

**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 Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	OSV-0004738
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd.
<b>Provider Nominee:</b>	Geraldine Galvin
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	Paul Dunbar
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	4

## **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 March 2015 09:30	03 March 2015 16:30
04 March 2015 08:30	04 March 2015 11:00

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 inspection was the first inspection of this centre carried out by the Authority. The provider made an application for a new centre to be registered for the first time under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

As part of the inspection, the inspector met with the provider nominee, the person in charge and the clinical nurse manager (CNM1).

This is a new centre awaiting registration; therefore, there were no residents residing in the centre at the time of the inspection. As a result, the inspector viewed the

premises, discussed plans for the centre with the provider nominee and the person in charge and reviewed documentation such as policies, procedures, proposed personal plan templates and proposed medication administration templates.

This centre is a community-based house and forms part of the organisation's plan to re-locate residents from congregated to community-based settings. Both the provider and person in charge demonstrated a commitment towards such a move, what such a move meant for residents and how community integration would be achieved in a meaningful way.

This centre comprises a two-storey four-bedroomed house in the suburbs of Limerick and can accommodate four residents. There was a large pleasant garden to the rear. The centre had been renovated and finished to a good standard. Although the centre was not fully furnished, the inspector were informed that prospective residents would be involved in making the final decorative finishes prior to their move as some of their furniture may be coming from their existing dwelling.

Systems were in place to ensure that any moves to the centre would take place in a planned and phased manner.

Overall, 11 of the 18 outcomes were fully compliant with the Regulations. A number of non-compliances were identified, including the statement of purpose, in relation to health and safety and also, policies and other documentation. These issues are discussed in the body of the report and in the Action Plan at the end of the 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 person in charge informed the inspector of plans to ensure residents would be consulted and participate in decisions about their care and the organisation of the centre. Although the centre was not fully furnished, the inspector were informed that prospective residents would be involved in making the final decorative finishes prior to their move as some of their furniture may be coming from their existing dwelling.

The person in charge plans to hold residents' meetings on a fortnightly basis. Topics to be discussed at these meetings will likely include meal choices, discussion of activities and any other matters which the residents which to raise. There was a system in place within the service involving regular advocacy committee meetings and the person in charge said that residents will be invited to attend these meetings and raise any matters of concern.

The centre had a policy on the managements of residents' possessions and finances. The person in charge told inspectors that each resident will have a record of their property and possessions taken at the time of admission. This will be checked weekly and will also be added to when a resident purchases or receives a new item. Inspectors observed that each resident will have their own bedroom and there was sufficient storage space for clothing and personal belongings in these bedrooms.

The person in charge informed inspectors that the centre will be open to visitors. There was a visitors book in place. The premises had a sufficient number of communal rooms available should residents wish to meet with visitors in private.

Inspectors were satisfied that the person in charge intended to run and manage the

centre in a manner which maximised residents' choice and independence. Each resident will have an assessment prior to being admitted to the centre which will seek to determine their goals for the future. The person in charge spoke to inspectors about her commitment to ensuring that residents can have opportunities similar to their peers. The person in charge has identified a number of amenities in the locality where residents may be able to engage in activities which are meaningful and appropriate to their needs. Residents will also be free to choose their routine, for example, if someone in relation to what time residents wish to go to bed or have their meals.

The person in charge had identified a local church where residents may avail of religious services should they wish to do so. It is also proposed that residents who wish to vote can be registered to vote at the centre's address and then supported to exercise their vote at elections and referendums.

The centre had a complaints policy in place. The person in charge intends to record all complaints in writing, regardless of whether they are formal or informal. There was an appeals mechanism and also a designated person to monitor complaints and ensure that they are properly recorded and responded to. However, the centre did not have the complaints procedure displayed in a prominent place in the centre.

Arrangements were in place to protect dignity and privacy. There were three shower rooms available for four residents and a wash hand basin in each bedroom. The inspector viewed a policy for the provision of intimate care and a template for the provision of intimate care guidelines for individual residents.

