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-0003943
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	John O'Callaghan
Lead inspector:	Julie Hennessy
Support inspector(s):	Paul Dunbar
Type of inspection	Announced
Number of residents on the date of inspection:	15
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:
21 October 2014 09:00	21 October 2014 17:30
22 October 2014 09:00	22 October 2014 17:30

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

Outcome
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 report sets out the findings of an announced inspection of Group E Community Residential Services following an application by the provider to register the centre. This was the first inspection of the centre by the Authority.

The centre comprises four houses in residential community settings. The centre may accommodate a total of 15 residents. The inspector met with residents, staff members, the person in charge, the provider nominee, the clinical nurse manager (CNM) and other members of the management team.

There was evidence of good practice across all outcomes. The provider nominee demonstrated a commitment to the regulatory process. There was evidence of learning and continuous improvement within the centre arising from inspections in other parts of the service. The person in charge was a suitably experienced person. The provider nominee had completed unannounced visits to each house within the centre and there was evidence that these visits contributed to improving the quality and safety of the service for residents.

The inspector found that residents' independence was maximised and that in three houses, residents had been encouraged and supported to move from living semi-independently to independently. Residents told the inspector that they were very proud of this achievement.

The inspector found that residents were supported to pursue educational, training and employment opportunities that were appropriate and meaningful to them. Staff interacted with residents in a warm and friendly manner. Residents confirmed that they felt happy and safe in the centre.

The inspector found that the centre was not in compliance with fire safety legislation; the provider nominee had engaged the services of competent persons in the area of fire safety to complete a risk assessment of each house within the centre and a plan was in place to bring the centre to a level of compliance. Also, a certificate of planning compliance had not been submitted to the Authority, as required by the Regulations.

The inspector found other non-compliances relating to record-keeping and documentation, the range of activities for older residents, incident investigation, training and the statement of purpose. Improvements required relating to the use of residents' personal and living space were satisfactorily addressed by the provider nominee. Actions are outlined both in the body of and in the 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):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents were consulted with and participated in decisions about their care. However, the inspector found that improvements relating to the use of residents' personal and living space were required in one house. Also, although residents overall had access to activities that were meaningful, improvements were required to the range and type of day services on offer for older residents.

The inspector found that residents' independence was maximised in a number of ways. In three of the houses, residents had been encouraged and supported by the service to move from living semi-independently to independently. Residents told the inspector that they were very proud of this achievement.

The inspector observed that staff treated residents with dignity and respect and interacted with residents in a warm and appropriate manner. Bedroom doors were kept closed, privacy was afforded during personal care and residents' personal communications were respected. Residents all had their own bedroom. However, in two houses, residents did not have a suitable area in which to meet visitors in private, other than their bedroom, as required by the Regulations. The inspector spoke with residents who confirmed that they made their own arrangements in this regard and that it did not pose any difficulties for them.

The inspector found that improvements were required to the use of residents' personal and living space in one house; the house was also used to accommodate other residents who either did not have a day service or were unable to attend their day service due to ill-health. The provider nominee responded promptly to this finding. The provider

nominee confirmed that on completion of the recruitment process currently underway in the service, two extra staff would be allocated to run a day service in a more suitable premises. The use of the house to accommodate residents who were unwell will be further discussed under Outcome 7: Health and Safety and Risk Management.

Overall, residents had opportunities to participate in meaningful activities. Residents enjoyed their own activities such as knitting, needle-work, crochet and embroidery. Residents said that they enjoyed going bowling, to the cinema, to the local pub for a drink or dinner or to meet their friends and family. Some residents enjoyed going swimming, to the gym or for a walk. A number of residents relayed how they enjoyed participating in recent social outings, including events connected to the Limerick City of Culture.

However, the inspector found that although some services were in place for residents who were retired, they required further development. Some residents availed of a senior citizens group. For other older residents, activities were held in one of the houses two hours per week and included knitting, baking and arts and crafts. Older residents were encouraged to attend a recently set-up 'link project' run for two hours per week in a larger facility where the space allowed for additional activities such as dancing and aerobics. The provider nominee confirmed that the current recruitment process mentioned above would include the dedication of two staff to the provision of day services for older residents. The inspector was satisfied that this action, when implemented, will address the need to provide additional meaningful day services for older residents.

Residents were facilitated in exercising their religious rights. Residents' voting preferences were documented.

