

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003074
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Raymond Lynch
Support inspector(s):	Rachel McCarthy;
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
18 November 2015 10:00	18 November 2015 20:00
19 November 2015 10:00	19 November 2015 16:00

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 forms part of the assessment of the application for registration by the provider. The centre was part of the Daughters of Charity and comprised of two adjoining community based semi detached houses.

The inspection took place over two days and as part of the inspection process, practices were observed and relevant documentation reviewed such as care plans, health care records and policies and procedures. The views of residents and staff were also sought.

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, however there were issues with planning compliance that were to be addressed early 2016.

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

Over the course of the two days, inspectors found the residents, person in charge, and staff to be courteous, supportive and helpful with the inspection process.

Inspectors found that residents received a good quality of service. Staff were also supportive in assisting residents in making decisions and choices about their lives. The centre had a warm and welcoming atmosphere and residents were comfortable in speaking to inspectors about their home.

Evidence of good practice was found across all outcomes. However, inspectors found that risk management procedures were not robust enough in ensuring the safety of residents at all times. Appropriate procedures had not been put in place to address an identified falls risk. Due to the immediacy of the actions required the provider was requested to address the non compliance before the inspection was completed. The response to this action mitigated the risk identified and addressed the non compliance to the satisfaction of the inspectors.

Of the 18 outcomes assessed 14 were found to be compliant, including residents rights, dignity and consultation, communication, social care needs and general welfare and development. The statement of purpose was found to be substantially compliant. Major non compliances were found in areas of risk management and safe and suitable premises and moderate non compliance was found in workforce.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Generally inspectors found that residents were consulted with and participate in, decisions about their care and about the running of the centre. Residents individual care plans detailed how resident's privacy and dignity were to be maintained, specific to individual needs and wishes.

Personal care practices respected the residents' dignity and respect. From a sample of personal care plans viewed, each resident had their own individual plan that was informative of the supports required to maintain and enhance their independence.

The centre was managed in such a way as to maximise resident's capacity to exercise personal independence in relation to everyday living skills. From a sample of files viewed, it was found that resident's personal plans referred to goals to enable the development of specific life skills. For example, one resident wanted to learn how to bake, and during the inspection it was observed that staff had facilitated the achievement of this goal by supporting the resident to cook, make cakes and desserts.

Residents' bedrooms were decorated to their individual preferences and with their personal possessions. Inspectors noted that there were up-to-date records of each resident's personal belongings. There were policies and procedures in place for the management of residents' personal property, personal finances and possessions. A sample of personal finance records was viewed and it was found that personal monies were kept safe through robust record keeping practices.

A complaints policy was available in the centre. Records informed inspectors that

complaints were being logged and dealt with. For example, a family member complained to the person in charge about an issue regarding laundering facilities. This complaint was recorded, logged and dealt with to the satisfaction of all involved. At times residents have complained about each other. However, the person in charge informed inspectors that generally residents got along well together and if one resident had complained about another, staff had reassured both residents and sought a solution to address the issue.

Some issues were identified in relation to the layout out and access to some bedrooms which was impacting upon the privacy of some residents in the centre. However, this is further discussed and actioned within Outcome 6: Safe and Suitable Premises.

During the course of the inspection staff members were observed to treat residents with dignity, warmth and respect and residents were observed to interact with staff in a relaxed and comfortable manner.

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):

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

Findings:

The inspectors found that the person in charge and staff had responded effectively to the communication support needs of each resident. From a sample of personal plans viewed, each resident had their individual communication needs documented.

There was also a communications policy in place and during the inspection staff demonstrated an in-depth awareness of the different communication needs of each resident.

There were ample televisions (TV's) and radios in the centre and on the evening of inspection, residents were observed relaxing and chatting with staff watching TV.

Residents were also supported to use the local facilities in their community, such as the church, shops, library and hairdressers.

Judgment:
Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Residents were supported to maintain personal relationships and links with their family members. There were arrangements in place for residents to receive visitors and family members in private. Residents were also supported to visit family members when they wished to do so.

There was a visitor's policy in place and on reviewing a sample of records, inspectors were able to ascertain that there was a good level of contact between residents and their families.

The team leader informed inspectors that there were no restrictions on family visits and specific requests in relation to visitors made by residents was facilitated.

