

**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-0004040
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:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 March 2016 10:00 To: 02 March 2016 18:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was an unannounced monitoring inspection of a designated centre owned and operated by Daughters of Charity Disability Support Services Limited (hereafter called the provider). This designated centre comprised of two locations in an urban area. Both units were found to be of a good standard and were located a short distance apart.

One location provided a residential service to two female residents in a house and adjoining apartment. The second unit was a house where 5 male residents lived with the support of staff members. Many residents were met and spoken to as part of this inspection. Residents presented as very content and well cared for over the course of this inspection.

Overall the inspector found that this centre provided a very good standard of care to the residents living in this designated centre. Residents were found to be well protected and well supported by a qualified, competent and dedicated management and staff team that were operating in accordance with the Regulations and Standards.

As part of this inspection, the inspector met with residents, members of management and social care staff.

The inspector found that residents were provided with a good standard of service within this centre and residents presented as content and very comfortable in their home and with the staff and management present during inspection. Residents were observed relaxing, planning activities and returning from day services and activities on the day of inspection.

The centre was found compliant with the requirements of the Regulations and Standards in all areas inspected against.

As there were no areas of non compliance found on this inspection and therefore no action plan was required.

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

Outcome 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:

Each resident's wellbeing and welfare was maintained by a good standard of care and support. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs were clearly and accurately set out in an individualised personal plan that reflected resident's needs, interests and capacities. Residents were observed to be well engaged and part of the decision making process regarding the activities they pursued and participated in.

The inspector reviewed a number of personal plans which contained up to date care plans and information for residents. The inspector found that the person in charge and staff had a good system of review to ensure care planning and person centred planning was effectively monitored and reviewed in respect of each resident. Plans were comprehensive and had examples of multidisciplinary involvement where required.

Residents were observed participating in planning meetings and choosing activities they enjoyed. Resident's plans highlighted activities such as cycling, drama, cinema, bowling, bocce and cooking. Resident's goals and objectives were reviewed and contained a mix of both activities and skills teaching. One resident was hosting a friend for dinner on the day of inspection. Resident's plans highlighted community participation in fun runs, international rugby matches and equestrian events.

Residents were observed as very content and well supported by the staff on duty. Staff interviewed knew residents very well and demonstrated a good understanding of resident's needs, wishes and preferences. Staff presented as very interested in their

work and being creative and innovative in supporting residents. This was reflected in the quality of personal plans reviewed.

Residents were found to have good opportunities to pursue interests and preferences within and outside the designated centre. All aspects of care were clearly documented in personal plans, updated accordingly and kept under appropriate review.

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:

The inspector found that risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was also found to be in place. The inspector found behavioural and environmental risks were well managed and documented in the centre. For example, risk assessments were carried out and reviewed in relation to medication practices, fire safety, storage of sharp knives and the management of challenging behaviours.

The inspector observed control measures in place to alleviate all identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes.

The inspector found that there were policies and procedures regarding Health and Safety and Risk Management. A Safety Statement 2015 was also reviewed on inspection. A Fire Register was available in the centre as was information regarding emergency evacuation and planning procedures in place.

The inspector was satisfied that there were good systems in for the assessment and management of risks within the designated centre.

The inspector reviewed the accidents and incidents and found a clear system of recording, review and detailed actions put in place to address any risks as a result of an incident. There was also a checking system in place, and the inspector reviewed a number of incidents that included accidental injury to residents, medication errors, incidents of injury to staff and management of behaviours that challenge. All incidents

were reported, recorded and followed up by management.

The inspector was satisfied that the fire detection and alarm systems, fire fighting equipment and emergency lighting systems were routinely checked and serviced by a qualified professional. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out at different times and staff and residents knew the procedure in the event of an evacuation. There had been a fire in this centre and all residents were safely evacuated. The house involved was closed and renovated to a high standard and the inspector found a strong culture of risk awareness regarding fire safety.

The inspector found there was regular auditing and review in relation to health and safety. For example, fire safety checklists, food hygiene, infection control/hygiene and cleaning schedules.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The inspector found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre. Residents were found to be safe and protected by the systems that were in place. In addition, residents requiring emotional, behavioural and therapeutic support were found to receive positive supports within a restraint free environment.

The inspector found up to date policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. Staff highlighted both how and who they would report all allegations, suspicions and disclosures of abuse to and stated the safety of the resident was always the paramount consideration.

The inspector was satisfied that staff were familiar with the different types of abuse and

the mechanisms in place within the centre to report and support residents where/when required. There were systems in place to protect resident's finances and checking systems in place to ensure residents' monies were safeguarded and protected.

