

**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-0003085
<b>Centre county:</b>	Dublin 15
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd
<b>Provider Nominee:</b>	Mary Lucey-Pender
<b>Lead inspector:</b>	Ciara McShane
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	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:
26 January 2016 09:35	26 January 2016 17:30
27 January 2016 09:00	27 January 2016 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, health care records, accident logs and policies and procedures. The views of residents, relatives and staff members of the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Authority. All documents were submitted, for the purpose of the application, with the exception of planning compliance for the centre.

Generally, the inspector found that residents received a good quality of service in the centre. Staff supported residents in making decisions and choices about their lives. The centre was homely and had a warm atmosphere. Inspectors found that residents were proud and confident in telling the inspector about their home. Residents participated in the inspection and spoke to the inspector about the positive activities they engaged in and the role they played both in the centre and locally in their community.

Evidence of good practice was found across all outcomes. In particular residents healthcare needs were well met and responded to in a timely manner. Residents told the inspector about the links they had with their family and friends and the holidays they went on. The residents spoke positively about the staff and the inspector observed interactions which were respectful and reciprocated.

Although areas of good practice were identified across all outcomes, areas for improvement were also identified. In relation to health and safety the centre did not have fire doors installed. It was not evident that where learning from risks had been identified that it was implemented at all times. Although for the most part the inspector found that residents were afforded privacy, dignity and respect; two residents shared a room that wished for a room of their own. The inspector found that additional improvements were required in relation to Outcome 5 Social Care Needs. There was an absence of a retirement plan for one resident. Whilst for other residents' goals which they were working towards were not at all times clear or followed through on once actions had been identified. Nine of the eighteen outcomes were fully compliant with three more being substantially compliant.

The Action Plan at the end of the report identifies those areas, identified during the two day inspection, where improvements were required.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Effective systems were in place to ensure residents were afforded the opportunity to have a say in the running of the centre, make a complaint should they wish and also access advocacy should this be a requirement. Improvements were required in terms of dignity and respect as two residents shared a room.

The inspector found that residents could make a complaint at any time. The inspector reviewed the log of complaints and found a number of complaints had been logged and followed through on. The residents' satisfaction level regarding the outcome was also recorded. Residents told the inspector who they would make a complaint to and staff were also aware of the role of the complaints officer. The complaints procedure was displayed in the centre and was in a format accessible to residents. The complaints policy identified the complaints officer and the process to follow for appeals.

Residents' had regular weekly meetings ensuring they were consulted with regarding the day to day running of the centre. A record of these meetings was maintained. The inspector read a sample of the minutes and found that they were used to consult about routines and activities for the week, outings such as the cinema and menu planning. Residents told the inspector that staff respected their wishes and supported them in their preferred weekly routines. The inspector observed residents communicating freely and openly with staff on both days of inspection. The interactions observed were positive and respectful.

Residents' religious beliefs were respected and promoted. The inspector saw that residents received support to attend religious services of their choosing. Residents also received support to vote. This took place locally and staff facilitated residents attend if they wished.

For the most part residents exercised choice and their privacy and dignity was respected. However, two residents shared a small twin room and had been doing so for a number of years. Both residents told the inspector although they liked each other's company they would rather have their own room and space. They also did not wish to leave the centre; at the time of inspection there were no vacancies.

The inspector observed a door which connected the two semi-detached units. The door was located in between the bedrooms of two residents. In conversation the inspector learned that the door was only used in case of an emergency. However, the inspector was not assured the dignity and privacy of residents was maintained at all times due to the location of the door.

**Judgment:**  
Non Compliant - Major

### **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:**

Residents in the centre were supported to communicate. Staff responded to each resident in a personalised way in accordance with their needs.

Residents' communication needs were assessed and identified in the personal planning documentation and supports were put in place as required. For example, some residents had been seen by the speech and language therapist (SALT) and any recommendations were documented and followed up by the staff. One resident was being supported with the use of photographs to assist them identify the staff coming on duty for the sleepover shift to alleviate anxiety.

Easy to read versions of documents such as residents' guide were in place and were available in a communication box which was stored in the lounge room.

