new build and this was its first inspection.

At the time of inspection there were no residents living in this centre as it was not operational. All proposals outlined during the inspection by the person in charge and senior management team will be checked and verified at the time of next inspection.

The service provider outlined their plan to support two persons with disabilities in the centre, with one moving in initially. This registration found that the centre demonstrated good levels of compliance across the eight outcomes assessed.

The inspector found that the person in charge was experienced, skilled and qualified professional, with qualifications in nursing. She was undertaking a postgraduate masters programme in the area of applied behavioural analysis at the time of inspection. The person in charge had significant experience of supporting individuals with complex needs in residential settings and informed the inspector that her role would be shared across two designated centres.

The person in charge highlighted that she was supported in her role by two Clinical Nurse Managers 1 who were based in the other centre, and a care staff team who would be based in the centre inspected. From discussions and review of rosters it was clear that she would be present in the centre on a regular basis.

How we gathered our evidence:

The inspector spoke with the person in charge and with two senior managers of the organisation about the service to be provided. All were found to have experience in managing residential service for individuals with disabilities and knowledge of their remit in relation to the Health Act and Regulations.

The inspector reviewed the proposed documentation to be used such as care plans, policies and procedures, sample staff rosters, transition plan for one resident, emergency egress plans, and risk assessments. In addition the inspection involved a full walkthrough of all areas of the centre

In addition, the inspector reviewed the application submitted by the provider for the registration of this designated centre.

Description of the service:

The designated centre is a large four bedroomed, two story house located in a Dublin suburban setting. The centre was very well finished throughout with spacious rooms furnished to a high standard. There was access to public transport within a short walking distance from the centre and the person in charge informed the inspector that a transport vehicle would be made available on a full time basis to the centre.

Overall judgment of our findings:

This inspection found that the centre was compliant across all outcomes assessed and there was an experienced and qualified person in charge in place to manage the centre who was supported by a team of appropriate health and care persons.

Plans were in place to ensure that the health needs of residents would be provided for. Residents would have access to a general practitioner and pharmacy of their choice and to a range of other allied health professionals.

The person in charge discussed arrangements in place to meet the social care and personal needs of residents and to ensure that there were adequate opportunities to participate in activities.

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 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 was satisfied that, when implemented, the care and support as described by the person in charge would be consistent and sufficiently provide for the resident's assessed needs and wishes.

The inspector viewed a personal plan for one resident and found that it was comprehensive and clearly identified the health, personal and social care needs and proposed plans to address those needs. These needs included health and wellbeing, community inclusion, building life skills, intimate care, using public transport, and behavioural supports.

A comprehensive transitional plan was also viewed by the inspector. This outlined detailed information on how the resident and their family were consulted with and supported through the transition process. There was evidence of multi-disciplinary input with regards to planning and managing the transition and regular meetings had been held to review progress. Consideration was given to the resident's likes and dislikes, communication needs, transport requirements, social activities, and they were actively involved in choosing the décor and finished of the centre.

The resident had visited the centre on several occasions over the weeks prior to the inspection to allow for a period where they could become used to the new environment, choose a bedroom and allow for adjustment to the new accommodation. The staff working with the resident in their previous residential setting would be transitioning to the new designated centre also.

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:

The inspector found that the centre was suitable for its stated purpose. It was also found to be spacious, homely and very well furnished and decorated throughout.

Each resident would have their own bedroom, one of which had an en-suite facility. There was a separate spacious communal bathroom which had a bath and shower combined.

There was accommodation for staff who would be sleeping over in the centre at night time. This room also contained some documents and items required for the running of the designated centre and were observed to have been stored in an appropriate manner.

The person in charge informed the inspector that residents would have opportunities to, and be supported to, decorate their rooms in accordance with individual likes and dislikes. A spare bedroom was viewed by the inspector and the person in charge explained that this would be used for recreational use by one resident who required space for electronic and assistive technologies.

The centre had a very well equipped and spacious kitchen/dining area. This space was very well decorated and provided opportunity for the preparation of meals within the centre. There was a utility room off the kitchen/dining space which contained washing and drying facilities for clothes. The person in charge informed the inspector that residents would be encouraged and supported to attend to their own laundry if they so wished.

There was a separate spacious sitting room area which was furnished and decorated to a high standard.

There was a small garden area to the front of the designated centre and space for parking two vehicles. At the rear of the property there was a moderately sized garden

which was secure and offered recreational space for residents.

The inspector was informed of the procedures for the disposal of general and clinical waste.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the centre and that there were adequate policies and procedures in place to support the overall health and safety of residents.

There was a Safety Statement in place in the centre and this made reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management which outlined procedures for the identification, management and review of risk. The person in charge discussed the approach to managing risk in the centre and was found to be very knowledgeable in the area. The inspector viewed completed risk assessments, and associated documents, which appropriately addressed specific risks associated with the resident. There was evidence available of consultation with family members in this process also.

Personal emergency egress plans were available which detailed the actions required during an emergency evacuation. The person in charge informed the inspector that two fire drills would be completed within the first six weeks in order for residents and staff to become very familiar with the actions to take in the event of a fire.

The designated centre had a fire alarm system in place and emergency lighting. Smoke detectors were fitted throughout the building and the inspector observed that carbon monoxide were also in place. The person in charge informed the inspector that systems would be put in place to ensure the regular maintenance and service of fire alarms, carbon monoxide alarms and emergency lighting.

The person in charge outlined the routine checks that would be carried out in the centre. These included weekly checks of the fire alarm by staff and weekly checks of the

fire escape routes.

