

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003072
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Shane Walsh
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:
14 September 2015 10:00	14 September 2015 17:20
15 September 2015 09:30	15 September 2015 15:00

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days. As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall inspectors found the centre to be a well managed, person centred environment where residents achieved personal development skills with the support of committed staff.

Residents met and spoken with during the course of inspection told inspectors they were happy with the service they received, they liked their house and their bedrooms. They showed inspectors their person centred plans which had been incorporated as part of person centred planning for goals they wished to achieve. Some goals had already been achieved by residents which had enhanced their independence and self esteem.

As part of the application for registration, the provider was required to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents had been submitted by the provider, for the purposes of application to register with the exception of planning compliance. At the time of inspection, the provider was in the process of attaining planning compliance and would submit this to the Authority when it had been processed.

The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

The designated centre is operated by the Daughters of Charity Services Ltd and comprises a single residential community home within Dublin 15. It currently offers full time residential care to four residents.

A major noncompliance was identified under the outcome of Health & Safety & Risk Management relating to fire safety measures. An external consultant had carried out an inspection of the centre in November 2014; a number of fire safety issues were identified in their report. The provider had implemented some recommendations for example, the installation of emergency lighting and updating the fire alarm system. While this was certainly encouraging and improved fire safety in the centre, other outstanding issues such as the lack of fire compliant doors, ironmongery works had not been completed. These required review within a short time scale.

One outcome was found to be moderately non-compliant, Outcome 1; Rights, Dignity & Consultation. While residents' rights and consultation were held to a high standard in the centre, some privacy issues required addressing. Throughout the centre there were no locks on bathroom/toilet and bedroom doors. This required review to ensure privacy options for residents were in place which were in line with adequate fire evacuation safety procedures.

Sixteen outcomes were found to be in substantial or full compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Consultation with residents occurred through facilitated regular staff/resident meetings. Residents' financial affairs were robustly managed and activities for residents were suited to their abilities and interests. Residents were treated with respect and their independence and autonomy was encouraged and supported. Residents' rights and dignity were promoted and supported within the centre in the most part. However, there were some improvements required.

Bedrooms were personalised to each resident's taste. Residents had space for privacy and contemplation in the centre in their bedrooms and in other parts of the centre, for example the living room and a space in the large dining room/kitchen area. Activities available in and out of the centre were age appropriate and reviewed regularly through consultation with residents, their key worker and family. All residents had opportunities to engage in activities in the day and evening time each week. Residents had visited Knock the weekend prior to the inspection and told inspectors they had enjoyed the experience.

Some residents had paid employment, others had some of their weekly activities carried out in the centre; for example, a resident received art therapy in the centre on a weekly basis and chose to have this happen in the centre.

Some residents had their own bank accounts with bank cards and individual PIN numbers. They had inclusion and supported autonomy in accessing banking services as needed. Other residents chose to manage their finances through the post office and had received support to achieve independence in using post office facilities as part of a

person centred planning process. To further enhance residents' independence in managing their finances some residents had received financial management training. The person in charge outlined how residents' finances were managed in the centre. Each resident's financial records were checked regularly and an up to date ledger maintained for each individual resident with receipts maintained for all purchases. This was evidence of robust management of residents' finances to mitigate risk of financial mismanagement or abuse.

Residents had access to advocacy services and leaflets from an advocacy service with contact details were available in the centre. An advocacy group was established within the organisation and residents living in the designated centre had opportunities to attend group meetings if they wished. All residents had received voting cards for the recent referendum. Information was explained to residents in relation to the issues people were voting on.

Policies and supports were in place to ensure residents could make complaints in a supportive way in line with the regulations. In an effort to make procedures more centre specific and in an accessible format, in line with residents' age and abilities; the management team had nominated a specific person as the nominated complaints officers for them. A photograph of the nominated person had been placed in an easy read picture format booklet. This was located in the kitchen and accessible to all residents or visitors. Inspectors reviewed some complaints logged, verbal and written complaints were maintained. These had received review and had been addressed to the satisfaction of residents.

