

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by National Association of Housing for Visually Impaired Limited
<b>Centre ID:</b>	OSV-0001938
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	National Association of Housing for Visually Impaired Limited
<b>Provider Nominee:</b>	Mary Leonard and Margaret McGovern
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	15
<b>Number of vacancies on the date of inspection:</b>	3

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

**The inspection took place over the following dates and times**

From:	To:
03 February 2015 10:00	03 February 2015 18:00
04 February 2015 10:00	04 February 2015 17:00

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. This was the second inspection of the centre, this inspection took place over two days and 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. The views of residents and staff of the centre were also sought on inspection. Feedback also was considered from resident and relative pre-inspection questionnaire.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory.

The main aim of this residential service is to 'provide supported living to adults with vision impairment, all of whom have additional disabilities'. The designated centre is made up of four residential houses, across two locations but in close proximity to each other. The inspector visited both locations and met with staff and residents from each house.

The governance of the centre had changed since the time of the last inspection. The two nominated persons on behalf of the provider proposed to undertake this responsibility as part of a shared role, and had made substantial improvements within the centre since the last inspection. The fitness of the nominated people on behalf of the provider was also considered as part of this process, and satisfactory interviews were conducted with both provider nominees.

All documentation submitted relating to the person in charge nominated further to the last inspection was complete and satisfactory. The fitness of the person in charge was also assessed throughout the inspection process to determine fitness for registration purposes. She completed an interview and was found to have satisfactory knowledge of her role and responsibilities, under the legislation and sufficient experience and knowledge to provide safe and appropriate care and supports to all residents.

The centre consists of four domestic dwellings all located in a village in County Dublin. Residents with sensory disability are accommodated. Primarily the sensory difficulty relates to a visual impairment and some residents also have some intellectual disability. Care needs relate to social care where many residents are building on existing skills relating to living independently. Residents are enabled to develop the skills to live in one of the four community house which they can call home.

A large number of questionnaires completed by residents and relatives' were received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with all aspects of services and facilities provided. In particular, relatives were satisfied with the manner in which staff supported each resident to make choices and decisions about their day to day lifestyle and skills acquisition.

Evidence of good practice was found across all 18 outcomes, the providers had fully addressed the major non-compliances further to findings from the last inspection in June 2014, which had required an immediate action by the provider. The inspector was satisfied that improvements relating to health and safety, fire safety, staffing and safeguarding had been robustly addressed by the providers.

15 out of 18 outcomes inspected against were now deemed to be in compliance with the Regulations. Improvements were required relating to contracts of care and provision of policies outlined in schedule 5 not all being available. The providers had not completed the annual review of quality and safety, and quality of life report, but the service director confirmed she made unannounced visits to the centre to monitor service provision and resident satisfaction. Residents confirmed they enjoyed a good quality of life.

The action plans at the end of this report identifies the three outcomes under which improvements are required.

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents confirmed they were consulted with, and participated in decisions about care supports and about the organisation. Residents had access to advocacy services and clear information about their rights. All residents who spoke with the inspector confirmed they were comfortable about voicing their opinions and thoughts freely in their own home. Advocacy was discussed with the providers and person in charge and the inspector was informed that this was an area where further development was planned for. Residents were clear about their rights and confirmed that they were fully respected by others who lived at the centre and staff supporting their lifestyle.

Each resident's privacy and dignity was respected, including receiving visitors in private. Each resident was enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise independence.

The complaints of each resident, his/her family, or representative were listened to and acted upon and there was an effective appeals mechanism. There had been no formal complaints since the time of the last inspection. Residents confirmed that they knew who to discuss any issues or complaints should they arise in the future. The providers confirmed that any complaints about service provision would be discussed at board meetings with a view to service improvement.

The inspector reviewed the systems in place to support residents with management of finances and found that they were clear and transparent, with receipts and the resident retained control over their own monies which were available to facilitate social activities, outings and holidays. The inspector discussed the systems in place with a number of

residents and staff which involved collecting pensions and management of their own funds. While the current system was fully documented and found to be in line with best practice, there was no written policy or procedure to fully inform staff and residents in this activity. Provision of this policy was required as outlined in Outcome 18 of this report.