Residents had access to television, radio, social media and internet. Most of the residents had their own mobile phones and computerised tablets. Staff provided support to use them, where required. The residents were proud to show the inspector their tablet computers.

**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 develop and maintain positive personal relationships with their family members and links with their wider community.

Residents participated in their community in a number of different ways. For example, residents visited local restaurants, cafes and the cinema. Residents told the inspector about their weekend activities and conveyed their happiness with same. A number of residents were quite independent and visited their local village themselves to attend the shops and hairdressers. For example, residents regularly attended local events and concerts. Some residents attend a local retirement group which they told the inspector they enjoyed. Residents' activities were documented in their personal plans.

Residents' friends and families were welcome in the centre and there were no parameters placed on visitors once it did not impact negatively on other residents. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. All contact with family members was documented. Residents told the inspector about their weekend trips away and holidays with family members. Care plans were in place to support this process and residents told the inspector about their families.

**Judgment:**  
Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The admissions process was appropriately managed. Written agreements dealing with the service to be provided to residents were in place.

There were policies and procedures in place to guide the admissions process in addition to discharges and transfers. The residents at the centre had lived there together for a number of years.

Each resident had a signed written agreement in place dealing with the service to be provided to the resident in accordance with the requirements of the Regulations.

**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:**

The inspector found that residents' wellbeing and welfare was promoted through evidence based care and support. However, improvements were required to ensure personal plans were being monitored to ensure plans were being successfully achieved and that the assessed needs of all residents were being accommodated.



The arrangements to meet each residents' assessed needs were set out in a personal plan which had been developed in consultation with the resident, relevant key workers and family members. The inspector found personal plans were developed to a good standard and were focused on improving the quality of residents' lives. Residents' individual goals and aspirations were identified. The inspector saw documented and learned from speaking with residents a number of goals had been achieved. For some goals that had been identified, it was unclear if the steps identified had been followed through on. As a result the goal had not been updated accurately to reflect the current status. Improvements were required to ensure that where steps and actions had been identified these were followed through on.

The personal plans which had been developed were person centred and were based on multi-disciplinary assessments carried out in accordance with the requirements of the Regulations. The inspector found that there was on-going multi-disciplinary input into the care of residents as required in areas such as psychiatry and psychology where required. Residents' personal plans were updated in response to any changes in the residents' needs.

Residents described their daily routines, some of which were busy, as preferred by the residents. Daily routines included attending day care services, active retirement groups, volunteering, playing sport, attending their job, shopping and getting beauty treatments. The inspector witnessed these activities throughout the two day inspection. It was evident that residents were supported by staff members to engage in their preferred activities. The roster also changed from time to time to meet the needs of the residents.

One resident had retired and the activities they preferred to engage in were outlined in their personal plan. However, there was an absence of a retirement plan to support the resident with the transition. A staff member stated this was something they would commence working on.

Residents' files contained information relating to areas such as personal risk assessments and information about family contacts and relationships.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

There were systems in place to promote and protect the health and safety of residents, visitors and staff. Some improvement was required with regard to protection from fire and risk management.

The inspector found that some systems were in place for the prevention and detection of fire. Regular fire drills were carried out, at varying times during the day, and staff told the inspector that they were used as opportunities to learn for both staff and residents. The inspector noted that where issues were identified as part of these drills they were followed up and corrective action was put in place.

All staff working at the centre were trained in fire safety. There were fire extinguishers and fire blankets situated accordingly in the centre. There was an integrated fire panel which divided the centre into four zones. Staff spoken with were familiar with the zones in addition to the evacuation plans, as too were residents. Evacuation plans were visibly displayed in the centre. The inspector reviewed the maintenance and servicing records for the fire alarm and fire equipment and found that they were in order. An improvement was required in terms of preventing the spread of fire as the centre did not have any fire doors in place.

Appropriate procedures were in place regarding food hygiene and food preparation. Staff members had been provided with training and colour coded equipment such as knives and chopping boards were used during food preparation. Hand hygiene practice was also found to be effective and implemented.