The inspectors reviewed a book maintained by staff which outlined items discussed in relation to policies and procedures in the centre and organisationally. These discussions were informal and inclusive of residents. Staff had documented dates and times in the book and who had attended. Some items discussed at the meetings included, discussions relating to how to make a complaint, meal choices, if they were happy in the centre and advocacy. Residents' feedback was documented and taken into consideration in how the house operated. This showed considered consultation and respect for the rights of residents in the centre.

There were some improvements required in relation to aspects of this Outcome. The inspector noted that the communal bathroom, toilet and residents' bedrooms had no keys to lock the doors in order to ensure residents' privacy when using those facilities. This required review.

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):

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

Findings:

Residents' communication needs were met and staff were aware of the different communication needs and nuances of residents. Resident's also had access to related professionals where necessary, such as access to a speech and language therapy if required.

Individual communication styles were detailed in resident's personal plans and observed during the course of the inspection.

Residents had access to the internet, electronic tablet devices and used mobile phones. A large flat screen TV was located in the main living room and some residents also had TVs in their bedrooms. Radios were also used in the centre.

Residents were enabled to understand information about the organisation, policies and procedures in easy to read formatted booklets and posters, for example, the residents' guide was set out in a user friendly format with pictures and writing. The complaints procedure also used a similar format to ensure it was user friendly and accessible to all residents.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents had developed links with their local community and accessed training courses and self development classes, for example, keyboard lessons within their local community. Some residents had lived in their residential setting for many years and had a presence in the locality, for example, residents regularly visited the nearby shops, cafes, restaurants and beach. Family relationships were supported. Residents' families attended 'circle of support' meetings and were involved with decisions relating to residents lives.

Visiting was unrestricted and encouraged. Some residents visited their friends who were in other designated centres throughout the organisation and residents visited family and friends, staying overnight on some occasions.

A resident, who had recently moved to the designated centre, was supported to maintain ties with the community she had moved from. She still conducted her financial affairs in the post office she always had and also attended the hair dresser there in order to maintain links and friendships.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There was a policy in place relating to admissions, transfers and discharges and the temporary absence of residents.

Each resident had a signed contract of care in place provided to them which detailed the support, care and welfare of each resident. These contracts detailed the services provided to each resident including the fees to be charged.

However, the contract did not set out that the centre closed occasionally on weekends whereby residents who did not go home stayed in other centres.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Residents social care needs were well met. Residents were encouraged and actively involved in the preparation and writing up of their personal plan(s) and in identifying their own social goals. The Inspectors reviewed a number of personal plans. One resident showed the inspectors her personal plan, which she had written herself. This had been presented at a personal planning meeting attended by the resident, her family and key support people in her life.

Each resident had both long term and short term goals within their plan. The Inspectors spoke to residents and they discussed their specific goals and their progress in achieving these goals. One resident explained how they were progressing towards achieving them. Some examples included, working in a shop and linking with a job coach, going to college and learning more about a medical condition they have in order to gain more independence and skills in managing it. Personal plans were reviewed regularly and updated annually.

Personal planning goals were outcome based and focused upon developmental achievements geared to enhance residents' independence and quality of life rather than one off activities. Staff working in the centre supporting residents to set and achieve these goals had received training in person centre planning.

There was evidence to show residents had achieved their goals and had gained independence in many aspects of their lives through goal setting and action plans. A resident who recently moved into the centre had learned how to activate the house alarm at night, independently make their own breakfast and wash their clothes. The inspectors spoke with the resident who was very proud of her achievements and had more goals planned to further enhance her repertoire of independent living skills.

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 location, design and layout of the centre were suitable for the needs of residents as set out in their personal plans and statement of purpose. However, a shared bathroom on the first floor and toilet on the ground floor required some refurbishment.

Overall, the inspectors found the centre to be a comfortable, clean, spacious pleasant place for residents to live in. There was one living room with comfortable furnishings and plenty of space for residents to relax.

Records were available to indicate that equipment in the centre had been serviced as required. General maintenance of the centre was well managed by specific designated maintenance personnel. During the course of the inspection, inspectors observed some general maintenance works being carried out with care and consideration of residents' daily schedules.