**Judgment:**  
Compliant

## **Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

### **Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

### **Findings:**

The inspector found that resident's communication needs were fully met. Residents had themselves requested and received information about the work of the Authority in an accessible format. In practice staff were aware of the different communication needs of residents. Individual communication requirements were highlighted in residents' personal plan and reflected in practice. Full assessments were available as part of the admissions process, most residents had their abilities and communication requirements clearly outlined as they have transferred to community living from another part of the organisation providing services for children and young adults with visual impairment. Staff were fully aware of each residents individual communication needs. For example, the inspector observed that one resident took their medication, administered by staff in a quiet environment without any distraction from other residents.

The centre was part of the local community and residents have access to radio, television, social media, internet and information on local events. For example, the residents have been invited by community groups to be part of a drama presentation, art and craft opportunities and other events.

Residents were fully facilitated to access assistive technology and aids and appliances where they were required to promote the residents' full capabilities. For example, one resident showed the inspector the use of a Braille writing machine and the means of recording daily activity in this format. The centre had facilities based in a specially built garden room which has computers with appropriate software systems to enable full access to e-mail and other documents. Another resident showed the inspector her exercises she was completing to improve her touch typing skills on a standard keyboard system. A further smaller garden room was available for sensory and relaxation therapy. The person in charge told the inspector that reflexology, aromatherapy and other

therapies were available for residents.

The communications policy was in draft format and plans were in place to complete this written policy according to the person in charge.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents were supported to develop and maintain personal relationships and links with the wider community. For example, one resident was planning arrangements for a family wedding.

There were no restrictions on visitors in place. Residents told the inspector that they had visitors of their choice visit them in their home and invited them for lunch or dinner if they so wished, and attended family events and occasions. Residents' could choose for their families or representatives to be involved with aspects of care provided. Meetings were held during January to update individual personal plans and discuss short and long term goals for each resident.

Residents used many of the facilities in the local community. They told the inspector they regularly visited the local post office, General Practitioners (GP) surgery, gym, coffee shop, hairdressers. Some residents enjoyed walking to the other houses located in a different part of the village. They walked to the local shops to purchase groceries and items of their choosing for meal planning. Other hospital appointments were attended using public transport or one of the three vehicles shared between two locations. For example, the car was used by the resident and a staff member to facilitate them attending a physiotherapy appointment at the local hospital.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Each resident had a written agreement which details support, care and welfare of the resident. Details of service provision were clearly outlined. However, a formal contract of care inclusive of fees and additional charges payable was not available for all residents. The providers outlined a draft contract of care and supplied a copy to the inspector and plans were well advanced to formalise the current arrangements.

The procedure to be followed for an admission including the involvement of the person in charge, the resident to be transferred and his/her next of kin stated that residents would be facilitated to visit the centre prior to their admission and assist with transition. The providers and person in charge told the inspector about the process of admission and how this was managed from a governance perspective. Residents primarily had been admitted from one referral source.

The inspector was informed that one resident had moved out of the service since the last admission to seek more independent living arrangements. The process for managing transfers and discharges was not outlined in the admissions policy and was discussed with the person in charge. As outlined in Outcome 18 a policy on transfers and discharges was not in place to guide and inform staff with this process.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that each residents' wellbeing and welfare was maintained and support to a high standard of evidence based care. The service had a core goal of increasing each resident's personal independence and operated as a person centred service. The residents who were all adults had transitioned from a children's and young adult service for visually impaired people. Skills learned in this service were maintained and enhanced and new opportunities to experience and learn new skills explored.

Each resident had opportunities to participate in meaningful activity, appropriate to his/her interests. Residents were actively involved in their personal care planning process and their individual needs and choices were clearly reflected in the residents' interests and capacities. Independent living skills were clearly identified within the plans of all residents. For example, in the areas of mobility, using public transport, accessing the community and shopping. In addition, the inspector saw evidence that skills were assessed and enhanced in areas such as cooking, preparing hot drinks, doing laundry, ironing and personal care.