Families were kept informed of resident's general health and wellbeing. For example, from a sample of files viewed, family members had attended multi disciplinary team (MDT) meetings. Feedback from family members was also positive and complementary of the service provided.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There was a policy in place regarding the admissions and contract for the provision of services to be provided.

Each individual had a signed contract of care which detailed the support, care and

welfare of each resident. The contracts set out the terms and conditions of the service to be provided and they had been suitably agreed with each residents and/or their representative.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

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

Findings:

Inspectors found that the wellbeing and welfare provided to the residents was to a high standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place.

Social care plans were personalised and reflected residents' individual requirements in relation to their social care needs. Each resident was actively involved in the writing up of their personal plan and in outlining their own social goals. Some residents had visual representations of their personal plans on display in their rooms of which they showed to inspectors.

Residents had both long and short term goals identified within their plan. For example, one resident had celebrated a landmark birthday this year. Her personal plan documented both the short and long term goals agreed in organising a party for the occasion. At every stage of the plan the resident was involved. Over the course of a six month period the resident was supported to visit a number of hotels in order to assess which one she liked best and would be most suited for her party. She was also actively involved in the menu planning and choice of invitation for the occasion.

From a sample of plans viewed, inspectors observed that other residents were supported to be members of a local choir, go to concerts and organise their own Christmas arrangements and celebrations.

Personal plans were easy to follow and well organised, giving all essential information required about the resident's social care needs. They were person centred and provided a good overview of the each resident's preferences, including their likes and dislikes and

how they chose to spend their time. Plans were reviewed and updated regularly and as required in order to meet the individual needs of each resident.

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:

Overall the centre was clean, nicely decorated and well maintained. There was adequate lighting, ventilation and heating throughout each house comprising the designated centre and there were separate kitchens with adequate cooking facilities. However, it was found that the design and layout of the centre was not suitable for its stated purpose as it did not meet some residents' individual privacy needs.

There was a door connecting one house to the other which provided access between both adjoining houses. This door was located upstairs and connected one residents' bedroom to another. This led to staff members accessing residents' bedrooms in order to move between different parts of the centre. There was a procedure in place to minimise the use of this door. However, inspectors found that the practice of staff entering residents' bedrooms so as to have access from one part of the centre to the other, compromised both residents' privacy.

There was also a twin room being used in the centre. The person in charge informed inspectors that both residents got along well together and neither had complained about sharing the room, and had been sharing together for a period of time. However, inspectors found that the size and lay out of the room was not appropriate in meeting the needs of the residents. Space in this bedroom and between both beds was limited, and while a privacy screen was made available if required, there was limited space available to use it appropriately.

There was adequate communal space available in both houses that comprised the centre and there were spacious garden areas that were well maintained.

Residents also had access to well maintained and appropriate equipment that promoted their independence and comfort. For example, some residents had mobility difficulties and the centre had installed a chair lift so as they could independently and comfortably access the upstairs of their house.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

Overall inspectors found that the health and safety of residents, visitors and staff was promoted. However, it was found that risk was not being managed effectively throughout the centre. An immediate action was issued related to risk management due to the significance of the issues identified during inspection. The person in charge and providers response to this action mitigated the risk and addressed the non compliance to the satisfaction of the inspectors.

A resident was identified as at risk of falls due to mobility issues and health complications. However, due to the layout of the centre and availability of staff there were periods of time when the resident had no way of contacting staff if assistance was required. From 21:00hrs there was only one staff member on duty to cover both houses comprising the designated centre. This staff member works on sleepover duty in the centre from 23:00hrs until 07:00hrs. The staff sleepover room was not based in the same house (that comprised the centre) as the resident who was at risk of falling.

Inspectors issued an immediate action as they were not satisfied the registered provider had sufficient measures in place to control this risk effectively. In response, the person in charge and provider nominee addressed the issue by providing additional staff and provided the resident with a personal alarm system that would alert staff if she required assistance. Inspectors were satisfied that these actions had mitigated the risk appropriately.