There were adequate laundry facilities within the centre. It was supplied with a washing machine and dryer. Residents' clothes could also be dried outside as another option. There were suitable arrangements for the safe disposal of general and clinical waste when required also.

The centre had a good source of natural and artificial light throughout. The decor and furnishings were modern, tasteful and well maintained in most parts, with exception of the shared bathroom and toilet which required review. Inspectors noted areas of paint flaking in both which was unsightly and could not prevent absorption of moisture which could lead to mould forming, for example. This required review.

The external grounds were clean. The garden space to the rear of the centre provided a pleasant space for residents to use. There was timber decking outside the rear exit door, however, this required some attention to ensure it was adequately maintained for the prevention of rotting or a slippery surface during wet and cold weather.

Judgment:

Substantially 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 health and safety of services users, visitors and staff was adequately provided for in the centre in many areas. However, not all risks identified by inspectors during the course of inspection were documented on the risk register. There were some fire safety issues found during the inspection which required review.

Fire extinguishers had last been serviced in 27 April 2015. There was an up to date record of fire drills. Fire drills were carried out routinely once a month and a night time fire drill had been carried out 14 September 2015 with no issues noted. The provider had acted on recommendations set out in a report by an external fire safety agent. The fire alarm system for the centre had been replaced and emergency lighting had been installed throughout the premises to assist in evacuation in the event of a fire. The fire alarm system had been serviced on a quarterly basis since its installation.

Weekly fire safety audits were carried out, these included a weekly fire alarm check and visual checks that all fire escape routes were clear and uncluttered. Staff spoken with indicated what they would do in the event of a fire, demonstrating knowledge of compartmentalisation indicating they ensure all doors are closed at night time to prevent spread of smoke or fire. Fire evacuation procedures were detailed and specific to the centre.

While there were fire safety measures in place, improvements were still required. A resident's bedroom which had been converted from a dining room was located adjacent to the kitchen. This bedroom had three entry/exit points, two of which were double doors with glass the other door led directly into the kitchen. None of these doors were fire compliant. At the time of inspection, many doors designated as escape routes had locks which required keys. There were no fire compliant key holding units near those exits. This required review to ensure residents and staff could evacuate from the premises quickly.

The garage, which is attached to the centre, was briefly inspected. It was found to be cluttered and difficult to move through to reach the exit door at the further end the provider was required to review this with a view to making the space easy to move through in the event of an evacuation.

Infection control measures were sufficient given the purpose and function of the centre. A cleaning rota was in place and the inspector observed a good standard of cleanliness throughout the premises. An infection control audit had been carried out which was thorough and detailed.

Potential risks and hazards in the centre were documented in a 'risk register'. Each documented risk had an assessment of the level of risk and risk reduction strategies documented. However, the risk register did not document some risks, for example, residents stayed in the centre without staff from time to time. While this was evidence of social care goals attaining achievement and independence for residents with risk control measures in place, such as a monitoring service with on call touch buttons

activated in an emergency, this was not identified on the risk register. Other risks such as the newly acquired BBQ, contents of the garage or the timber decking were also not included. This required review to ensure risks were identified and control measures documented.

Carbon monoxide monitors were used in the centre. A health and safety statement for the centre was up to date.

There were no manual handling interventions prescribed for residents as they were not required. All staff had received mandatory manual handling training and there were provisions within the organisation whereby an allied health professional would assess and recommend manual handling practices if necessary.

Judgment:

Non Compliant - Major

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:

Measures were in place to safeguard residents and protect them from abuse. There was a policy and procedures for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. There were no restrictive practices in use in the centre at the time of inspection.

Staff working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date. There were no allegations of abuse under investigation at the time of inspection. Where allegations of abuse had occurred in the past, these had been investigated and notified to the Chief Inspector as per the regulations.

There was a policy and procedures in place for the provision of intimate care and residents had individual intimate care plans which identified the supports residents

required with a focus on maintaining residents' independence and enhancing self help skills as much as possible.

