

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Residential Service Limerick Group I
Centre ID:	OSV-0005569
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Geraldine Galvin
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
03 October 2017 10:00	03 October 2017 19:30
04 October 2017 10:15	04 October 2017 17:15

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 inspection carried out to inform a registration decision and monitor compliance with the regulations and standards.

How evidence was gathered:

As part of the inspection, the inspector met with all four residents who were residing in the centre. Residents were satisfied with the care provided to them and the approach of staff who assisted them; however, all residents were dissatisfied with the location of the house they lived in. This was due to the level of noise disturbance

and is discussed throughout this report. At the outset of the inspection the provider nominee informed the inspector of a time bound funded plan for residents to move to a new house by September 2018.

The inspector noted that since the April 2016 inspection, the person in charge structure had changed from being nurse-led to being led by a social care staff member. This new arrangement facilitated the person in charge to work with a smaller cohort of residents and be actively and closely involved in resident care.

The inspector spoke with staff who shared their views about the care provided in the centre, aspects of the service which worked well and areas which needed to be improved. The inspector spoke with the person in charge and gained an insight into her role in the operation of the centre, her impact on the centre and the challenges she faced in keeping abreast of her responsibilities.

The inspector examined documentation such as care plans, risk assessments and medication records.

The provider representative made herself available throughout the inspection and was present for the inspector's feedback at the end of the inspection.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which made every effort to provide each resident with a safe, homely environment and provide "integration into the local community". Many aspects of this home met these objectives. However, this house was located in primarily a student accommodation area which posed challenges for residents to "integrate into the local community". Hence, the provider's plan to move to a different location.

Accommodation was in a two-storey semi-detached house. The house had a sitting room, kitchen, single occupancy bedrooms, sanitary facilities and laundry facilities. The centre is part of the Daughter's of Charity community living facilities. The service was occupied by female residents.

Residents were able to get out and about almost on a daily basis. The house was well-maintained. Residents availed of day services from Monday to Friday. Transport was provided to and from the day services.

Overall judgement of our findings:

The inspector noted overall a good quality of life that residents enjoyed. The flexibility around care practices helped to minimise the occurrence of incidents around behaviours that challenge. Residents were independent in so far as possible and residents appeared happy. Providing this level of care required staff flexibility with the roster, cooperation and a cultural awareness of how residents' needs were best met.

The inspector found that care provided was respectful. The inspector saw residents going on outings, being able to spend leisure time together and develop friendships.

Residents were offered independence while their security was safeguarded.

Improvements were identified as being required under;

- * Outcome 1 (Rights, Dignity and Consultation) in regards to how residents ongoing complaints about noise disturbance remained unresolved
- * Outcome 6 (Premises) and the issues with the location of the house
- * Outcome 12 (Medication) and the clarity around some of the documentation used
- * Outcome 14 (Governance and Management) and the level of operational management that the person in charge was involved in
- * Outcome 16 (Resources) and the delay in securing alternative accommodation for residents
- * Outcome 17 (Workforce) the identified need for extra staffing that had not been adequately met.

The inspection findings are detailed in the body of this report and required actions outlined in an action plan at the end of this report

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector was satisfied that overall residents' rights and dignity were respected and that residents were consulted about how the house was run. Feedback was sought and informed practice. For example, monthly house meetings took place and residents were active in the running of the house.

Residents had access to advocacy services and information about their rights. For example, a discussion on advocacy was a standard agenda item at house meetings; a resident was in the process of joining the organisation's advocacy group and key workers advocated on behalf of residents.

There were policies and procedures for the management of complaints. Residents were aware of the complaints process and were confident in actually making a complaint. Complaints were listened to and partly addressed. The inspector saw that a complaint about the noise levels in the neighbourhood had been addressed in terms of it being reported to the Gardaí and other appropriate authorities. However, this was an ongoing problem and a longer term solution was needed. Following the last inspection where this matter was identified, the plan was to sell the house and for residents to move to another house. This was to be completed by July 2017. This timeline was not achieved and the revised date for the house move was summer 2018. Residents were not satisfied with the outcome of their complaint. Measures that had been taken were not sufficient to address the matter complained of and noise disturbance remained for residents.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Residents were encouraged to maintain their own privacy and dignity by being facilitated to lock their bedroom door.

Residents were facilitated to have private contact with friends, family and significant others. For example, going out to dinner together. Residents' personal communications were respected. For example, resident demeanour was interpreted to good effect and staff knew when a resident needed time alone or needed attention.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, residents choose what time they went to bed, where they went shopping and who they met.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care. All residents exercised their right to vote and partook in religious services in the community.