The inspector found that management of behaviours that challenge was effective with the provision of positive behavioural support plans. Positive behavioural support plans were provided as required, they were found to be detailed and up to date. These plans outlined routine protocols, known triggers and de-escalation techniques. There were pictorial behavioural support charts in the centre that were used with some resident's. Behavioural support was evident post incidents and the inspector found all changes to resident's plans were communicated with the staff team to ensure consistent implementation. The inspector found that a restraint free environment was promoted and while there were some restrictions in place these were implemented as the least restrictive measure. For example, the use of an audio monitor and door sensor was used to support staff to monitor two residents one of whom coughed at night and another who occasionally displayed some behaviours of concern.

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:

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as G.P., optician, dentist, dietician, psychology, psychiatry, physiotherapy, occupational therapy and chiropody. Residents had access to specialist services and hospital appointments when and where required.

One resident was supported by nursing support in another centre as the level of medical support this resident required increased. However this residents apartment was maintained for her while they recovered and visits were organised by the staff. In addition familiar staff were allocated for hospital appointments to ensure consistent recording and delivery of health care needs.

Resident's healthcare documentation was maintained to a high standard and was clear and accessible. For example, assessments and appointment schedules/calendars, asthma care planning, low cholesterol care planning, gout care planning, healthy eating planning and necessary medical information such as allergies. It was clear that residents were supported and facilitated to have their healthcare needs met to a high standard.

Residents were provided with healthy home cooked meals. The inspector observed meals and food preparation with residents who had choice regarding what they ate and when they ate. Residents were having homemade burgers on the inspection date while another resident was visiting friends and having dinner out. The inspector observed menu choices, healthy eating information and residents having the freedom to choose and access food and drinks as they wished.

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 each resident was protected by the designated centres' policies and procedures for medication management. Staff demonstrated good knowledge of the medication policies and protocols and had good systems in place to monitor medication practices.

For example the inspector found,

- There was a clear policy for medication management.
- There were clear and effective procedures for prescribing and administration of medication.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription and administration of medications within the designated centre.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.
- Administration records were signed by staff correctly and those reviewed correlated

with the requirements of the residents' prescription.

- There were PRN (as required) guidelines for medications requiring same.
- There was clear information regarding all medication so as staff and residents (insofar as possible) were clear in terms of what the medication was and possible side effects.
- There were regular reviews and audits of medication and a system for managing medication errors was in place. For example weekly checks and medication counts that were signed off by the person in charge.

Overall the inspector found staff professionally knowledgeable and competent regarding the safe medication management practices operating within the designated centre.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall the inspector found that the quality of care and experience of the residents was well monitored and developed on an ongoing basis in this designated centre. The inspector found that effective management systems were in place that support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation.

As this was an unannounced inspection, the person in charge was not on duty at the time of inspection. However a person participating in the management of the centre, in addition to the staff on duty were met as part of this inspection. The provider nominee was also met as part of preliminary feedback at the conclusion of this inspection.

While the person in charge was not met as part of this inspection it was evident that she had implemented good operating systems within this designated centre. For example the inspector found from the levels of compliance with the Regulations and Standards demonstrated across the areas inspected that effective systems were in place.

The person in charge had implemented a number of audits carried in the designated centre in areas such as care planning and personal plans, health and safety, medication and residents finances. There were on-going checking systems regarding areas of risk. The inspector found that the person in charge signed off on plans, incidents and reviews and had effective systems to ensure changes were communicated with residents and staff.

The inspector found evidence of unannounced visits, audits and action plans devised by the provider's management team. For example, action plans included improvements regarding staff communication, protection of resident's information and staff training.

The inspector found that staff were very satisfied with structures in place and spoke very highly of the person in charge and the system in place to support residents. The inspector found clear and accurate rosters, staff training schedules and a training needs analysis were in place and well maintained.

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:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Residents received continuity of care by a competent staff team. Staff were found to have up-to-date mandatory training and access to appropriate education and training to meet the needs of residents. The inspector found that,

- Staff were continually provided with training and refresher training in mandatory areas such as first aid, fire safety, safe manual handling practices, safeguarding vulnerable adults, managing behaviours that challenge and safe administration of medication.
- Additional centre specific training was provided as required. For example, Autism training and person centre planning training.
- Staff meetings were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster that reflected the whole time equivalent in the

statement of purpose. Rosters were reviewed and the inspector found consistent and continuity in terms of service provision.

- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.

Overall the inspector found that the staffing, staff training and development and recruitment processes and policies met the requirements of the Regulations and Standards. Staff knew residents well and the staff team contained a good skill mix and balance. Staff presented as knowing residents very well and were very interested in their work and role within the centre.

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:

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