

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Navan Road - Community Residential Service
Centre ID:	OSV-0003062
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 27 July 2017 12:00 To: 27 July 2017 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 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the designated centre and was to monitor compliance with the Health Act 2007 (Care and support of persons (Children and adults) with disabilities) Regulations 2013, and follow up on actions raised at the last inspection of 06 June 2015. The centre was granted registration on 11 October 2015.

Description of the service:

The provider's written statement of purpose describes the centre as providing residential care to eight adult residents with medium support needs in a social care environment. The centre is staffed by social care workers on a 24 hour basis. The centre is located in a local community in North Dublin, with good access to local amenities, accessible transport links and community based activities.

How we gathered our evidence:

The inspector met six residents who live in the centre on a full time basis, two staff

members and the person in charge. The inspector reviewed documentation such as residents' assessments and care plans, risk assessments, minutes of meetings, accidents and incidents records and policies and procedures.

Overall findings:

The inspector found that residents were receiving a residential service that was of good quality and was safe. There were effective governance and management structures and systems in place to operate, resource and oversee the care and support given to the residents living there. The person in charge worked fulltime and was well known to residents and staff. Residents' healthcare and social care needs were met through a system of assessment and planning, and risks were well managed. Residents told the inspector that they liked their home, were comfortable there and that staff were supportive to them.

The actions from the previous inspection had been adequately addressed by the provider and person in charge. Of the 10 outcomes inspected, the inspector found that nine outcomes were fully or substantially compliant with the Health Act 2007 (Care and support of persons (Children and adults) with disabilities) Regulations 2013. Outcome 1: Rights, dignity and consultation was found to be moderately non-compliant with improvement required in relation to the promotion of residents' rights through respecting the centre as a home environment.

All the findings are outlined within the body of the report and areas in need of address are outlined in the action plan at the end.

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:

Overall, the inspector found that residents were respected in the designated centre, their information protected and their dignity and privacy promoted. Residents were consulted regarding the day to day operation of the centre and in decisions around their care. That being said, some improvements were required in relation to the use of the premises to respect and promote the designated centre as a homely environment.

The inspector found there to be policies and practices in place to value and protect residents' belongings and finances. Residents were encouraged to be involved in the management of their own possessions to the best of their abilities. Where staff needed to support residents with this, these supports were well documented and checked.

The inspector found there to be an effective complaints process in place. Residents and representatives had the opportunity to raise issues or complaints through resident meetings, or raising issues verbally or in writing with the staff working in the centre and the person in charge. The inspector reviewed the documentation in relation to complaint management and found complaints appeared to be recorded, investigated and reviewed. Responses were sought from complainants to determine if they were satisfied with the action taken to deal with issues.

The inspector found that each resident had their own private bedroom, with ample space for their personal belongings. The centre had a pet dog which residents enjoyed.

The inspector found that while the practice of using a residents' bed room when vacant for people from other designated centres had reduced and the practices around

discussing and consulting with residents around this had improved, it was still in need of address to ensure residents' rights were fully promoted, and a homely environment encouraged. For example, a resident was consulted over the phone in March about another person using their bedroom and agreed to this. However, a few days previous had voiced complaint at other people being in their room, and touching their belongings. The provider's most recent Annual review in May 2017 recommended that this practice completely cease. The inspector found that while it had reduced significantly, and no one had stayed in the centre for respite in 2017 to date, the policies, statement of purpose and contracts still allowed for this to continue. This was in need of address.

Similarly, since the previous inspection a storage room upstairs was now being used as an office for an on-call night staff. This staff member was not a staff employed to work directly in the designated centre, but worked for the provider. This resulted in a room upstairs being occupied each night by a nurse-on-call who may have to come in and out of the centre during sleeping hours of residents, use their facilities and answer phone calls. While some practical measures had been taken to reduce disturbance (such as ensuring telephones were on silent, and gently closing the hall door), the location of an office within the designated centre was not fully promoting of the homely environment and residents' rights. There had been one complaint raised in October 2016 regarding this, and some residents' sleep care plans laid mention to disturbances from this office as a possible issue.

These two practices were in need of review by the provider as they were not ensuring residents' rights were fully promoted or treating the designated centre as a home environment.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Since the previous inspection, improvements had been made to ensure a more stable and consistent staff team were employed in the designated centre. This had positively impacted upon the supportive interventions in place regarding residents' communication needs.