Residents were consulted as to how the centre was run and minutes of monthly resident house meetings were available to inspectors. Minutes documented that residents were happy in the centre and demonstrated that each resident had an opportunity to contribute to the meeting.

A number of residents had completed a course in leadership and advocacy in a nearby institute of technology. A folder containing minutes of advocacy meetings was maintained in the house. Residents had access to both internal and external advocacy and residents were aware of who their advocate was. A charter of rights was displayed in the centre in an easy-to-read version.

There were policies and procedures in place for the management of complaints and these were also available in an easy-to-read version. There was evidence that complaints were documented and that complaints were discussed at staff team meetings and with management if necessary. Residents were supported to make any complaint that they might have. The inspector found that although one complaint had not yet been resolved satisfactorily, there was evidence that the provider nominee was in the process of addressing the complaint.

There was a policy on residents' personal possessions and residents' property was kept safe via appropriate record keeping seen in the residents' personal files. Most residents

looked after their own laundry or were supported to do so if necessary.

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:
The inspector found that residents' communication needs were met and respected.

The inspector found that the communication needs of residents were well known to the staff and they were able to discuss the ways in which individual residents communicated. Residents with hearing impairment had access to aids that they required to communicate. The inspector did not observe any barriers to communication. The inspector reviewed a sample of residents' files and found that there was evidence of multi-disciplinary (MDT) input available to meet communication needs.

There was easy-to-read versions of organisational literature in place in the house, such as information relating to advocacy, complaints and fire evacuation.

Residents were made aware of events that were happening in the local community via the local newspaper and residents had access to radio and television and their own phones. One resident had her own computer.

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:
There were opportunities for residents to engage with their families and to maintain links with the wider community.

Residents' files included contact details for close family members and friends and other people important to the resident, such as friends from community groups.

There was evidence of regular contact between residents and their families and friends. A number of residents travelled to the family home independently on weekends and holiday periods. Residents said that they visited and were visited by friends and relations. Residents made contact with friends and family independently to arrange these visits. Residents visited their friends who resided in other houses within the designated centre and said that they very much enjoyed these social occasions.

Residents were part of the local community and described how they enjoyed regular trips to local cafés, shopping centres, restaurants and to the hairdresser. Residents travelled independently to the city centre using public transport. One resident described how she went out with a volunteer for a coffee or to the cinema or for other social trips. Residents who wished to engage in education and training had access to such opportunities in local educational establishments and this will be elaborated on further under Outcome 10: General Welfare and Development.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The admissions process considered the safety, needs and wishes of the potential resident and also that of those residents already residing in the house. The inspector however found that the criteria for admissions contained in the Statement of Purpose did not contain sufficient detail; this will be addressed under Outcome 13: Statement of Purpose.

An 'admissions, discharge and transfer committee' was in place and members of the

MDT sat on this committee to ensure that the requirements and any needs of the resident were adequately reviewed prior to admission.

The inspector was satisfied that admissions and transfers were safe and planned. Any new admissions involved consultation with the existing residents in the house, the new resident and the resident's family. The inspector reviewed the file of one resident who had been transferred between houses within the designated centre and found that a thorough assessment and review had been completed prior to the move. Residents who spoke about the process for admissions were very positive about the experience.

Each resident had a written contract for the provision of services, which was signed by the resident, a family representative (where applicable) and a representative of the service provider. The inspector reviewed a sample of contracts and found that they set out the services to be provided, the fees to be charged and the services that incur additional charges.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Overall, residents' wellbeing and social care needs were being met. The arrangements to meet residents' assessed needs were set out in a personal plan that reflected individual needs, interests and capabilities. However, the review of the personal plan was not multi-disciplinary. Also, improvements were required to personal planning and documentation, although this was in the process of being addressed.

The inspector reviewed residents' records and found a range of information that was personal and meaningful to each resident. This included information about friends and family, the residents' activity programme, consent forms, holiday details, photographs, voting preferences and information about how choice may be facilitated.

The inspector reviewed a sample of residents' files and found that although a significant amount of information was available; the information was not easy to follow or retrieve. For example, information relating to the same topic was kept in a number of different documents making it difficult to ensure that staff had access to the information they needed to guide current practice. This will be addressed as a documentation issue under Outcome 18: Records and Documentation.