Staff working in the centre had received training in the management of behaviours that challenge and de-escalation techniques. At the time of inspection there were no significant risks associated with behaviours that challenge. Residents requiring some supports had these documented in their personal plan. These detailed identified situations which may raise a resident's anxiety or stress and offered guidance for staff of what to do in those situations to mitigate this. Residents' mental health was supported through regular checkups and liaison with allied health professionals.

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):

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

Findings:

A record of all incidents occurring in the designated centre was maintained, this was reviewed by inspectors. They found where required incidents had been notified to the Authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Residents' general welfare and development needs were supported in the centre. 'Circle of support' meetings and a person centred planning process were some of the methods used to establish residents' educational, employment and personal development goals.

Residents had opportunity to attend personal development activities suited to their interests and capabilities, for example day services, training centres or employment. Residents engaged in social activities within and out of the centre, for example, keyboard lessons, art therapy, cookery and computer lessons, trips and holidays which opened opportunities for self expression and meaningful experiences.

Some residents had returned to education, for example, completing the junior cert. Training and self development opportunities were available to all residents and actively supported by the staff team working in the centre.

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:

Residents' health needs were met to a good standard in the centre. Residents' healthcare needs were assessed by allied health professionals and the care provided met their needs. However, some improvement was required in relation to epilepsy emergency management procedures.

Residents had access to GP services and there was evidence to show appropriate treatment and therapies were in place to address their health issues. Residents had also received assessment and intervention recommendations to meet their needs from physiotherapy, epilepsy clinical nurse specialist, occupational therapy and dietician. Residents received an annual health check and had access to preventative health measures, such as breast checks.

Preventative health checks had ensured some residents at risk of breast cancer had received timely treatment and intervention which had proved successful. Residents spoken with were knowledgeable of their health conditions and had been fully informed throughout all procedures they had undergone. This was evidence of good healthcare outcomes for residents in the centre.

There was adequate space for food preparation and storage of fresh and frozen produce in the centre. Colour coded chopping boards were in use to ensure raw meat and fresh vegetables were not chopped using the same board, for example, as a measure to reduce food contamination. Cupboards in the kitchen had adequate stocks to prepare meals and snacks for residents.

Recommendations from allied health professionals had associated care plans drawn up which outlined how staff implemented the recommendations in a person centred way to each resident. A care plan for the emergency management of an epileptic seizure was in place, while it was comprehensive in the most part it did not outline at what stage staff should contact emergency services. This required review.

Residents identified at risk of malnutrition had received dietetic review and received prescribed nutritional supplements. However, the nutrition policy made frequent reference to nursing staff implementing referrals and interventions, however, no nurses worked in the centre. The policy required review to ensure it was centre specific. An action for this is given under Outcome 18.

Judgment:

Substantially 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:

While most medication management, storage and administration practices were safe in the centre, there was no policy to govern practices and procedures in relation to self-administration of medication, this required review.

Staff with whom the inspectors spoke with demonstrated knowledge and understanding of principles in relation to safe medication management practices.

Some residents engaged in self-administering their medications. They had done so for many years and there were no issues or incidents of concern in relation to this practice. However, there was no self-administering medication policy and procedures in place and therefore, while there were no issues at the time of inspection, there were no procedures to guide staff in relation to monitoring or ongoing assessment of the practice. This required review.

No resident was prescribed medications which required refrigeration or crushing at the time of inspection. No residents required controlled medications. Medications were stored securely and safely in the centre.

A medication management support plan was in place for a resident who required closer supervision in relation to self administering of over the counter pain relief. Some medication management incidents had been recorded which had been reviewed and a support plan put in place to mitigate risk. These were effective and had reduced the likelihood of medication risk to the resident.

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.

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose set out the aims, objectives and ethos of the designated centre and also referred to the facilities and services which are to be provided to residents. Inspectors however, found that it contained some information which was very specific to residents and therefore, while it met the matters set out in Schedule 1, it would require constant review, updating and submission to the Authority due to the very specific nature of some information in it. This was reviewed during the course of the inspection by the person in charge and found to be in compliance.

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 centre was governed by a robust management structure. Clear reporting systems were in place and there were adequate governance structures in the absence of the person in charge.