There was a risk management policy in place which identified the procedures for the identification and on-going management of risk in the centre. The inspector found that the person in charge and other staff were very aware of risk management procedures in the centre. Risk assessments were carried out for any identified risks in the centre and controls were put in place to manage these risks. A detailed risk management plan was drawn up for each resident based on assessments and knowledge of the residents. For example, one of the plans identified falls as a risk. The action plan highlighted the need for supervision and for equipment to be used such as a sensor mat on their chair in the lounge room and in their bed. These measures were observed during the inspection. Two residents had hearing impairments and vibrating devices, in addition to high pitch bells, were placed in their bedrooms which were triggered in the event of a fire. The inspector reviewed the equipment and found that it was in working order.

However, the inspector found that where learning had been identified post incident that it was not, at all times, being implemented. For example, the inspector reviewed multiple incidents in relation to dropped medication. However, it was evident that the controls measures identified were not being utilised. In addition there was no detailed guidance for this in the residents' personal plan. On the evening of the first day of inspection a staff member developed a protocol for this.

An emergency plan was in place which guided staff regarding incidents which might require evacuation and the need for safe alternative accommodation. However, the location or identify of said alternative locations was not identified. When the inspector spoke with staff regarding this they too were not aware of the alternate location. The staff member proceeded to contact the on-call person who stated no agreed alternative arrangements had been made. This required a review to ensure the emergency plan was wholly robust.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective Services

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

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**Findings:**

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**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:**

The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse. Some improvements were required in relation to meeting the assessed needs of residents in terms of behavioural support plans.

There was a policy on the protection of vulnerable adults in place. Staff members spoken to by the inspector were knowledgeable regarding the contents of this policy. All staff working at the centre had training in the protection of vulnerable adults. Staff competently told the inspector about indicators of abuse which they would observe for in addition to the local reporting procedures. They were also familiar with the identity of the local designated liaison person. Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated. Residents told the inspector they would confide in the staff if they had concerns or issues which troubled them. The centre was also fitted with a security alarm which residents said made them feel safe.

There was a robust system in place to support residents manage their monies. Audits were completed daily at a local level in addition to a yearly audit which was more in-depth and completed by a member of the accounts department.

The inspector reviewed a risk assessment for behaviours that challenge which detailed elements of the behaviour. A referral had been made for the psychology team however; in the interim there was no positive behaviour support plan to guide staff in consistently supporting the resident. The inspector reviewed recent incidents where behaviour had escalated.

**Judgment:**

Non Compliant - Moderate

**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 practice in relation to the notifications of incidents was found to be satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

**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:**

Systems and practices were in place to promote residents' quality of life. This included opportunities for new experiences, social participation, education and employment.

Residents were encouraged to participate in education and employment. Some residents were participating in paid employment at the time of inspection whilst another was actively involved in volunteering. Residents attended various day services which suited their interests best and where required transport was provided. Residents were supported to pursue their own interests, for example baking, knitting and shopping. The inspector saw documented in a resident's plan they wished to bake a cake. The steps were laid out in picture format and staff supported the resident to complete the task. The residents also told the inspector about their hobbies such as knitting.

Residents had a busy schedule of activities each week. Residents attended various classes associated with sports such as basketball. A record of each resident's participation in activities was maintained and was reviewed by the inspector.

Residents described going on holidays and also for weekend trips away. Regular shopping trips, concerts and visits to local restaurants and coffee shops were also important to the residents.

**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:**

Residents for the most part received support to achieve and maintain health.

There was good access to the general practitioner (GP) and allied health professionals. Residents told the inspector about their GP whom they visited when required. The inspector reviewed the appointment record for some residents and observed that they were regularly seen by their GP. There was also good access to allied health professionals such as the dentist, optician, psychologist, dietician and speech and language therapist (SALT) as required. Where recommendations had been made by allied health professionals, the staff team, with multidisciplinary support where required, developed care interventions. These clearly described the support required and were updated where necessary. From a review of residents' care interventions it was evident that the care and support residents were receiving, in relation to their identified care needs, was ensuring positive outcomes for residents.

Where sudden changes in a need required additional nursing support and input the social care workers had access to a nurse on-call twenty four hours a day, seven days a week. This was evident on the second morning of inspection when a resident became unwell and the nurse on-call was contacted. The nurse arrived within a matter of minutes and completed observations for the resident. The nurse then linked back in throughout the day with the resident and an appointment with the GP was made.