Some personal plans did not meet the requirements of the Regulations. In some plans, goals were mainly activity-based instead of outcome-focussed, making it difficult to see how the goal contributed to improving the residents' quality of life. Supports required to assist residents to achieve their goals were often non-specific or not stated. However, the social care leader in the centre explained that she was in the process of updating the residents' personal plans. The inspector reviewed an example of a recent plan and found that it did meet the requirements of the Regulations. The inspector was satisfied that the finding in relation to personal plans was in the process of being addressed. In addition, a pilot programme for the roll-out of new personal files was due to commence the following day in the centre.

There was evidence that residents were fully involved in the development and review of their personal plans; residents described the contents of their own personal plans to the inspector.

The process involving the review of personal plans was clear and formal reviews took place every six months. An annual report of such reviews was completed by the person in charge for the provider. Such reviews included whether goals were being achieved and any challenges to achieving set goals. However, although there was evidence of MDT input, the review of the personal plan was not multi-disciplinary, as required by the Regulations.

Inspectors found evidence that residents were consulted about being transferred between services and there were supports in place to support any moves. Discharges took place in a planned and safe manner.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

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

Findings:
Overall, the design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable way. However, some non-compliances with the Regulations were identified.

The centre comprised four houses and was found to be warm, comfortable and well-maintained and promoted residents' independence and wellbeing. There were sufficient furnishings, fixtures and fittings in each house. Residents' photos and artwork were displayed in the house. There was suitable lighting, heating and ventilation. The centre was clean and suitably decorated. However, residents told the inspector that the size of the notice boards in the kitchens and the display of large amounts of notices detracted from the homeliness of the houses; the inspector also observed this to be the case. The residents and social care leader agreed during the inspection that they would work together to find a suitable solution to this issue.

Two of the houses did not meet the requirements of Schedule 6 of the Regulations. Communal accommodation comprised a single open-plan kitchen and living space, meaning that residents did not have the option of an area (other than their bedroom) to receive visitors in private, as required by the Regulations. The inspector spoke with residents who confirmed that this was not a difficulty for them and they would go out with visitors or meet visitors in another location, should they wish to talk in private. The layout of the two houses also meant that there was not a separate kitchen area, as required by the Regulations.

In a third house, the shower was upstairs. Although this shower met the current needs of the residents, the person in charge confirmed that it would not continue to meet the needs of one resident going forward. The provider nominee confirmed that plans were in progress to convert a downstairs garage to a walk-in shower room to address this eventuality.

Residents had access to equipment that promoted independence and comfort such as grab rails and shower chairs. Records were available for equipment that required servicing.

The centre was also not in compliance with relevant fire safety legislation. The provider nominee had engaged the services of a competent person; a risk assessment of each house had been completed, which contained recommendations; and a plan was being prepared to complete the required works. This will be further addressed under Outcome 7: Health and Safety and Risk Management and in the associated action.

The inspector found that a certificate of planning compliance for the houses within the designated centre had not been submitted to the Authority, as required by the Regulations.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that arrangements were in place for to the protection of the health and safety of residents, staff and others in the centre. Improvements were required to arrangements in place for the prevention of infection. Also, the centre was not in compliance with relevant fire safety legislation and the provider nominee was taking steps to bring the centre to a level of compliance.

The centre had an up-to-date safety statement and risk management policy. There were other policies and guidance documents in place relevant to health and safety and risk management, including in relation to infection control, incident recording and reporting and food safety.

There was general cleaning guidance and cleaning standards in place. The inspector spoke with staff who were able to identify hand hygiene as an important means of infection control and were able to identify when and how to wash their hands. However, the inspector found that the arrangements in place to protect residents who may be at risk of a healthcare associated infection were not sufficient as a spare room in one house had been used intermittently for sick residents from other houses. The provider nominee and Assistant CEO responded promptly and outlined steps that the service would take in response. Steps taken included the securing of extra staff, who would work as 'floating' staff to look after any sick resident in their own home. The inspector was satisfied that the steps outlined addressed the issue identified and that no further action was required.

The centre was not in compliance with fire safety legislation; the provider nominee had submitted a fire risk assessment to the Authority, which had been undertaken by persons competent in the area of fire safety. The risk assessment outlined recommendations of works to be completed to make the centre compliant with relevant legislation.