The centre was managed by a full time suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was involved in the governance, operational management and administration of the centre on a regular basis. She had worked in the centre and with the residents for many years and had an excellent rapport with them. Some management duties she was involved in, included management of the duty roster and allocation of resources to meet the needs of residents. She also engaged in ongoing supervision of staff and reviewed residents' personal plans to ensure personal goals were being met.

During the inspection the person in charge demonstrated a good knowledge of her statutory responsibilities under the legislation. She demonstrated knowledge of notifications and informed the inspectors she kept a copy for reference. The person in charge took responsibility to make changes to the statement of purpose in order to ensure it met compliance with the regulations. This was an example of her willingness to engage in the regulatory process and strive for compliance and high standards.

The person in charge had engaged in ongoing professional development and had up to date mandatory training in medication management, administration of emergency medication for epilepsy, client protection, fire safety and manual handling. She had also undergone training in person centred planning and social role valorization which she used to support residents to create their personal plans. Person centred planning and support was very evident in practice in the centre and this was evidence of her using skills she had gained in practice which in turn had positive outcomes for residents.

Governance reporting structures in practice were as per the matters set out in the statement of purpose for the centre. Social care workers reported directly to the person in charge, who in-turn reported to the PPIM (person participating in management) or CNM 2/3. They in turn reported to the nominee provider. The person in charge was well supported by a number of senior management whom she reported actively supported her to carry out her role through regular supervision and management meetings.

The nominee provider had carried out unannounced inspections of the centre as required within the Regulations and these reports were maintained in the centre. This report identified areas for improvement, areas identified as requiring improvement had a plan in place with timelines and persons responsible identified.

A number of audits had been carried out in the centre. One of the audits reviewed by

the inspectors was an infection control audit which had been carried out by a staff member for the centre. It was detailed and comprehensive giving an overall percentage of best practice infection control practices achieved. This was an example of comprehensive auditing of a key clinical/risk.

At the time of inspection an incomplete application to register had been received by the Authority. Planning compliance had not been submitted. The provider submitted, to the Chief Inspector, information to evidence their engagement with the relevant parties in acquiring it. At the time of this report the provider was still engaged in the process.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The person in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

There was a social care worker identified as a person participation in management and this person assisted the person in charge in her role and also deputised for her in her absence.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

The centre was suitably resourced to meet the needs of residents'. Staffing resources and skill mix were based on the assessed needs of residents.

Maintenance issues were addressed promptly and the centre was suitably resourced with equipment and furnishing to meet the needs of the residents that lived there.

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:

The inspectors were satisfied that there were adequate staffing numbers working in the centre on the day of inspection. However, staff required first aid or emergency response training due to their working arrangements which meant they worked alone with residents for long periods.

Work rosters were reviewed. The role of each member of staff was specified on the roster and there was a planned and actual roster maintained. Relief staff working in the centre had also been entered in the duty rosters.

A sample of staff files had been reviewed at a previous time as part of an overall organisation review. Staff files reviewed were found to contain documents as specified in Schedule 2 of the Regulations. Staff working in the centre had Garda vetting. Roles and responsibilities, references and photographic identification were kept on file.

No volunteers worked in the centre.

Records showed ongoing staff training for all staff working in the centre. From records reviewed staff had received training and refresher updates in medication management, manual handling, management of behaviours that challenge and de-escalation techniques, administration of emergency epilepsy medication, fire safety and client

protection.

However, staff working in the centre had not received training relating to management of first aid procedures. Staff working in the centre generally worked alone as residents' dependency levels did not require greater staffing numbers. Skills in first aid were necessary in the event of an epileptic seizure or injury to a resident where a staff member working alone would be required to administer aid to a resident before contacting emergency services if required.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The 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 were maintained to ensure completeness, accuracy and ease of retrieval.

A copy of the Insurance certificate was submitted as part of the registration application which confirmed that there was up to date cover in the centre. All of the policies as outlined in Schedule 5 were in place.

Records were kept secure in the staff room but were easily retrievable.

A directory of residents was maintained and up to date.

While the nutrition policy was comprehensive and detailed it made reference only to nurses and their responsibilities to residents' nutritional risk and its management. No nursing staff worked in the centre. The policy was not centre specific.