Each resident had a personal plan and the inspector reviewed a sample with a key supporting staff member. The inspector also spoke to residents who also were aware of their own goals and contents of their files. Plans had been reviewed during January 2015 and were reviewed three times a year with a family member invited to attend. A comprehensive assessment was in place for each resident and each resident had details including their likes and dislikes, and personal plans were updated to reflect their changing needs.

Assistive aids and technology were provided to support residents to complete daily living tasks. For example, a talking microwave, a colour tester and liquid level indicators, to indicate when a cup or container was near full with liquid. Residents were independent with answering the door using an intercom system and practiced safety awareness. Music and learning and enjoying instruments such as piano and fiddle were important to a number of residents. Staff supported each resident in their daily living choices and promoted independence and autonomy. Residents' feedback confirmed they liked to do a variety of activity; walking on the beach in summer, playing music, going out with friends and learning to do things independently.

**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):**

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The premises were both located in two separate housing estates in a village near the sea and public transport such as bus and railway station were within walking distance. Two detached two storey houses co-located in a quiet cul-de-sac were home for residents since the early 2001. A further two semi-detached homes were purchased by the provider during 2007 and can provide accommodation for a maximum of 9 residents. One bedroom is located on the ground floor and has a full en-suite facility. All residents are fully mobile and stairs for those with first floor bedroom accommodation are fully accessible. The provider has applied to register the four houses to accommodate 18 residents:

- House 1 - Five people can be accommodated (one twin room and three single rooms)-detached home
- House 2 - Four people can be accommodated (one twin room and two single rooms)-detached home
- House 3 - Five people can be accommodated (one twin room and three single rooms)-semi-detached home
- House 4 - Four people can be accommodated (one twin room and two single rooms)-semi-detached home.

The inspector saw that the premises were well-maintained with suitable heating, lighting and ventilation. It was clean, tidy and suitably decorated. Facilities such as the sensory room, providers office and information technology room were located behind the detached properties, but all residents could safely access them as required.

Some of the residents showed the inspector their bedrooms which they confirmed they had furnished to meet their personal taste. There were sufficient furnishings, fixtures and fittings to meet the individual needs of residents', including storage space in each residents bedroom. Each house had one shared bedroom on the first floor.

The communal areas included a well equipped kitchen/dining room, a sitting/private room. Adequate comfortable domestic seating and tables and chairs were available to seat all residents and staff. All houses had provision for a private space, and staff office / sleepover room.

The garden contained a paved area with table and chairs where residents could enjoy dining outside. The gardens were secured by closing the side gate entrance leading from it. Car and bus parking spaces were available to the front of the houses.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

The providers had fully addressed the non-compliances relating to risk management, emergency evacuation procedures. The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected. One of the residents demonstrated clearly how they were actively involved with the locking up of the house and turning off electrical appliances from a fire safety perspective. This also included putting on the house alarm and locking the front door before leaving.

Staff had completed fire evacuation training organised by the providers following the last inspection and risk management procedures had been reviewed. Each resident had a personal evacuation plan in place and was knowledgeable about what to do when an evacuation was necessary from each house. Residents were also familiarised with procedures in any house they may be visiting should the design and means of escape differ from their own accommodation. One resident demonstrated how they would leave the building safely and get to the meeting point to the inspector. Fire drills have taken place at different times of day and a record maintained of how the evacuation or drill was managed. A new fire log or record was available for inspection and demonstrated that drills now took place every eight weeks. Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the smoke alarms had all been tested by professionals within the required time frame.

All staff had completed fire training within the past year and both residents and staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. The records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents and each resident had an individual fire evacuation plan in place.

Arrangements were in place for recording, and investigating serious incidents / adverse events. No serious incidents had been notified by the person in charge or notified in the quarterly returns by the person in charge to date. There was a good overall approach to any risks. Staff had attended risk awareness training during July 2014.