Residents were enabled to take risks within their day-to-day lives. For example, go for walks, go on holidays and enjoy a social drink.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. The person in charge co-signed all receipts of purchases made on behalf of residents. Residents retained control over their own possessions. Residents were facilitated to do their own laundry if they wished. One resident enjoyed ironing clothes and was facilitated to do this.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, swimming, basketball, prayer meetings, attending a day service, going to concerts or chatting with staff. Individual residents engaged in their own specific interests outside of the centre such as visiting the family home.

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):

No actions were required from the previous inspection.

Findings:

Residents were assisted and supported to communicate. Staff were aware of the different communication needs of residents, including limited verbal communication. There were systems in place including external professional input where necessary, to meet the communication needs of residents. This external professional input included speech and language therapy, audiology screening and behavioural psychologist support.

The centre was part of the local community. Residents were known in the locality.

Residents had access to radio, television, social media, newspapers, internet and information on local events. Residents were facilitated to access, where required, assistive technology such as mobile phones and laptops. Such aids assisted in promoting residents' full capabilities. For example, one resident booked concert tickets online.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The centre provided opportunities for residents to maintain links with family, friends and the wider community. Residents had access to a variety of day services, the main day service being provided in the organisation's campus based facility.

The inspector reviewed a number of care plans and noted that family contacts were laid out. Much effort was taken to ensure family members were invited to participate in the personal care plan meetings. For example, when family couldn't attend they were invited to complete a form which was presented at the personal planning meeting. Some residents went home at weekends and attended family events. At the time of inspection one resident was preparing to attend a family wedding and eagerly showed the inspector their wedding invite.

Visitors were welcome to the centre. Residents regularly went on outings such as shopping trips, the cinema, concerts and meals in a restaurant or bar.

Cognisance was given to ensuring that residents' boundaries were not infringed by other

residents. For example, staff closely observed interactions between residents, used distraction techniques if necessary.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Residents' admissions were in line with the centre's statement of purpose. The admissions process considered the wishes, needs and safety of the individual and the safety of other residents living in the service. Admissions, discharges and transfers to the centre were organised through the organisation's admission, discharge and transfer team.

Each resident had a written contract. The contract set out the services to be provided and the fees to be charged. Details of additional charges were also included. Residents and or their families signed the contract.

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 reviewed a sample of support plans. Improvement in consistency was noted in the standard of the support planning process. The inspector was satisfied that the documentation reflected the supports that staff actually delivered to residents on a daily basis.

The care planning process including an assessment of both a resident's needs and ability. Following assessment, a plan of support was outlined. Overall, support plans were concise yet detailed. They were easy to follow and meaningful. They demonstrated staff knowledge of residents and were person centred in their description and tone. For example, one plan identified the resident's interest in baking and in particular baking a specific bread. Both residents and staff shared this bread recipe and enjoyed the finished product.

The participation of the resident was evidenced in their signing of agreed support plans. The accessibility of the plan to the resident was enhanced by the use of photographic and pictorial cues.

Support plans seen were dated as reviewed in mid to late 2017. There was multidisciplinary (MDT) involvement in the devising of the support plans. There was a need for the person in charge to be more involved with the multidisciplinary meeting which took place. This is discussed further under outcome 14, Governance and Management.

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):

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

Findings:

The location of the house was not suited to its stated purpose and function. There was no change noted to the observations and findings of the two previous inspections other

than a plan to move to another location in mid 2018. The house was situated in an area in which students predominantly resided.

Residents told the inspector on this inspection and at the time of the last inspection that this location presented a difficulty for them in terms of intermittent noise disturbance. Complaints made by residents and staff about noise disturbance were recorded in the complaints book. These complaints had been investigated and some measures were put in place to address the issue. However, the substantial problem remained. The provider representative acknowledged that this was an issue for the residents and that a long-term plan was in place to facilitate a move to a more suitable location. However, there was no ostensible change to the residents' unsatisfactory situation from the time of the 2015 inspection. It was clear residents' needs would be better met, and residents would be happier, in a different location. Unprompted, residents repeated their concerns to the inspector and clearly told the inspector that they wanted to move from this house. Staff said that the complaints of the resident were perfectly reasonable and pertained in particular to late evening and night-time disturbance when they were unable to sleep. This was also impacting negatively on the staff sleepover arrangement.

The house was in good repair and adequate in size; however, ultimately, the continued use of this house did not facilitate the provider in meeting the stated aims and objectives of the service or the needs of the residents.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

In July 2014 the provider had commissioned an external competent person to undertake a fire risk assessment of the premises. Recommendations assigned a medium or high priority were issued. Subsequently work was undertaken to the fire detection and emergency lighting systems. Other recommended works had not been completed. In June 2016, correspondence from the same external competent person assessed that the strategy of the provider completing priority works and undertaking other recommended works on a phased basis was in line with fire safety legislation. The outstanding recommended works for this house were not priority since the house was expected to be closed as a designated centre by mid 2018 and the current fire safety arrangements met the greatest priority requirements.