**Judgment:**

Non Compliant - Minor

**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:**

Inspectors found that the person in charge had systems in place to ensure that residents' communication needs will be met.

There was a communications policy available in the centre. The person in charge plans to carry out an assessment of the communication needs of each resident prior to their admission. Individual communication needs of each resident will then be documented in their care plan. Residents will also have access to certain allied health professionals

should they require support with communication.

The person in charge informed inspectors that the centre will have access to television, radio and local media. In addition, the centre will have access to the internet. The person in charge plans to source tablet computers for the centre which will aid residents' communication capabilities.

**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:**  
The person in charge described how the residents will be supported to develop and maintain relationships with family and friends. As discussed under Outcome 1, there will be no restrictions on visits to the centre. In addition, residents who wish to spend some time with family or friends will be facilitated to do so by staff and management. Where residents have little or no family contact, links with friends and/or volunteers will be encouraged to ensure that the resident has access to opportunities for social engagement. Staff will also seek to maintain and develop residents' existing relationships with other service users they may have lived with. For example, it is planned that they could meet for lunch or coffee at a local café.

Residents' families will be invited and facilitated to participate in the development of person centred plans. The person in charge also informed inspectors of how she will keep families informed of residents' wellbeing, as requested by the resident.

**Judgment:**  
Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

There was an overarching organisational policy governing the admission, transfer and discharge of residents in place and dated July 2014.

The provider nominee outlined how the designated centre will accommodate residents already within the service as part of the organisation's overall plan to de-congregate.

The policy outlined the process for transfers of residents within the service. This involved the referral of any requests to transfer residents to the Admissions, Discharges and Transfers Committee. The provider nominee and person in charge confirmed that the process was multidisciplinary and that action plans were developed for any residents in transition between services. The provider nominee and person in charge outlined how consultation with residents and their families was facilitated and would continue to be facilitated during all stages of the process. Plans were in place to afford residents and their families an opportunity to visit the centre prior to their admission and to meet their peers, in a staged manner.

Plans were in place to ensure that transfers will be appropriate and consider the needs, choices and wishes of each resident. The person in charge outlined how residents will be supported as they transition between services: this will involve the person in charge and key-worker from the discharging centre and the person in charge and key-worker from this admitting centre, along with any MDT members involved in the care of the resident working together during the transition period.

The proposed contract for the provision of services was not available in the designated centre to set out the services, facilities, care and supports to be provided.

**Judgment:**

Non Compliant - Moderate



**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:**

There were systems in place to ensure that each resident would have a personal plan in place that considered their social care needs and was based on each resident's individual wishes, choices and capacities.

The provider nominee and person in charge said that a comprehensive assessment would be completed for each resident prior to their admission to the designated centre and that this would be multi-disciplinary, as required by the Regulations. Templates were in use in the service for this purpose. The person in charge said that such an assessment would inform personal planning for each resident.

There were systems in place in relation to the completion and review of personal plans, in accordance with the Regulations. The person in charge said that personal plans would be developed between the person in charge and key worker of the discharging centre and the person in charge and keyworker of this centre, and any multi-disciplinary team member involved in the care of the resident.

The person in charge said that they will review the personal plans at a minimum annually, as required by the Regulations and that this review will be multi-disciplinary, as required by the Regulations.

The person in charge confirmed that goals will be discussed, set and reviewed with the maximum participation of the resident. Families will be invited and facilitated to attend personal planning and review meetings.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that the location, design and layout of the centre was suitable for its' stated purpose.

The centre is a two-storey detached house. Downstairs there is a kitchen/dining room, a laundry/utility room, two bedrooms, an accessible shower room with a toilet and wash-hand basin, a sitting (TV) room and a small storage room. Upstairs there are a further two bedrooms, two shower rooms with toilet and wash-hand basin, a hot-press and staff office room. There is a spacious garden to the rear. There were sufficient rooms for residents to arrange to receive visitors in private, should they so wish.