An area for improvement was identified; a number of residents were ageing, some with complex healthcare needs, however there was an absence of end of life care plans. The staff told the inspector this was something they were aware of and would commence the process of developing such a plan.

**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:**

While effective medication management arrangements were in place some improvements were required.

Having reviewed prescription and administration records and procedures for the storage of medication, the inspector was satisfied for the most part that appropriate medication management practices were in place. Staff had received training and regular audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. The audits were conducted by the pharmacy and the person in charge. An improvement was identified in relation to the medication fridge. The centre had recently purchased a medication fridge which was being used at the time of inspection for storing medication. The temperature of the fridge was not being recorded, nor was there a log or thermostat in place to do so.

Medication was delivered in blister packs by a local pharmacy whom the residents were familiar with. Should the centre require medication out of hours the staff were familiar with pharmacies within the locality that had extended opening hours.

Medication errors were being recorded.

At the time of inspection some residents were self medicating. The inspector reviewed assessments which were completed with the residents to assess their ability to do so. The inspector found that staff were also available to residents should they require additional support regarding the administration of medication at times of illness.

**Judgment:**

Substantially 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:**

There was a statement of purpose in place in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained, was up-to-date and described the centre and the service provided. It reflected the services and facilities provided and described the aims, objectives and ethos of the



service as observed on inspection.

**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:**

The inspector found that overall there were systems in place ensuring oversight and accountability of the service provided.

On the day of inspection the person in charge was unavailable. However, from a review of the information submitted to the Authority as part of their registration application, the person in charge was experienced in addition to having relevant qualifications. The inspector met with a person participating in management throughout the two day inspection who knew the residents well and was employed with the provider since 2004.

The inspector found the reporting structures were reflective as per those set out in the statement of purpose for the centre. Social care workers reported directly to the person in charge, who in-turn reported to the person participating in management, a CNM3. The provider nominee was available to the person in charge at the centre and both residents and staff were familiar with her as she was often in the centre. There were systems in place to support the person in charge; a number of senior management actively supported her to carry out her role through regular supervision and management meetings. There was a team of on-call nurses available to staff, including the person in charge of the centre, should additional support be required. As outlined in outcome 11, the inspector found, as observed on the second morning of inspection, the on-call system was effective. Staff confirmed the on-call was an additional support which they frequently availed off.

The inspector reviewed the centres' audits which were completed regularly throughout the year. The audits included finance audits, medication audits and evaluation of personal plans in addition to weekly health and safety checks. The provider nominee had carried out unannounced inspections of the centre as required. These reports were

maintained in the centre. The reports identified areas for improvement. Where areas had been identified as requiring improvement a plan had been developed and put in place with time lines and persons responsible identified.

As part of the centres' application for registration, the provider was requested to submit planning compliance. This was not submitted with the application. At the time of the inspection, the provider nominee stated the planning compliance remained outstanding however, an architect working on behalf of the provider was seeking same.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

**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 inspector found that sufficient resources were provided to meet the needs of residents.

The centre was maintained to an adequate standard inside and out although some improvements had been identified. The centre had fully equipped kitchens with laundry facilities. Equipment and furniture was provided in accordance with residents' wishes and needs. Maintenance requests were dealt with promptly. The person in charge had the authority to authorise additional staff hours as required. A transport vehicle was provided which was serviced regularly and in good working order at the time of inspection.

**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 staff numbers and skill mix available were found to be appropriate to meet the assessed needs of the residents at the time of the inspection.

The inspector found that management were responsive regarding staffing levels at the centre as reflected in a recent increase to staffing levels in line with the changing needs of the residents. For example, an additional shift, of day and evening cover, had been put into place to meet the needs of the residents.

Staff working at the centre were all suitably qualified and for the most part had up to date mandatory training. It was identified that one staff member required training in the safe administration of medication and the administration of rescue medication for epilepsy. This need had also been identified by the person in charge and had been put forward to attend said training. A training needs analysis had been completed by the person in charge which identified additional training for the centre such as dementia care. One staff member had already received this training.