The safety statement had been updated and the risk management policy was now in place and systems to manage any identified risks had improved. The risk management policy includes all the requirements of the legislation and was found to be fully

implemented at the time of the inspection. For example, each house had a designated staff member who acted as a fire warden, improvements made to steps in the garden where bright yellow paint applied to edging to make them more visible.

Written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with as required in the registration regulations has been provided to the Authority in line with legislative requirements.

The manager of the service had ensured that all three vehicles were taxed, insured and road worthy, one car, and two transit type bus vehicles were available for taking residents to work, education or on planned outings.

**Judgment:**  
Compliant

### **Outcome 08: Safeguarding and Safety**

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

**Theme:**  
Safe Services

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

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

### **Findings:**

Improvements had taken place since the last inspection. Measures were now in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training since the time of the last inspection and those spoken with had a clear understanding of how to safe guard residents'. The policy reviewed by the inspector clearly guided staff should it be necessary to respond to any allegation of abuse at the service.

The residents living in the houses told the inspector the centre was a safe and secure home to live in. Residents had access to an safe, enclosed back gardens. All the exit/entry doors could be secured by locking and the house was alarmed. Residents could lock their bedroom door if they wished. The inspector saw bathroom and toilet doors had privacy locks and there were curtains on bedroom windows. Staff worked with residents to support their personal safety and home safety as discussed in Outcome 7.

Residents confirmed to the inspector they felt safe living in their homes and valued their privacy. Some residents identified that they felt some difficulties about having sleepover staff in place to mitigate risks identified relating to fire and any emergency evacuation.

Communication between residents and staff was respectful. Two residents who at times displayed behaviours that may challenge had behavioural support guidelines and detailed records of each episode of behaviour in place which related to times when residents may become 'frustrated' or agitated with certain situations, and clearly identified supports required such as reassurance and staff support.

There were no restrictive practices reported in place at the time of the inspection.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

A record of all incidents occurring in the designated centre was maintained and where required, notified to the chief inspector. A low level of incidents and accidents was confirmed and noted by the inspector. A system was in place to maintain any record of incidents and accidents occurring in the centre and was maintained by staff and monitored by the person in charge.

Quarterly reports had been submitted to the chief inspector in a timely manner.

No incidents' notifiable within three working days had occurred to date.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Resident's opportunities for new experiences, social participation, education and training were facilitated and fully supported by staff. For example, a group of residents liked to attend the local gym and were attending on the evening the first day of the inspection. Residents experiences included the following; internship programmes in information technology; paid employment working in a supermarket, employment in horticulture service. Residents also attend art courses and music lessons to enhance skills in these areas.

The person in charge confirmed that a number of residents' attended different training and education facilities 2 -5 days per week. Each resident whether attending work or training had their own weekly activity schedule which also included personal development within the house. For example shopping, the preparation and cooking meals, housework/chores, sorting and attending to washing of personal clothing, ironing, answering the front door and telephone (including the use of a mobile phone). Residents were been facilitated to develop their areas of interest including information technology and gardening.

**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):**

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

**Findings:**

The inspector was satisfied that the minor non-compliance relating to documenting the outcomes of residents attending health care appointments had been addressed by the

providers. The health care needs of residents were being fully met. All residents had full assessments completed prior to coming to live at the centre and multi-disciplinary team members had been involved in these assessments'.

The inspector reviewed two residents' files and saw evidence that they were facilitated to access their GP and to seek appropriate treatment and therapies from health care professionals when required. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident had a communication sheet relating to physiotherapy and recommended exercises to be completed by the resident in place.

One resident spoken with told the inspector they had a choice of food and it was planned for each week. Staff facilitated mealtimes and cooking however, as mentioned under outcome 10 residents' all assisted with the shopping and the preparation of meals. For example, chopping vegetables for fresh homemade soup, and buttering brown bread for lunch on the day of the inspection. A resident told the inspector they were fully involved with planning of the weekly meal menu, each resident chose meals. The planned menu was then posted on a notice board beside the week day, so all could refer to this when necessary. The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Healthy choices were promoted and residents were facilitated to enjoy a balanced diet. Staff had a good knowledge of foods enjoyed by each resident and one resident who required food consistency modified.