There was no risk assessment that considered potential infection control risks arising from the location of the laundry/utility room directly off the kitchen and the location of the fridge in the laundry/utility room. This was discussed with the person in charge during the inspection and will be further discussed under Outcome 7: Health, Safety and Risk Management and in the associated action.

The kitchen had sufficient cooking facilities and equipment and an adequate number of toilets and showers to meet the needs of the residents. The house had been refurbished and fitted with modern appliances. The bedrooms had not been furnished as the prospective residents would be choosing their own furniture and décor.

There were arrangements in place for the segregation and management of clinical waste and any sharp instruments. There were facilities in place for residents to launder their own clothes, if they so wish.

**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):**

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

### **Findings:**

Overall, there were systems in place to manage health and safety and risk management in the centre. However, improvements were required in relation to identifying hazards, assessing risks, fire safety and incident recording.

There was an organisational risk management in place and an up-to-date safety statement. Sections of the safety statement needed to be completed at local level.

No documented hazard inspection had been completed to identify potential sources of harm. A range of risk assessments had been undertaken including in relation to hot water, the risk of absconding, manual handling, fire and night working. However, the risk management system required improvement. For example, a risk assessment had not been completed for the threshold steps in both upstairs showers.

A community infection control manual (dated November 2011) was in place. However, there was no infection control policy in place. This was discussed with the provider nominee during the feedback meeting following the inspection. While a risk assessment had been completed for the handling of potentially contaminated laundry; other potential sources of infection had not been considered. For example, a risk assessment had not been completed in relation to the location of the laundry directly off the kitchen and the location of the fridge in the laundry/utility room.

There were arrangements in place for cleaning and the inspector viewed templates for a cleaning log and an infection control audit. There were hand hygiene posters available and measures for food safety such as colour-coded chopping boards. The person in charge said that she would be completing a training needs analysis and would address any gaps in relation to infection control, hand hygiene, manual handling, food safety training.

The inspector viewed a fire safety folder that contained templates for completing necessary fire checks, which the person in charge would monitor for completion. Arrangements were in place for the quarterly service of the fire alarm and annual service of the fire equipment and the inspector viewed recent servicing records. However, improvements were required in relation to fire safety. A fire evacuation plan was not displayed in a prominent location in the centre, as required.

The person in charge told the inspector that personal emergency evacuation plans would be developed on admission of residents to the centre.

While the person in charge was aware of the organisational procedures in place for the recording and reporting of incidents, there was no incident recording book available in the designated centre. This will be addressed under Outcome 18: Records and documentation.

The person in charge described systems in place for the sharing of learning following incidents and these included review of any such incidents at staff meetings and the analysis and review of incidents with the CNM3.

**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:**

There were systems and arrangements in place to protect residents from being harmed or suffering abuse.

The centre had a policy on the prevention, detection and response to abuse; the provision of personal care, the protection of vulnerable adults, restrictive practices and behaviour that challenges.

The person in charge and CNM1 demonstrated knowledge of the different forms of abuse and they were clear on the reporting procedures within the organisation should an allegation or report be made.

The person in charge demonstrated a positive and person-centred approach to managing behaviours that challenge and to promoting a restraint-free environment. This involved the exploration of the underlying causes of behaviour, the rationale behind any behaviour for each resident, the development of behaviour support plans for any resident with behaviour that challenges, ensuring that the environment was suitable to the resident and MDT input if necessary.

The person in charge and provider nominee demonstrated an understanding of the

requirement to ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

The person in charge demonstrated that there were arrangements in place for residents to access and be supported by external advocates where required.

The inspector reviewed the system proposed to record and manage resident finances. The person in charge described clear arrangements involving the storage of residents' funds in a secure part of the centre; the recording and signing of any transactions by two staff members; the completion of weekly checks of the balances in the account and the receipts available for any purchases/transactions and; signing in and out procedures for any staff member with access to a resident's bank card.