A fire register was maintained in each house. The inspector saw that fire detection systems, emergency lighting and fire fighting equipment were inspected and tested at the prescribed intervals. Staff implemented and recorded inspections and testing of escape routes and the fire detection system. Simulated evacuation drills were convened regularly, adequate evacuation times were recorded; residents confirmed their participation in the drills.

Fastenings on exit doors had been replaced with internal thumb turn devices to facilitate timely egress .

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and procedures in place for the prevention, detection and response to abuse, which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. An easy-to-read version of the safeguarding policy was in place as were easy-to-read versions of residents' safeguarding plans.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Residents in the centre told the inspector they felt safe.

Any incidents, allegations or suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

Efforts were made to identify and alleviate the underlying causes of behaviours that challenge for each individual resident. Specialist interventions were implemented in

consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed to assess their impact on improving challenging behaviour and improving the lives of the resident.

Staff were trained in the use and implications of restrictive procedures. The rights of residents were protected in the use of such procedures. At the time of this inspection no restrictive practices were in use. The use of medication to manage behaviour that challenged was monitored and regularly reviewed.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within three days of occurring. A quarterly report was provided to the Health Information and Quality Authority (HIQA) as required by regulation.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The educational achievement of residents was valued and proactively supported by practices in the centre. There was a robust assessment process to establish each resident's educational, employment or training goals. Residents were engaged in social activities internal and external to the centre.

Arrangements were in place for residents to undergo training or attend college. For example, the inspector saw certification showing that residents partook in training on road safety awareness.

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):

No actions were required from the previous inspection.

Findings:

Residents' health-care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Individual residents' healthcare needs were appropriately assessed and met by the care provided in the centre.

Residents had access to allied health services which reflected their diverse care needs. This included nutritional support from a clinical nurse specialist in nutrition, physiotherapy, dietetic and occupational therapy. Also available to residents was psychological and psychiatric support.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. Staff remained with a resident if they were admitted to an acute hospital. End-of-life care plans were sensitively written and showed respect for residents and their families wishes.

Food was nutritious, appetising varied and available in sufficient quantities. It was available at times suitable to residents. Residents were offered support in preparing their food and assisted when necessary in a sensitive and appropriate manner. The inspector saw that meal times were positive social events.

Regular health checks were accessed by residents and included, medication review, blood levels profiling and routine health screening. Residents were assessed for dementia support if there was an indication for this. The psychiatry team offered support in this regard.

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

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. Overall, staff adhered to appropriate medication management practices. However, some practices relating to the receipt and prescribing of medicines needed to be reviewed. For example, it was unclear on a prescription as to the prescribed frequency of a nasal spray. In another instance the medication administration sheet printed by the pharmacy showed a medication that was no longer prescribed. Staff had informed the pharmacy of this and no error was made in administration of medication; however, the pharmacy printed sheet needed to be amended to reflect the change.

There were appropriate procedures for the handling and disposal for unused and out-of-date medicines. Residents were responsible for their own medication following an appropriate assessment.

A system was in place for reviewing and monitoring safe medication management practices. For example medication audits were carried out six monthly and there was generally a high level of compliance. Issues needing to be addressed were seen to have been addressed.

Judgment:
Substantially 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.

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<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which were to be provided for residents.</p> <p>It contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.</p> <p>It was kept under review and any changes which affected the purpose and function of the centre were communicated to the Chief Inspector in writing.</p> <p>It was available in a format that was accessible to residents. Staff were familiar with the statement of purpose.</p>
<p>Judgment: Compliant</p>

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 management structure had changed in the previous 12 months. The new system needed a review to ensure the person in charge was adequately involved and facilitated to be involved in the operational management of the centre. For example, the person in charge did not attend the multidisciplinary meetings. Decisions made at those meetings were communicated to her by her line manger or a member of the nursing staff. These communications were good but it was inappropriate that the person in charge was not

in attendance to see at first hand how the decision was made and indeed be able to influence and contribute to the decision making.

There was an annual review of the quality and safety of care in the centre. Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering.

The person in charge could demonstrate sufficient knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance and administration of the centre on a regular and consistent basis albeit that the operational management of her remit needed to be more robust.

The person in charge was committed to her own professional development and had recently completed a management course. Residents could identify the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the centre for more than 28 days at any one time. The provider was aware of the need to notify HIQA one month in advance if such an absence was expected. In the case of an emergency absence the provider knew to notify HIQA within three days of its occurrence.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were sufficient resources to support residents achieving their individual personal plans albeit that, as discussed under outcome 17, staffing levels did need to be reviewed in the context of changing health care needs of residents.</p> <p>The location of the house did not ensure the effective delivery of care and support in accordance with the statement of purpose. Plans in place for residents to move to a new home in mid 2017 were postponed for 12 months. This was due to delays in resourcing the development of more suitable accommodation.</p>
<p>Judgment: Non Compliant - Moderate</p>

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

Findings:
The provider and person in charge had identified the need to increase staffing levels due to the changing needs of a resident. Extra hours were approved. However, residents had limited benefit from these extra hours thus far, due to the fact the extra hours were needed in the house to cover both annual and sick leave. The limitations of staffing had the most significant impact at weekends in limiting residents access to activities, some of which required one-to-one support.