Suitable fire equipment was available and service records were available and were found to be up-to-date. There was adequate means of escape and daily checks were undertaken and recorded to ensure that exits were unobstructed. There was a prominently displayed fire evacuation plan displayed in the centre and a personal emergency evacuation plan was displayed adjacent to the evacuation plan. Regular practice fire drills took place in the centre and were documented. There was a prominently displayed evacuation plan and procedure in each house.

An incident report form was completed for any accident or near-miss incident. There was evidence that incidents were discussed with staff at house level. However, although incidents (including medication errors) were being recorded and reported, improvements were required to ensure learning from such processes. For example, an understanding of incident investigation and the importance of adopting a non-punitive approach to incidents was not demonstrated, as necessary to ensure that there were no barriers to the reporting of errors and that the root cause of the incident was correctly identified.

Hazard inspections had recently commenced within the centre. There were up-to-date risk assessments in place. A risk assessment for the treadmill was being completed by the social care leader during the inspection.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that systems were in place to protect residents from being harmed or suffering abuse. A positive approach to behaviour that challenges was demonstrated. There were no restrictive practices in place in the centre.

There were organisational policies in place in relation to the protection of vulnerable adults and behaviour that challenges.

The inspector viewed training records that confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of the importance of reporting an incident, suspicion or allegation of abuse.

The inspector spoke with residents who confirmed that they felt safe in the centre and knew who to talk to if they needed to report any concerns of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff

were able to identify the nominated person.

The inspector reviewed documentation and spoke with staff in relation to behaviour that challenges. The inspector found evidence of a positive approach to behaviour that challenges with clear referral systems. There was evidence that MDT input had been sought for individual residents. Residents were involved in discussions and reviews that had been arranged to support them to manage their own behaviours and consent was documented for supports in place.

The inspector found that the training programme in place for all staff relating to the management of behaviour that challenges did not meet the Regulatory requirements as it did not include de-escalation and intervention techniques. This will be further discussed under Outcome 17: Workforce and in the associated action.

The inspector reviewed arrangements in place for managing residents' finances and found a clear and transparent system in place. Residents were involved in the management of their own finances, as far as reasonably practicable. The inspector reviewed a sample of records and found a clear system of logging and tracking of all transactions, with receipts and records and an auditing system in place.

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 being maintained and where required, notified to the Chief Inspector. Quarterly reports were provided as required.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and

employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents had opportunities to engage in new experiences, social participation, education, training and employment.

Although residents participated in education, training and employment; a formal assessment of each resident's educational, employment and training goals was not maintained in the designated centre. The provider was in the process of addressing this and a draft education policy had been completed within the organisation, which included an assessment tool for this purpose.

The centre had links with local education providers and sought to engage residents in programmes and courses which were meaningful and appropriate to their abilities. There was evidence in residents' care plans of certificates for training and educational attainment, for example, in relation to computer studies and communications courses. Three of the residents were completing a Leadership and Advocacy course of 14-week duration and provided by a third-level institution. Another resident recently completed a 'research active' programme that sought to develop a mobile phone application (app) to aid communication for people with disabilities. Staff were informed of any upcoming courses or training and made this information available to the residents. A number of residents were engaged in sheltered employment schemes offered by a range of providers including local schools and churches.

Residents confirmed that they were satisfied with the range of options available to them in terms of education, training and employment.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents were supported on an individual basis to achieve and enjoy good health. However, improvements were required to documentation.

The inspector reviewed residents' personal plans as they related to healthcare and found that residents had timely access to their own general practitioner (GP) and access to other medical professionals as required. The inspector found that residents had access to medical treatments where recommended, including ongoing monitoring of blood tests and scans. The inspector found that residents had access to allied health services as required. There was evidence of review by speech and language therapy, clinical nurse specialists in food and nutrition, the chiropodist, optician and dentist. Recent referrals had been made to the physiotherapist and occupational therapist.

The inspector found that the health of residents was monitored on an ongoing basis and viewed records of monthly checks completed by staff and forwarded to the CNM. Such checks included monitoring of blood pressure and the weight of residents.

Residents' consents were documented in relation to different aspects of healthcare including who could give consent to attend medical or hospital appointments and consent by the resident to have bloods taken. There was evidence that a resident's right to refuse treatment was respected. Improvements were required to documentation to ensure ease of retrieval and this will be further addressed under Outcome 18: Records and Documentation.