**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:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

An incident log book was not available in the centre to record incidents; this will be addressed under Outcome 18: Records and Documentation. The person in charge described systems in place to ensure review of any incidents and sharing of learning arising from such incidents. This would involve discussion of incidents during house meetings and review of incidents by the CNM3.

**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:**

There were plans in place to ensure that residents' opportunities for new experiences, social participation and personal development were facilitated and supported.

This centre is a community-based house and forms part of the organisation's plan to re-locate residents from congregated to community-based settings. Both the provider nominee and person in charge demonstrated a commitment towards such a move, what such a move meant for residents and how community integration would be achieved in a meaningful way.

While links with community-based facilities and providers had yet to be established, the person in charge outlined plans in place to establish such links. This included the establishment of links with the local university, other local educational and training providers, gym and other sports facilities, the church and interest and hobby groups or classes.

In conjunction with the establishment of such links, a system was in place to complete a comprehensive assessment to establish each resident's goals relating to their personal and skills development. Such an assessment would involve multi-disciplinary (MDT) input as necessary.

Following an assessment, each resident would be supported and facilitated to develop or further develop life skills in relation to areas such as cooking, meal preparation, menu planning, laundry, cleaning, managing personal monies and other relevant skills that increase independence.

There was a system in place for volunteers within the organisation that the person in charge said was used to facilitate trips and outings within the community.

The person in charge outlined how each resident's personal plan will initially be reviewed regularly following admission to the centre to ensure that such goals in relation to general welfare and development are being appropriately identified and developed.

**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 arrangements were in place to ensure that residents' overall health care needs will be met and that they will have access to appropriate medical and allied health care services.

The person in charge told the inspector that all residents will have the option to retain their existing GP or choose a GP in the locality. There were systems in place to arrange access to any required MDT, including a psychiatrist, psychologist, occupational therapist, physiotherapist, speech and language therapist and dietician.

The organisation had an assessment tool in use to ensure that health needs were clearly identified.

Kitchen/cooking facilities were available and staff told the inspector that residents will be supported to plan, buy, prepare and cook the foods that they wish to eat. Residents will be able to choose a time that suits them to have their meals.

The person in charge told the inspector that residents with specialised dietary requirements will be supported and that recommendations and support needs will be documented in their health plans.

**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 safe medication management systems were being put in place.

There was a medication policy in place to guide practice in the centre.

Sample templates were available including: a prescription sheet; long-term prescription sheet; drug recording sheet; PRN ('as required') sheet; a record of PRN usage sheet; an episodic prescription sheet; a long-term medication record and; a signature sheet.

The person in charge said that pictorial descriptions of all medications will be obtained.

Systems were in place for recording the receipt of all medications from the pharmacist and for conducting weekly counts of medication kept in the centre. There were arrangements in progress for the safe storage of medication an.

The person in charge confirmed that an assessment would be completed for any resident who wished to self-administer their medication.

A fridge had been ordered for any medications that required refrigeration. The provider nominee said that arrangements would be put in place to ensure that any controlled medications would be safely stored and managed in accordance with relevant legislation.

The person in charge told the inspector that any staff involved in the administration of medication would be trained in medication management. Competency assessments of staff who administer medications would take place in accordance with the organisation's procedures. The person in charge told the inspector that medication audits of PRN medications and of the medication administration record would take place monthly.

**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 inspector reviewed the statement of purpose which was submitted in advance of the inspection. It required significant amendment in order to comply with the requirements of the Regulations. This was discussed with the provider nominee during



the inspection.

The statement of purpose did not accurately describe the specific care and support needs that the centre is intended to meet, the services to be provided in the centre to meet those care and support needs or the type of nursing care to be provided. The management and staffing levels were not sufficiently clear or specific to the centre. The persons named in the centre were incorrect. The deputising arrangements were not specified. The organisational structure of the centre pertained to the organisation and not the centre. Some of the information was not accurate or not applicable to the centre. The arrangements made for dealing with complaints was not clear. The floor plans were illegible. There were references throughout the statement of purpose to another centre.