Fire extinguishers were found to be serviced annually and six monthly fire drills were in place. Fire safety checks were carried out daily and the fire alarm was activated weekly. However, inspectors observed that insufficient consideration had been given to containing fire within the kitchen areas from upstairs bedrooms. In addition suitable containment measures were not in place to prevent the spread of fire between each house of the centre, as a standard internal door was used to separate the premises.

Inspectors found that the centre had robust systems in place for the management of infection control. There were adequate hand gels throughout the centre, along with warm water, soap and clean towels in each of the bathrooms.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff. Residents spoken with said they would tell any staff member if they were not happy with something in their home or needed support. This was also reflected on the feedback questionnaires filled out by residents.

Staff had up-to-date training in client protection and were found to be knowledgeable in relation to what constitutes abuse and on related reporting procedures. The person in charge also informed inspectors there was a designated person to deal with any allegations of abuse.

Personal and intimate care plans were also in place and provided comprehensive guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to residents.

There were no restrictive practices in place in the centre and inspectors observed that staff were very attentive to the physical, emotional and behavioural supports of the residents.

Where required on-going support was provided by allied health care professionals such as access to mental health professionals and psychiatry.

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

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector found that a record of all incidents occurring in the designated centre were maintained and, where required notified to the Chief Inspector</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Inspectors found that residents living in the centre had opportunities for new experiences and social participation which formed a key part of their care plan. Residents engaged in a variety of social activities facilitated by both day and residential services.</p> <p>During the course of the inspection, inspectors observed residents being supported to use their local amenities in their community. For example, residents were supported to participate in local activities such as choir practice, musical groups and bingo. They were also supported to access local facilities such as shops, restaurants, and the library.</p> <p>Of a sample of personal plans viewed, it was also identified that opportunities for residents were explored to develop their skills and maintain levels of independence appropriate to their assessed needs and requests. For example, as discussed earlier in this report, one resident wanted to learn how to cook and make desserts, which was recorded in her personal plan. Staff had supported her in achieving this goal and during the inspection she was observed in the kitchen preparing and making a cheese cake.</p>
<p>Judgment: Compliant</p>

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:

Of a sample of health care plans viewed, inspectors found that residents were supported to achieve and enjoy best possible health. Health care plans were also found to be updated annually or as required.

Health care needs were met in line with personal plans and through timely access to appropriate health care services and treatments with allied health care professionals.

Records showed that routine visits were organised as and when required to the General Practitioner (GP), dentist and optician. Specific issues were also comprehensively provided for, such as mental health and wellbeing, osteoporosis, high blood pressure and cholesterol.

Residents were responsible for choosing the weekly menu and individual preferences were provided for. Food was varied, fresh and nutritious. Meal times were observed to be person-centred and a positive social experience for residents. During the course of the inspection, inspectors had a meal with the residents and staff which was a positive social experience. Both resident and staff chatted away to each other and the inspector during and after the meal.

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:

Overall inspectors found that residents were protected by safe medication management

policies and practices. All residents were supported in the administration of their medication by appropriately qualified and trained staff members.

There was a robust medication administration and management policy in place in the centre. This included processes to ensure the handling of all medicines was safe and in line with legislation. There were also appropriate procedures in place for the handling and disposal of unused and/or out of date medicines.

All medication was locked securely in a press in each house of the centre and of a sample of medications viewed, inspectors found they were correctly labelled and in date.

There was a system in place for reviewing and monitoring safe medication practices. For example, drug errors were recorded and reported appropriately. They were also reviewed and discussed at team meetings so as to reduce the risk of an error re-occurring.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The Statement of Purpose clearly outlined the aims and objectives of the centre and the manner in which care was to be provided. It also reflected the diverse needs and interests of the residents in the centre and comprised all the relevant 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.

However, the statement of purpose stated that the centre had capacity for nine residents. The provider had applied to register the centre for eight residents. The current occupancy for the centre was eight residents.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. From speaking with the person in charge it was evident that she had an in-depth knowledge of each residents' support needs. She was also aware of her statutory obligations and responsibilities with regard to management of the centre.

She was well supported by senior management and by a team of suitably skilled and qualified staff. Inspectors found that the person in charge provided good support, leadership and direction to her staff team. Staff members also spoke positively of her. For example, one staff member commented that she could approach the person in charge at any time with any issue.