As found on the last inspection, there remained clear information on residents' individual support needs regarding their communication. There was access to allied health professionals to ensure communication needs were appropriately assessed. For example, speech and language therapy, occupational therapy, audiology and ophthalmology services.

Interactions on the day of inspection were inclusive of residents' individual ways of communicating and were positive and familiar.

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):

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

Findings:

The inspector found that the written agreements for the provision of services and care and support had been reviewed since the previous inspection. Residents had clear written agreements in place which outlined any costs involved in their care and support while residing in the centre. Information had been added to the written agreements regarding the potential for the occasional use of a residents vacant bedroom to provide for respite to other people.

The inspector reviewed a sample of residents' financial records, and found that fees being paid were in line with what was agreed in the written agreements.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector found that the care and support offered to residents was in line with their assessed needs and their wishes.

The inspector spoke with some residents and reviewed documentation. Residents had assessments completed on their health, personal and social needs. Where identified needs or risks were required, there were written plans in place to outline the supports to improve these areas. For example, learning to cook a meal independently. The focus on goals in personal plans were linked to skills teaching, attending activities of choice and community integration. Such as joining a library and taking part in a book club. Some residents told the inspector how they liked to spend their time, and the different community based activities they took part in.

Residents had access to day services operated by the provider if they wished to avail of these.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre, and effective risk management systems were in place.

On review of records of accidents, incidents and adverse events, the inspector found that in general there were low incidents in the designated centre. Each incident or near miss was recorded by staff, and reviewed by the person in charge.

There was a risk management policy in place in the designated centre which met the requirements of the regulations. The inspector found that any potential risk for individual residents had been identified, assessed and control measures put in place to alleviate or reduce them. Environmental risks were also identified, managed and reviewed and there was a safety statement in place in the centre.

The inspector found that there was an alarm and detection system in place, emergency lighting and suitable fire fighting equipment. These were all evidenced as serviced and checked by professionals on a routine basis. Fire drills were done regularly and residents were supported to evacuate in the event of an emergency with individual personal evacuation plans. Staff had all received training in fire safety which was evidenced as being up-to-date.

Residents told the inspector that they felt safe living in the centre and it was a homely place to live.

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents were safe and protected from harm or abuse in the designated centre. There were procedures and systems in place to prevent, detect and respond to any concern or allegation of abuse or harm. Staff aware of who to report to and all staff members had received training in this area.

On review of information the inspector found that there were only two incidents of a potential concerns that had been notified to HIOA this year, and these related to issues between peers which were well managed, discussed with residents and were found not to have a negative impact on residents' experience in the centre. Residents told the inspector that they felt safe in the centre and that residents got along with each other.

The inspector reviewed residents' assessments and plans and found that no residents

had been identified as requiring additional support in relation to behaviours of concern. However, there were systems in place to access members of the multidisciplinary team if this was required. The centre also had a clinical nurse specialist in dementia available to support residents who may require this in the future.

On review of risk, the inspector found that there was low risk of aggression or violence in the centre, but at times there had been some emerging incidents with residents getting frustrated and acting differently to their usual behaviour. On review of training records, the inspector found that there had been no training given to staff on the management of behaviour or the promotion of positive behaviour support for residents. This was in need of address, to ensure as residents' needs changed the staff had the skills and knowledge to support them positively.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' healthcare needs were met through appropriate access to allied health professionals, the assessment of health risks and needs and the implementation of health plans.

Residents had their own General Practitioner (GP) and the service took a multidisciplinary approach to residents' care and support. For example, allied health professionals met together to discuss the needs of residents and to formulate plans. Residents had access to a wide range of professionals either provided by the service provider, or through the public health system. For example, dietitians, speech and language therapists, psychiatrists, social workers, public health nurses, clinical nurse specialists in dementia, dentists and opticians.

Following assessments residents had clear written care interventions for any identified health risk or need, and these were found to be reviewed regularly and updated as required. Documentation indicated that there was a focus on promoting residents' skills and independence in relation to their health. Residents were involved in choosing meals and snacks in the centre, some assisted in the preparation and cooking of meals, and there was a focus on the promotion of healthy food choices. Residents who had been advised by health professionals in relation to their specific diets or meals were supported

and encouraged to follow this advise.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were protected by safe medicine management practices.