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:

Ann-Marie O'Neill
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 Ltd.
Centre ID:	OSV-0003072
Date of Inspection:	14 & 15 September 2015
Date of response:	15 October 2015

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:

The inspector noted that the communal bathroom, toilet and residents' bedrooms had no keys to lock the doors in order to ensure residents' privacy when using those facilities. This required review.

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 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:

Locks have been installed in communal bathrooms and toilets. Residents have been offered to have locks fitted to their bedroom doors but have declined at this time.

Proposed Timescale: 09/10/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract did not set out that the centre closed occasionally on weekends whereby residents who did not go home and stayed in other centres.

2. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

Addendum has been added to contract of care outlining that the centre closes occasional on weekends

Proposed Timescale: 09/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Inspectors noted areas of paint flaking in the toilet and bathroom which was unsightly and could not prevent absorption of moisture, which could lead to mold forming, for example. This required review.

Timber decking outside the rear exit door, however, required some attention to ensure it was adequately maintained for the prevention of rotting or a slippery surface during wet and cold weather. This required review

3. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

construction and kept in a good state of repair externally and internally.

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

The P.I.C has contacted the landlord in relation to the paint work and decking and asked that it be completed by December 2015

Proposed Timescale: 31/12/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk register did not document some risks.

4. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Risk Register has been reviewed and following risks added to Risk Register: 1. residents staying independently in house; 2. BBQ; 3. Timber decking; 4. Contents of garage

Proposed Timescale: 02/11/2015

Theme: Effective Services

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

A resident's bedroom which had been converted from a dining room was located adjacent to the kitchen. This bedroom had three entry/exit points, two of which were double doors with glass the other door led directly into the kitchen. None of these doors were fire compliant.

5. Action Required:

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

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

Fire doors will be fitted to all three doors that are exit/entry points to the bedroom off the kitchen.

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

At the time of inspection, many doors designated as escape routes had locks which required keys. There were no fire compliant key holding units near those exits. This required review to ensure residents and staff could evacuate from the premises quickly.

6. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

New thumb turn locks have been fitted to back doors.

Proposed Timescale: 16/09/2015

Theme: Effective Services

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

The garage was found to be cluttered and difficult to move through to reach the exit door at the further end. The provider was required to review this.

7. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

The provider has reviewed the garage. This is not a fire evacuation route from the centre. Fire escape route are through back and front door on the current evacuation plan. Landlord has been contacted and asked to remove contents of the garage in one month

Proposed Timescale: 15/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A care plan for the emergency management of an epileptic seizure was in place, while it was comprehensive in the most part it did not outline at what stage staff should contact emergency services. This required review.

8. Action Required:

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

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

The Care Plan now clearly outlines when staff should contact emergency service.

Proposed Timescale: 25/09/2015

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:

There was no self-administering medication policy and procedures in place and therefore, while there were no issues at the time of inspection, there were no procedures to guide staff in relation to monitoring or ongoing assessment of the practice. This required review.

9. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

The authors of medication policy will be asked to review section on self medication

Proposed Timescale: 01/11/2015

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:

At the time of inspection an incomplete application to register had been received by the Authority. Planning compliance had not been submitted.

10. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

Planning compliance has been submitted to HIQA office

Proposed Timescale: 15/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff working in the centre had not received training relating to management of first aid procedures.

The person in charge did not implement a centre specific auditing system. She had not received training in how to implement this and this required review.

Staff were not trained in monitoring nutritional risk through the implementation of nutrition risk assessments or the calculation of Body Mass Index (BMI).

11. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The P.I.C will identify on her training needs analysis for designate centre in 2016 for training in relation to management of first aid procedures also training for P.I.C in a centre specific auditing system and training in BMI.

Proposed Timescale: 12/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

While the nutrition policy was comprehensive and detailed it made reference only to nurses and their responsibilities to residents' nutritional risk and its management. No nursing staff worked in the centre. The policy was not centre specific.

12. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The authors of the Nutrition Policy have been informed and reviewing this policy to take into account non nursing locations

Proposed Timescale: 15/10/2015