**Judgment:**

Non Compliant - Moderate

**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 systems in place for the governance and management of the designated centre.

The provider had established a clear management structure, and the roles and responsibilities were clearly set out.

There were established regular (monthly) management meetings that included the provider nominee, the person in charge and the CNM3.

The provider nominee had been recently appointed to the role and had previously worked as the Assistant Director of Nursing within the service. The inspector found that the provider nominee was clear in relation to her area of responsibility.

The provider nominee outlined changes that would formalise the link between her role and the role of the person in charge; this involved plans to commence regular

(quarterly) one-to-one meetings between the provider nominee and person in charge. A service coordinating committee was in place that met every two months and reviewed any service issues. There were formal links between the provider nominee and the provider of the service (the CEO) including monthly meetings with the assistant CEO and annual reviews with the provider. Arrangements were in place for the unannounced visits of designated centre as required by the Regulations.

The inspector found that the person in charge had the appropriate experience and qualifications for the role. She worked full-time and was also the person in charge for two other centres. The provider nominee confirmed that the person in charge would work in the centre two days per week. The person in charge demonstrated an awareness of her responsibilities under the Regulations.

The person in charge and provider nominee told the inspector that they both felt well supported in their role.

**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:**

The person in charge and provider nominee were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

There was an identified person in place to deputise in the absence of the person in charge and this was the CNM1. Suitable arrangements were in place in relation to out of hours and weekend cover with either the CNM1 or senior staff on duty being 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:**

The provider nominee outlined systems in place to ensure that the centre was adequately resourced. This will involve a regular review of the resources allocated to the centre with the person in charge. Such a review will consider whether or not the centre is being adequately resourced, including resourcing necessary to meet residents' goals.

While the centre was not yet fully furnished, the furnishings to date were of a good standard. The residents will be involved in choosing any additional furnishing, according to their individual taste and preference.

A transport vehicle had been purchased for the sole use of the centre.

There was evidence of the commitment of resources to staff training and education to ensure the effective delivery of safe, quality care and support to 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):**

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

**Findings:**

The centre was not operational at the time of inspection.

The provider nominee had assessed the required number and mix of staff based on the

needs of prospective residents. The staff rota had been assessed as comprising the person in charge, one CNM1, two staff nurses, two care staff and two staff rostered onto night duty on alternative weeks. There will be a staff nurse on duty at all times.

Some mandatory training was outstanding in relation to fire safety and behaviour that challenges.

The person in charge informed inspectors that a full training needs analysis would be carried out for staff prior to commencing employment in the centre. Apart from the mandatory training, the person in charge planned to arrange training on various themes that would be appropriate to the community setting e.g. basic food hygiene, infection control and advocacy.

The person in charge and CNM1 had familiarised herself with the Regulations and Standards. At organisational level, 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 safe management of new staff. The person in charge explained that this would involve the completion of an orientation form for any new staff member and the a nominated person to oversee any induction of new staff to the centre.

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. The person in charge said that they planned to use the services of volunteers to support residents to participate in day to day community life.

Staff appraisals were completed on an annual basis and the CNM1 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 were 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:**  
Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

In general, the inspectors found that the person in charge had adequate plans in place to ensure documentation was maintained in the centre and easily retrievable. However, there were some required records and policies which were not available on the day of inspection.

Systems were in place to ensure that records to be kept in respect of each resident would be maintained. These included the use of templates for the completion of assessments and the development of personal plans. The person in charge explained the procedure for the transfer of residents' documentation to the centre e.g. medical information. However, the centre did not have a template available for a directory of residents.