Another arrangement that impacted on staffing levels was that the person in charge had only three hours per week set aside to complete her management tasks. The remainder of her working week was covering a shift in the house. There was little or no free time to carry out person in charge management work whilst on shift duty, in particular since the needs of residents were increasing.

Staff had the skills, qualifications and experience to work with residents. There was an actual and planned staff rota. It was displayed on the notice board in the house.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. Staff were provided with regular updates and training records were complete and easy to follow.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example, staff had developed skills in documentation and understood the concept of person centred care as displayed by their caring interventions with residents. Residents told the inspector how they liked staff and appeared safe in their company. Overall, the interactions observed by the inspector between residents and staff was friendly, relaxed and jovial.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Complete records were maintained in the centre. Records were accurate and up-to-date. Records were kept secure and easily retrievable. Residents to whom records referred to, could access them.

Residents' records and general records were kept for not less than seven years after the resident to whom they related ceased to be a resident in the centre. Records relating to inspections by other professionals, such as fire consultants were maintained.

There were centre-specific policies which reflected the centre's practice. Staff indicated they understood policies by signing once they had read them. Policies were seen to be implemented in practice.

Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

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:

Margaret O'Regan
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-0005569
Date of Inspection:	03 and 04 October 2017
Date of response:	07 November 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 is failing to comply with a regulatory requirement in the following respect:

Residents were not satisfied with the outcome of their complaint. Measures that had been taken were not sufficient to address the matter complained of.

1. Action Required:

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

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

A plan is in place to move the residents from the centre in 2018. This is discussed with the residents on an ongoing basis. The move to a new residential centre will address the residents' complaint of residing in their present location. The provider continues to make formal complaints to the respective parties on behalf of the residents as issues arise.

Proposed Timescale: 30/09/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The continued use of this house did not facilitate the provider in meeting the stated aims and objectives of the service or the needs of the residents. There was no ostensible change to the residents' unsatisfactory situation and it was clear that they and their home did not belong in this location. Unprompted, residents repeated their concerns to the inspector and clearly told the inspector that they wanted to move from this house.

2. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The service has identified another residence that this group of residents will move into by September 2018. This plan is contingent on the development of a house which is now purchased by the service under then Capital Assistance Scheme which requires to be renovated so that another group of residents residing in the planned residence for this group can move into.

Proposed Timescale: 30/09/2018

Outcome 12. Medication Management

Theme: Health and Development

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

Some practices relating to the receipt and prescribing of medicines needed to be reviewed. For example, it was unclear on a prescription as to the prescribed frequency

of a nasal spray. In another instance the medication administration sheet printed by the pharmacy showed a medication that was no longer prescribed. Staff had informed the pharmacy of this and no error was made in administration of medication; however, the pharmacy printed sheet needed to be amended to reflect the change.

3. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The Provider has contacted the pharmacist to alert her of these issues. Staff will continue to double check the prescribed medications against those received into the centre and ensure that the correct medications are dispensed. The Provider has alerted the prescribers through the service drugs and therapeutics committee of their requirement to ensure all prescriptions are legible.

Proposed Timescale: 13/10/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management structure needed review to ensure the person in charge was adequately involved in the operational management of the centre.

4. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

An action plan is place which is being implemented to ensure that the Person in charge is adequately involved in the operational management of the centre.

Proposed Timescale: 13/10/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

The location of the house did not ensure the effective delivery of care and support in accordance with the statement of purpose. Plans in place for residents to move to a new home in mid 2017 were postponed for 12 months. This was due to delays in resourcing the development of more suitable accommodation.

5. Action Required:

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

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

The service has identified another residence that this group of residents will move into by September 2018. This plan is contingent on the development of a house which is now purchased by the service under the Capital Assistance Scheme. This purchased house requires to be renovated so that another group of residents residing in the planned residence for this group can move into.

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff was not appropriate to the number and assessed needs of the residents. In particular the needs of residents at weekends and the need for the person in charge to have sufficient time to carry out managerial duties.

6. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The Provider Nominee has reviewed the resources of staff to this centre with the Provider and a business case will be submitted to the HSE to provide additional funding for additional staff. In the interim, the Provider Nominee will support the residents needs at the weekends and the supernumerary time for the Person in Charge with the allocation of extra staff supports as required.

Proposed Timescale: 20/11/2017