The inspector saw their knowledge was reflected in the resident individual assessment records. For example, one resident does not enjoy bread, so when sandwiches were planned for lunch alternatives were found. Foods choices involved fresh fruits and vegetables, and alternatives were available. Snacks were available and staff all had up-to-date food hygiene training in place.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

There was a new medication management policy dated November 2014, in place since the last inspection which included the ordering, prescribing, storing, administration and prescribing of medicines. Self administration of medication was discussed and no resident was currently involved with this practice, the written policy did not describe managing care for residents who wished to choose to self medicate. Residents demonstrated an excellent knowledge of their own prescribed medications and healthcare related interventions. For example, one resident was well informed about the need to have a regular blood test to monitor the effectiveness of one medication prescribed.

The inspector found that practices regarding drug administration and prescribing were largely in line with best practice. Prescribed medications were individually signed and each medication chart contained the name of the resident GP. Administration procedures and documentation was safe and followed the written policy. However, the inspector noted that following a review of the medication policy that guidance for staff on administering prescribed medication further to any hospital appointments was not included in the policy, and also did not fully reflect the good practice observed by the inspector during the inspection. Improvements required to policy are outlined in Outcome 18 of this report. Training in the safe administration of medication had been provided to staff and two staff were always involved with the administration of prescription only medication, and signing the administration sheet.

The practices in relation to ordering, storing and disposal of medication were in line with the policy. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked. An audit of each resident's medications was completed by staff; any discrepancies were identified and reported to the person in charge by completion of an error form. This was reviewed and recommendations made were fed back to the person in charge. The inspector was informed there had been no medication errors since the last inspection. There were good supports from the pharmacy provider who supplied blister packed medication. Staff checked medication supplied by the pharmacist when delivered and any errors were returned to pharmacy. Pharmacy returns were documented and no out of date medication was found to be in use. No residents had prescribed medication which required special storage arrangements.

**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):**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose contained all of the information required by Regulations, and accurately described the services provided at the centre. The provider name as the name of the limited company had not been clearly stated in the document, but an amended version including this detail was received following the inspection with the required information.

The statement of purpose was written in a clear and accurate manner and copies in an accessible format had been provided for residents and relatives. An electronic version was also available, linked to the computer software, which narrated the document for residents.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Improvements had taken place since the time of the last inspection. The management team was now well established and had provided leadership and guidance throughout a time of change and improvements. The inspector met with the management team individually and reviewed their knowledge and understanding of regulation and ongoing fitness to provide a safe service. There was a clearly defined management structure that identified the lines of authority and accountability.

The centre was managed by a suitably qualified, skilled and experienced deputy manager with authority, accountability and responsibility for the provision of the service. She was the named person in charge, employed full time to manage the four houses. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. She had

a very good knowledge and understanding of the residents' who confirmed they knew her well.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development. She was supported in her role by a team of care assistant staff who worked between all four houses. Two of whom who have been nominated to manage in her absence. She reported directly to the manager and the service director, who are also both nominated persons on behalf of the provider, and share the role of provider nominee.

The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the manager and service director. The manager was based at the service and was closely involved with day to day management. The service director confirmed her attendance at the centre for board meetings and when required as she has other responsibilities at other locations. The service director reported directly to the board of directors, who met at the centre every eight weeks.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. The inspector saw evidence that issues identified on the first inspection of the service had been robustly followed up on. However, no written review of the health and safety and quality of care and support provided to residents' had been completed in the centre to date. The inspector was informed that the methodology to inform an annual review of the service, was to be developed in an appropriate format by management.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The Chief Inspector had not been notified of the proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during her absence.