Residents were encouraged and supported to make healthy choices. Inspectors viewed information relating to healthy eating and hand hygiene. Residents had individual exercise programmes, which were encouraged by staff and which residents confirmed that they enjoyed. Residents who lived independently were supported in planning healthy meals.

The inspector reviewed the file of a resident with specific dietary requirements; there was evidence of input from the speech and language therapist and the clinical nurse specialist in food and nutrition. There was relevant written guidance for staff in relation to the signs of dysphagia and food and fluid modification. Staff were knowledgeable about how to implement dietary plans.

Each house had a kitchen and dining area which were homely, comfortable and clean. Staff were knowledgeable about residents' mealtime likes, dislikes and preferences, which were documented.

Residents in one house were involved in preparing the weekly menu and contributing to meal planning and preparation, according to their individual wishes and preferences. The inspector observed meals that had been prepared for dinner in one house and noted that meals appeared nutritious and healthy.

Residents who lived independently, planned and completed their weekly shop together. Residents chose to have their meals in a setting of their preference, including their own house, the main campus kitchen where they met their friends or in local cafes or

restaurants.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that residents were protected by safe medication management policies and practices.

There was a written policy in place relating to the ordering, prescribing, storing, administration and disposal of medications. A new policy regarding shared medications had been completed since the previous inspection and was in draft format.

The inspector reviewed residents' files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process. Information relating to each resident's medication was maintained in their file in an easy-to-read format.

Prescription charts and administration charts were completed in line with relevant professional guidelines and legislation. All medications were individually prescribed. The inspector noted that the maximum dosage of PRN ("as required") medications was prescribed and all medications were regularly reviewed by the GP. Support was also provided by the GP in relation to any new medications or queries that staff had in relation to the use of any medications.

There were no residents prescribed controlled medications or crushed medications at the time of inspection.

Most residents managed their own medications and an assessment had been completed in this respect. Other residents were supported to manage certain aspects of their own medication if necessary, as appropriate to their individual capabilities and wishes.

Unused and out of date medications were secure and segregated from other medicinal products, as required by the Regulations and a record of returns to pharmacy was maintained.

Medication errors were recorded and reported. There was evidence that medication errors were discussed at meetings between the CNMs and that information relating to errors was used to identify issues or trends. The investigation of medication errors required improvement and was previously addressed in the context of incident investigation under Outcome 7: Health and Safety and Risk Management.

One staff required training in medication management and this was scheduled. The inspector found that there was no system in place for on-going competency assessment of staff involved in the administration of medications. This will be addressed under Outcome 17: Workforce.

Audits of every house within the centre were completed at a minimum annually by a CNM and a representative from the pharmacy also completed annual audits. Inspectors reviewed completed audits and found that they were comprehensive and identified actions to be taken. Audit results were reviewed by the Drugs and Therapeutics committee.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The Statement of Purpose consisted of a statement of the aims of the centre and the facilities and services to be provided for residents. The Statement of Purpose was kept under review and was available to the residents.

Work had taken place within the centre in relation to the Statement of Purpose. Some further improvements were still required to include all of the information specified under Schedule 1 of the Regulations, for example, in relation to the criteria used for admission to the designated centre.

Judgment:
Non Compliant - Minor

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that there was an effective management system in place, clearly defined management structures and the person in charge had the required skills and experience to manage the designated centre.

The inspector found that there was a clearly defined management structure in place in the designated centre. The inspector spoke with staff and residents and found that staff were clear in relation to lines of authority and residents were able to identify the person in charge.

The person in charge was in a full-time post; was the person in charge for two designated centres and had the necessary experience and skills, as required by the Regulations. The person in charge was aware of the requirement under the Regulations to complete a management course appropriate to her role and was exploring a suitable course. The person in charge visited each house formally weekly and was in contact with the social care leaders within each house informally on a frequent basis and as issues arose.

Residents views were sought and in 2013 all residents were invited to participate in a service satisfaction survey. Feedback from the satisfaction survey had been analysed and acted upon.

The provider nominee had completed unannounced visits to each house within the designated centre and a written report arising from such visits was made available to inspectors, as required by the Regulations. The inspector found evidence that the unannounced visits contributed to improving the quality and safety of the service as the provider nominee had identified areas that required improvement in the service. Other audits took place within the service including in relation to medication management, fire safety, health and safety and hygiene. An annual review of the quality and safety of care of the service had been completed and was reviewed by the inspector.