In addition to this, the person in charge outlined that fire fighting equipment was to be serviced and maintained at regular intervals by appropriate personnel.

The inspector viewed training records for the staff team of the designated centre and found that all had completed fire training and manual handling training.

The person in charge assured the inspector that systems would be in place for the regular maintenance and service of the vehicle used by the centre.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector was satisfied that adequate measures would be put in place in the centre to protect residents from abuse.

There was a policy in place for the protection of and welfare of vulnerable adults and the management of allegations of abuse which was dated January 2016. The overall aim of this policy was to ensure that all residents who used the service were protected from abuse of any kind and it outlined the responsibility of staff in protecting vulnerable adults, how to respond to issues, and the appropriate reporting procedures.

The inspector spoke with the person in charge of the centre and it was found that they were very knowledgeable in this area. The person in charge was and the measures they would take to protect residents from abuse.

From reviewing staff training records the inspector found that all staff had completed training in the in the area of safeguarding vulnerable adults within the appropriate timeframes.

The inspector was satisfied that residents would receive behavioural and therapeutic supports that would promote a positive, non aversive approach to behaviours which may challenge. A review of a positive behavioural support plan for one resident outlined the approach to be taken by staff in managing behaviours which may challenge.

Staff training records highlighted that all staff that would be working in the designated centre had completed formal training in the area of behaviours which may challenge, and more informal training locally by a member of the multi-disciplinary team which focused on the individual needs of the residents in the designated centre.

There was a policy in place regarding the use of restrictive practices. It was found that this guided practice in the use of restrictive practices. The inspector identified three restrictive practice that would be in use in the designated centre. The person in charge confirmed this and assured the inspector that all of the associated risks warranted the restrictions to be in place. Risk assessments for these were in place and accompanying documentation highlighted the involvement of a multi-disciplinary team member. These restrictions were to be reviewed in after a three month period. The resident's family were informed of these restrictions.

There inspector found that there was no use of p.r.n. medications in the management of behaviours which may challenge.

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 was satisfied that the health care needs of residents would be regularly reviewed with appropriate input from members of the multi-disciplinary team as and when required.

A health assessment for one resident was viewed by the inspector and it was found to guide practice. The person in charge was knowledgeable in the area of health care needs of the residents and informed the inspector of a recent review of one resident by a dietician. The recommendations that were made were being acted upon and the service had received input from a catering manager on how to incorporate healthy eating options for one resident.

The inspector was satisfied that once the proposed practices were implemented, residents' nutritional needs would be met to an acceptable standard.

The person in charge outlined the access available for residents to a general practitioner (GP). While residents would access their GP in the local community, some support was available from the organization's GP if one resident was unable to attend their own GP in the community practice as a result of behaviours which may be of concern. Out of hours on-call GP services were available to resident using the services of the designated centre.

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:

Overall the inspector found that the proposed medication management policies and procedures were satisfactory and safe.

The designated centre had a policy regarding medication management in place and it was found that the aim of this policy was to ensure the safe administration and management of medication for all residents using the service of the centre.

The inspector found that the person in charge was clear on the procedures regarding the administration, ordering, storage, and disposal of medication. There was no anticipation that controlled medication would be used in the designated centre and p.r.n. medications would have protocols in place to guide staff regarding their administration.

The inspector found that there were no self administration of medication assessments or medication plans completed within the designated centre at the time of inspection, however, the person in charge assured the inspector that these would be completed within seven days.

From reviewing staff training records it was found that training in the area of safe administration of medication was completed by all members of the proposed staff team.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis. Effective management systems would also be in place to support and promote the delivery of safe, quality care services.

The person in charge informed the inspector that arrangements would be in place for an annual review of the quality and safety of care in the centre. Arrangements would also be in place for unannounced visits to the centre on at least a six monthly basis where audits would be carried out by a member of the management team.

The inspector was satisfied that there were clearly defined management structures in place which defined the lines of authority and accountability. The centre was managed by a suitable qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of service.

The person in charge was knowledgeable about the requirements of the Regulations and Standards. They were also committed to their own professional development and were undertaking a post graduate course in the area of applied behaviour analysis.

Support was provided to the person in charge by a service manager who was in attendance at the Introductory Meeting, and also partook in the feedback meeting via telephone at the end of the inspection. The service manager informed the inspector that a current staff vacancy of care support grade was under review and they were anticipating that this may be upgraded to a post of social care worker which would provide additional support in terms of governance and management within the designated centre.

The person in charge explained the on-call arrangements which would be supporting the designated centre. A night supervisor from the local campus service would respond to

any emergency in the designated centre in approximately five minutes and supports would be available via telephone for non-emergency matters.

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 the information available at the time of inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was also available which outlined that all staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The person in charge and the service manager informed the inspector that staffing levels would be based on the assessed needs of the residents availing of the services of the designated centre. A sample staff roster was viewed by the inspector.

There were arrangements in place for both formal and informal supervision of staff. The person in charge informed the inspector that they would carry out informal supervision through unannounced visits to the designated centre and through team meetings, while formal supervision would be held at least annually through performance appraisal mechanisms and more frequently if required.

The inspector viewed staff training records and there was evidence that the staff team transferring to the designated centre had attended a range of training in areas such as the management of behaviours which may challenge, safe administration of medication, manual handling and fire safety.

Staff files were not reviewed as part of this inspection.

Judgment:

Compliant

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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:

Thomas Hogan
Inspector of Social Services
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