As mentioned under Outcome 14, two social care workers both of whom were met on inspection demonstrated a good clinical knowledge of residents' and had the required experience and qualifications to manage the centre in the absence of the person in charge. Support from the manager of the service who also acted in her capacity as a joint provider nominee was available on site when the person in charge would be absent.

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre was sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose.

The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents'. For example, the person in charge ensured that there was enough staff allocated to the centre to meet the individual and collective needs of residents'.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

Improvements had taken place since the time of the last inspection. Each of the four houses now had a staff member who was present on a sleepover (non-waking) basis overnight. The inspector confirmed with the person in charge and further to a review of staffing rosters that this was now fully implemented. Further recruitment of staff had taken place to increase the staffing complement and induction and training had taken place to support this.

The person in charge had increased staff supervision arrangements, and support meetings with each individual staff member now take place 3/4 times a year. Staff interviewed by the inspector confirmed that they were satisfied with the current arrangements and training provided which enabled them to provide a high standard of care.

There were appropriate numbers and skill mix of staff were adequate to meet the needs of all residents. Staffing levels included the person in charge, 14.5 whole time equivalent care assistant staff and manager. Care assistant staff were available to cover unanticipated leave. As mentioned under Outcome 16, the person in charge managed this well. Staffing was also guided by activities and outings planned for by residents which were person centred and not lead by availability of staff.

The inspector reviewed staff training records and saw evidence that staff employed had mandatory training in place including fire, safeguarding and risk management training and those spoken with had a good knowledge of procedures to follow. In addition, staff had refresher Safe Administration of Medication training (SAMS) since the time of the last inspection. There were no volunteers identified as working in the centre.

The recruitment process was found to be safe and robust, three staff files were reviewed and all documents outlined in schedule 2 were available in each of the files reviewed.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. It also confirmed that the means of transport used by residents was adequately insured. There was a directory of residents available which included all the required information.

The centre had most of the written operational policies as outlined in schedule five available for review, further to the inspectors' review some improvements were required as outlined in Outcomes 4 and 9 of this report, as there were some gaps in how the policies informed the practices of staff at the centre:

- admissions, transfers and discharge of residents
- management of residents' property and monies
- medication management

The person in charge and providers also identified areas of policy provision to the inspector where there are ongoing works to address these matters. The inspector acknowledges that some policies were in draft format:

- nutrition policy
- resident Handbook - Policy on alcohol and drug consumption
- staff Recruitment and vetting procedures
- staff Training and Development
- visitor's Policy
- staff Expense's Policy
- end of Life Policy
- access to education, training and development
- restrictive procedures policy

- resident communication policy
- infection prevention and control

**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:***

Leone Ewings  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by National Association of Housing for Visually Impaired Limited
<b>Centre ID:</b>	OSV-0001938
<b>Date of Inspection:</b>	03 February 2015
<b>Date of response:</b>	16 March 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 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:**

Each resident did not have a signed contract of care in place which included any fees payable in line with legislative requirements.

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

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

There is an agreement on file for every resident however a formal contract of care has been amended to include the funding source for each resident. The contract will also state that any fees for external activities will be paid for by the individual resident. All residents and family members will have completed and been made aware of this formal contract by March 31st 2015

**Proposed Timescale:** 31/03/2015

**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:**

The annual review of quality and safety and quality of life has not yet been completed in line with legislative requirements.

**Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review will now be completed by December every year. Work has now commenced on the review for 2015. This will include questionnaires for residents and family members, meetings with staff and unannounced visits. It will be a reflective report of the year, this will be completed by the 31st December 2015

**Proposed Timescale:** 31/12/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Policies are not in place for all of the Schedule 5 requirements, and some are in a draft format.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**

We are in the process of drafting the policies that have been listed in the report under outcome 18 and that are listed in Schedule 5 of the regulations. Nutrition, Finance, Staff Expenses and Resident Alcohol and Drug consumption policies are all drafted. Other policies listed will be completed, adapted and implemented by September 30th 2015.

**Proposed Timescale:** 30/09/2015