Concerns with the level of staffing in the centre were identified, however these were addressed immediately to the satisfaction of inspectors and were discussed in detail under Outcome 7: Health Safety and Risk Management and Outcome 17: Workforce.

Inspectors reviewed the annual review of the quality and safety of care and support of the centre, which was carried out by the provider nominee and in accordance with the standards.

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 had not been absent for a prolonged period since commencement of regulation. The provider was aware of the requirement to notify the Authority in the event of her absence of more than 28 days.

Appropriate management systems were in place for the absence of the person in charge. There were qualified persons participating in management working in the centre and there was an on call system in place, where staff could contact an area manager 24/7 in the event of any unforeseen circumstance.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

Overall inspectors found the skill mix of staff was based on the assessed needs of each resident living in the centre. However, there were limited resources available to provide adequate support at all times across the two houses that comprised the centre at all times. This was addressed during the course of the inspection to the satisfaction of the inspectors and was further discussed in Outcome 7: Health, Safety and Risk Management and Outcome 17: Workforce.

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

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and

recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found that there were caring, skilled and competent staff on duty during the course of the inspection. However, the staffing levels did not take into account the size and layout of the building. An issue relating to inadequate staffing levels has been previously highlighted within Outcome 7: Health Safety and Risk Assessment.

Overall inspectors found that a comprehensive review of staffing levels had not taken place in the centre prior to the inspection to ensure adequate staffing levels were provided to residents.

A selection of staff files were reviewed in the organisations central offices prior to the inspection and all contained the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

All staff were appropriately trained for their roles, and from viewing a sample of training records, they had the required mandatory training to support the residents. The person in charge also informed inspectors that all staff were supervised according to their role and responsibilities.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Inspectors observed that robust records and recording systems were in place and maintained in the centre.

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

Records were also found to be up-to-date and kept secure. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003074
Date of Inspection:	18 November 2015
Date of response:	14 December 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 06: Safe and suitable premises

Theme: Effective Services

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

The centre was not providing adequate private accommodation. Two residents were sharing a twin room which was not spacious enough in meeting the privacy needs of both individuals. There was also a connecting door between two other residents bedrooms, which was used by staff to access both parts of the centre. Inspectors found

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

that this practice compromised the privacy needs of both residents.

1. Action Required:

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

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

- Connecting door – to be kept locked (day and night); staff to use patio doors; connecting doors should only be accessed during emergency situations/ evacuation procedures and fire drills. – Commenced 11/12/15.

- Connecting door will be built up permanently by 31 March 2016.

- Sharing bedroom- When the next resident moves from this designated centre the capacity of the centre will be reviewed ensure that all residents have their own bedroom.

Proposed Timescale: 31/03/2016

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 systems in place were not robust enough in managing and reviewing risk, including responding to adverse incidents. It was identified that one resident at risk of falling did not have adequate supports in place to mitigate the risk.

2. 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:

- 1 staff in each house until 23:00PM –commenced 18/11/2015-ongoing

- Fall sensor alarm for service user with risk of fall has been purchased and in use since 11/12/2015

- Risk assessment review quarterly or sooner if required – ongoing

- System to be put in place for responding emergencies – hypoglycaemic attack to be completed by 21/12/15

Proposed Timescale: 21/12/2015

Theme: Effective Services

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

the following respect:

Inadequate consideration had been given to containing fire within kitchen areas from bedrooms and between the two houses that comprise the centre.

3. Action Required:

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

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

Fire doors will be fitted to doors leading from the kitchen to the hall way and sitting room both houses.

Proposed Timescale: 31/03/2016

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 numbers of residents as stated within the statement of purpose did not correlate with the application for registration.

4. 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:

Statement of purpose amended and centre capacity changed into 8 – completed (2/12/15)

Proposed Timescale: 02/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing levels of the centre did not take into account the size and layout of the building. There were insufficient staff numbers to ensure an adequate level of support at all times across the two houses that comprise the designated centre.

5. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and

skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- 1 Staff present in each house until 23:00 . A third staff is requested and booked for appointment and social outings as needed.
- Staff training – 1 staff completed refresher training in manual handling on 2/12/2015;
- 2 staff are scheduled to attend manual handling refresher training in 2016

Proposed Timescale: 30/04/2016