Templates, books and other forms of documentation were available to facilitate the maintenance of other records, including those relating to communication between staff; admissions, transfers and discharges; notifications and; maintenance requisitions. The centre had a valid insurance certificate. However, some records to be kept in a designated centre were not available, as required under Schedule 4 of the Regulations: the template used by the organisation to record complaints was not available in the centre, nor was there an incident book available in the centre.

There were a range of policies in place. However, not all policies required under Schedule 5 of the Regulations were available in the centre. This related to policies for: the monitoring and documentation of nutritional intake; access to education, training and development and; infection control. In addition, the procedures in place for managing anonymous complaints as outlined in the policy for protecting vulnerable adults were not satisfactory and required review.

**Judgment:**

Non Compliant - Moderate

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## **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:***

Julie Hennessy  
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 Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	OSV-0004738
<b>Date of Inspection:</b>	03 March 2015
<b>Date of response:</b>	13 April 2015

### Requirements

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

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

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

**Theme:** Individualised Supports and Care

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

There was no complaints procedure displayed in the centre.

**Action Required:**

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

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

The complaints procedure is now displayed in the centre

**Proposed Timescale:** 10/04/2015

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

**Theme:** Effective Services

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

The proposed contract for the provision of services was not available in the designated centre, as required.

**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:**

The proposed contract for the provision of services will be made available in the designated centre for the residents who will reside there

**Proposed Timescale:** 30/04/2015

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

**Theme:** Effective Services

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

The risk management system required improvement. No documented hazard inspection had been completed. Risk assessments had not been completed for all hazards identified during the inspection, for example, a risk assessment had not been completed for the threshold steps in the upstairs showers.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A hazard Inspection has been completed and a risk assessment for all hazards will be completed to identify controls to reduce or eliminate the risks for the residents who will transfer to the centre.



**Proposed Timescale:** 30/04/2015

**Theme:** Effective Services

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

Systems in place in relation to infection prevention and control required improvement. There was no infection control policy in place. A risk assessment had not been completed for all potential sources of infection.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The service presently have Guidelines on Infection Control and are now presently commencing the development of an Infection Control Policy. A risk assessment will be completed to ascertain any potential risk of sources of infection.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

A fire evacuation plan was not displayed in a prominent location in the centre, as required.

**Action Required:**

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

A fire evacuation plan will be displayed in a prominent place in the centre

**Proposed Timescale:** 30/04/2015

### **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:**

The statement of purpose required significant amendment in order to comply with the requirements of the Regulations.

**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 has been amended and will be submitted to the Authority in order to comply with the requirements of the Regulations.

**Proposed Timescale:** 30/04/2015

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Some mandatory training was outstanding in relation to fire safety and behaviour that challenges.

**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:**

All staff will have received the mandatory training in fire safety and are scheduled to receive training in the management of service users who present with challenging behaviour.

**Proposed Timescale:** 30/07/2015

## 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 relating to the monitoring and documentation of nutritional intake; access to education, training and development and; infection control were not available in the centre. The procedures in place for managing anonymous complaints as outlined in the policy for protecting vulnerable adults were not satisfactory and required review.

**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:**

The service is reviewing its policies and will be updating the policies as required. Since the inspection the CEO has signed off on the Nutritional and Hydration Policy DOC 068 and is now available for staff in all areas. The access to education, training and development for service users has been circulated in draft form for comments and will be finalized shortly. The development of a policy on infection control has commenced and again will be circulated as a draft for comment prior to being finalized.

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

**Theme:** Use of Information

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

A directory of residents was not available in the centre.

**Action Required:**

Under Regulation 19 (2) you are required to: Make the directory of residents available to the chief inspector when requested.

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

A directory of Residents is now available in the centre

**Proposed Timescale:** 10/04/2015

**Theme:** Use of Information

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

The template used by the organisation to record complaints was not available in the centre, nor was there an incident book available in the centre.

**Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:**

An incident book and the template to record complaints are now available in the centre.

**Proposed Timescale:** 10/04/2015