The provider nominee outlined the types of arrangements in place to ensure that staff were facilitated to discuss issues relating to safety and quality of care and to exercise their responsibility for the quality and safety of the services that they delivered. House

meetings were held every three months and attended by the person in charge. Staff confirmed these meetings took place, although the inspector found that some meetings had been missed. Minutes were kept of house meetings. Weekly management team meetings also took place that included the provider, the person in charge and clinical nurse managers. Meetings between social care leaders (who supervise each house on a day to day basis) and the provider took place six times a year. Full service meetings took place three times a year and took the form of an open forum that all staff were encouraged to attend.

The provider told the inspector that staff appraisals were completed on an annual basis and this was confirmed by staff. Records of staff appraisal were maintained on staff files.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There had not been any occasions where the person in charge was absent for 28 days or more from the centre.

There were support structures and staff in place for times that the person in charge was not in the centre, including support by a social care leader in each house, a CNM3 dedicated to oversee the centre and a CNM3 on call for the service outside of normal working hours.

Formal arrangements were in place that identified a specific deputising arrangement for any notifiable absence of the person in charge with the CNM3 deputising in the absence of the person in charge during such times.

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:
Overall, the centre was sufficiently resourced to ensure effective delivery of safe care in line with the Statement of Purpose.

Facilities and services available in the designated centre reflected the Statement of Purpose. There was sufficient transparency in the planning and deployment of resources. Resources were allocated for any repairs, for the maintenance and servicing of equipment and the upkeep of the houses.

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 inspector found that the qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents and that the staff rota was properly maintained. Issues relating to the staffing of the designated centre were previously discussed under Outcome 1: Residents' Rights Dignity and Consultation and have been satisfactorily addressed by the provider nominee.

The inspector found that there was an accurate staffing roster showing staff on duty which included the times that all staff were on duty. The social care leader confirmed that she had been allocated an additional six hours per week to complete work relevant to meeting regulatory requirements, including in relation to the need to improve

residents' personal plans.

The inspector found that the service was responsive to residents' needs and an additional staff member had been provided in the centre to meet the needs of a resident.

There was a training plan in place for 2014. The annual staff appraisal system facilitated the identification of staff training needs. Inspectors spoke with staff who confirmed what training they had received. Records of training were reviewed. However, as previously mentioned, the inspector found that not all mandatory training had been provided in accordance with the Regulations, specifically in relation to behaviour that challenges.

Staff had completed other training or instruction relevant to their roles and responsibilities including in relation to hand hygiene, safe moving and handling, food safety and specific topics such as ageing and intellectual disability. Training had taken place recently in relation to medication management. However, a system for ensuring the competency of staff who administered medications was not in place.

Staff were aware of the Regulations and Standards. The inspector noted that the organisation had held information and training sessions for staff and management in relation to the Regulations and Standards, in accordance with their roles and responsibilities.

There was a system in place for the management of volunteers within the organisation, which was overseen by the volunteer coordinator. There was a volunteer policy in place which clearly set out the roles and responsibilities of volunteers in writing; all volunteers provided a vetting disclosure; volunteers were interviewed prior to commencing as a volunteer; three references were sought for each volunteer and; there was a clear training and supervision system in place.

Staff appraisals were completed on an annual basis and staff confirmed that such appraisals took place.

Staff files were not reviewed on this inspection. However, files were reviewed a number of occasions in recent months and the Authority was satisfied that there was a robust system and audit procedure in place to ensure completeness of files as required in Schedule 2 of the Regulations.

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

Findings:
At organisational level, significant work had taken place in relation to policies required under Schedule 5 of the Regulations in the preceding months. Improvements were required to records and documentation to ensure completeness, accuracy and ease of retrieval.

A directory of residents was maintained in the centre and this contained all of the items required by the Regulations. The insurance certificate for the centre that had been submitted to the Authority had expired; the provider nominee confirmed that the centre was adequately insured and the current certificate was submitted following the inspection.

A record of each resident's assessment of need and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident including any treatment or intervention was maintained. However, as previously mentioned under Outcome 5: Social Care Needs and Outcome 11: Healthcare Needs; improvement was required to records in respect of each resident. The provider nominee had identified this gap during audits and was in the process of rolling out new personal plans.