Medicine was administered by social care workers in the designated centre and staff received training in the safe administration of medicine inclusive of a competency assessment. Training records showed that all staff were up-to-date in their refresher training and had also received training in the administration of rescue medicine for epilepsy.

Residents were encouraged to be in control or involved in their medicine to the best of their abilities and wishes and some residents self medicated. Risk assessments had been completed to determine any supports required. These assessments were reviewed annually or as needs changed. For example, some residents had their own keys to their medicine storage and were observed to be in control of their own medicine on the day of inspection.

Medicine was securely stored in the designated centre in a discreet location. Documentation was clear, and maintained in line with best practice. For example, all medicine was signed off by the prescribing doctor, any discontinued medicine was signed off and removed from the record to avoid any potential errors. There was a uniform documentation system in place along with pre-packed medicine prepared by the pharmacist.

There had been a number of medicine errors over the past eight months, which resulted in an average of two errors a month. This was reviewed to identify possible reasons.

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):

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

Findings:

The inspector found that improvements had been made since the last inspection in relation to the governance and oversight of resources in the centre.

The provider had appointed a person to conduct an annual review of 2016 which was completed over two days, and compiled a report on areas in need of address or improvement. The provider had also ensured unannounced visits had been undertaken in line with the regulations.

The person in charge had not changed since the previous inspection, and met the requirements of the regulations. The person in charge reviewed accidents, incidents and adverse events and also managed complaints locally in the centre. There were systems of review and analysis in place for these areas, along with systems to ensure the care and support as documented in residents' files were reviewed, amended and brought about improvements.

There was both a formal and informal system of supervision in place, with the person in charge working directly alongside staff on duty during the week, as well as formal meetings of performance appraisals held annually. There were routine staff meetings to discuss any issues regarding residents' support needs, the centre itself or staffing issues.

The resourcing issues had been addressed by the provider since the previous inspection.

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 found an increase in the numbers of permanent staff employed to work in the centre since the previous inspection and found that this improvement had ensured the resources were in place to adequately meet residents' needs. Residents and staff both felt that the staffing in place was now stable and familiar. This was evident in the improvements under outcome 2: Communication.

Interactions observed and discussions with staff regarding residents were respectful, familiar and positive. Residents told the inspector that the staff were nice and helpful and they knew who would be working with them each day. There was a photographic roster on display in the kitchen area. Due to the increase in permanent staff, there was less reliance on unfamiliar staff (relief or agency) to work in the centre, which was promoting both security and continuity of care for residents living there.

The inspector reviewed the training records for the centre and spoke with staff. In general the provider was ensuring that staff were provided with training in key areas to allow them to do their job effectively. Should residents' needs change there was other service wide training available for staff. For example, training in dementia. Some minor improvement was needed in relation to the provision of refresher training in safeguarding and manual handling for some of the staff working in the centre, and in ensuring records for newly employed staff and relief staff were available in the designated centre.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003062
Date of Inspection:	27 July 2017
Date of response:	9 October 2017

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider was not ensuring residents' privacy and dignity in respect of their personal and living space and promoting an ordinary homely environment due to the following practices:

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

- The location of an office for on-call cover in the centre

- The policies and procedures around the use of vacant residents' rooms for "respite" purposes to facilitate reduced resourcing in other designated centres.

1. Action Required:

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

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

The location of the night managers' office will be reviewed and the residents will again be consulted with in relation to this.

The use of vacant resident's rooms will again be reviewed and residents consulted re the use of same.

Proposed Timescale: 31/12/2017

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 were not provided with training to ensure should a resident display behaviours of concern, they are appropriately skilled to respond and manage it.

2. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

A training needs analysis had identified staff requiring training in the area of Behaviours of Concern. These names have been submitted to the training Department for training.

Proposed Timescale: 01/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Out of six staff members working in the centre there were some gaps in the provision

of refresher training in the following:

- One staff was out date in manual handling training
- Three staff was out of date in safeguarding residents refresher training
- Training records for a newly employed staff were not available to view on the day of inspection.

3. 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:

One staff has received a date to complete refresher training in Safeguarding on 25/10/17.

Staff names will be forwarded to the Education & Training Department for Manual Handling and Safeguarding refresher training.

Training records for a newly employed staff are currently in place in the centre.

Proposed Timescale: 01/02/2018