Records relating to money or valuables, other personal possessions, notifications and staff rotas were maintained, stored securely and were easily retrievable.

A significant amount of work had taken place in relation to the development of policies at organisational level in the preceding months. The majority of policies required under Schedule 5 of the Regulations were in place. One outstanding Schedule 5 policy was in draft format; 'access to education, training and development'. A draft amendment to the medication management policy in relation to shared medications was viewed by the inspector.

Judgment:
Non Compliant - Moderate

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:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003943
Date of Inspection:	21 October 2014
Date of response:	26 November 2014

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' personal and living space was not fully respected in one house as the house was being used for other residents who either did not have a day service or were unable to attend their day service due to ill-health.

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

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

Please state the actions you have taken or are planning to take:
Four additional risk funded posts have been authorised by the Service Provider. Two posts will go directly to support residents who are ill and therefore will not attend the Centre for this support. A menu of options and choices for each of the older residents will be put in place and a timetable of activities appropriate to their needs identified. The PIC will work in consultation with all available resources including Day Services to formulate this programme which will be put in place by 30th January 2015.

Proposed Timescale: 24/10/2014

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Activities for older residents were not sufficient to meet the specific and individual abilities, interests and preferences of all older residents.

Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
Two additional risk funded posts have been authorised by the Service Provider. A menu of options and choices for each of the older residents will be put in place and a timetable of activities appropriate to their needs identified. The PIC will work in consultation with all available resources including Day Services to formulate this programme.

Proposed Timescale: 30/01/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of the personal plan was not multi-disciplinary

Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are

multidisciplinary.

Please state the actions you have taken or are planning to take:
The requirement for personal plans to be reviewed by the multi-disciplinary team (MDT) was discussed at the Service Regional Management Meeting on 24th October 2014. It was agreed that provision for a written report by the relevant MDT would be put in place as part of the annual review of the personal plans.

Proposed Timescale: 31/10/2014

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 centre did not meet the requirements of Schedule 6 of the Regulations. For example, in two houses, residents did not have the option of a room (other than their bedroom) to receive visitors in private, nor was there a separate kitchen area. In a third house, the upstairs shower room would not continue to meet the needs of one resident.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
The Nominee Provider has consulted with the Service Engineer and a plan to address the visitors room as well as a separate kitchen area is recommended. This plan will also incorporate the fire regulations requirements in this house. A plan is also recommended to convert the garage in the third house to address the challenge with the upstairs shower room.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A certificate of planning compliance for the houses within the designated centre had not been submitted to the Authority.

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 Nominee Provider will consult with the Service Engineer to submit a Certificate of

Planning for the houses within the designated Centre.

Proposed Timescale: 19/12/2014

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:
Improvements were required to ensure learning from near-misses, errors and incidents involving residents.

Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
In support of the Service Risk Management and Incident Reporting Policy, further training for Managers will be delivered to ensure there is an understanding of incident investigation and that a non-punitive approach to incident investigation is demonstrated.

Proposed Timescale: 31/03/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre was not in compliance with fire safety legislation.

Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
Service Engineer and Health & Safety Officer, working in consultation with a qualified Fire Consultant, has identified priority works to be completed to ensure all houses are fire compliant. The plan of works needs to be costed by 30th November 2014 and a proposed timescale to address this to be completed by 27th February 2015.

Proposed Timescale: 27/02/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Further improvements were required to ensure that all of the information specified under Schedule 1 of the Regulations was contained within the Statement of Purpose.

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

Please state the actions you have taken or are planning to take:
The Statement of Purpose will be amended to reflect the recommendations as highlighted by the HIQA Chief Inspector.

Proposed Timescale: 09/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all mandatory training had been provided in accordance with the Regulations, specifically in relation to behaviour that challenges. Also, a system to ensure the competency of staff who administered medications was not in place.

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 content of the Challenging Behaviour Mandatory Training for staff has been amended to include de-escalation and intervention techniques. Training dates for staff have been set for 27th November, and 4th December. Ongoing training for all staff will take place.

Proposed Timescale: 30/06/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
Improvement was required to records in respect of each resident to ensure accuracy, completeness and ease of retrieval.

Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
In support of the Service Risk Management and Incident Reporting Policy, further training for Managers will be delivered to ensure there is an understanding of incident investigation and that a non-punitive approach to incident investigation is demonstrated.

Proposed Timescale: 31/03/2015