Staff members were aware of their responsibilities and were aware of policies and procedures that related to the general welfare and protection of residents. They were also familiar with legislation including the Regulations and the associated Standards. Staff members knew the residents well and responded to their needs appropriately.

Staff meetings took place monthly in addition to attending an annual review. Newly recruited staff took part in a probationary period with quarterly reviews in place.

**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:**

Records and documentation were securely stored and the required policies were in place.

The inspector reviewed the residents' guide and found that it provided sufficient detail. The document described the terms and conditions in respect of the accommodation and service provided and a summary of the complaints procedure was outlined

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained and up-to-date. Evidence of appropriate insurance cover was also in place.

Written operational policies, in particular those outlined in Schedule 5, were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies.

**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:***

Ciara McShane  
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-0003085
<b>Date of Inspection:</b>	26 January 2016
<b>Date of response:</b>	14 March 2016

### 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:**

Two residents shared a twin room which did not promote privacy and dignity at all times.

There was an interconnecting door situated in between the bedrooms of two residents.

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

**1. Action Required:**

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

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

The Capacity of the centre will be reduced the next time there is a vacancy in the centre.

The interconnecting doors will be closed off and a connecting door fitted downstairs in the hall area.

**Proposed Timescale:** 30/09/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

There was an absence of a retirement plan assessed as required for one resident.

**2. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

A retirement plan is now in place for the resident.

**Proposed Timescale:** 14/03/2016

**Theme:** Effective Services

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

Goals which had been identified by residents were not at all time fully followed through on.

**3. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

All personal plans will be reviewed to ensure that all steps of the goal have been followed through. If the resident changes their mind about the goal this will be clearly documented.

**Proposed Timescale:** 14/06/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Areas requiring fresh paint and the removal of mould from two bathrooms were identified.

**4. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The two bathrooms will be redecorated.

**Proposed Timescale:** 14/09/2016

**Theme:** Effective Services

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

A ramp at the front door was required to ensure the centre met the assessed needs of all residents in terms of mobility and access.

**5. 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:**

A ramp will be installed at the front door.

**Proposed Timescale:** 14/07/2016

**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:**

Further detail was required regarding the emergency plan in particular the arrangements in place should the centre require a full evacuation.



The inspector was not assured that learning from incidents and accidents was at all times being implemented.

**6. 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 written emergency plan is now in place for the centre.

A protocol is now in place in relation to medication being dropped by a resident. This will be reviewed quarterly.

**Proposed Timescale:** 27/01/2016

**Theme:** Effective Services

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

There were no fire doors present at the centre.

**7. Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Fire doors will be installed throughout both houses.

**Proposed Timescale:** 14/09/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

There was an absence of a positive behaviour support plan for a resident.

**8. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The resident had been referred to the Clinical Nurse Specialist in Behaviour to assist staff in drawing up a positive behaviour support plan.

**Proposed Timescale:** 14/05/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

There was an absence of end of life care plans in place for those residents who were aging with needs that were becoming more complex.

**9. Action Required:**

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

The PIC will commence developing end of life care plans for residents who are elderly and have complex medical needs. This will be done in collaboration with service users where possible, the family and MDT.

**Proposed Timescale:** 30/09/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

There was no system in place to check the temperature of the medication fridge, where medication was being stored.

**10. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

A fridge thermometer is now in place and fridge temperatures are being recorded.

**Proposed Timescale:** 14/03/2016

## Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

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

Planning compliance had not been submitted to the Authority as per the requirements of the providers' application to register the designated centre.

**11. Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of 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 Architect has applied for retention planning for the properties and this will be submitted to the Authority when it is received.

**Proposed Timescale:** 30/09/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

One staff member, at the time of inspection, had not received training in safe administration of medication or the administration of rescue medication for epilepsy.

**12. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The staff member will attend training on the administration of rescue medication for epilepsy on the 23 March 2016.

The person in charge will arrange safe administration of medication training for the staff member with the local pharmacy who supply the medication to the centre and will also book the staff member on the next available two day Safe Administration of Medication Training course.

**Proposed Timescale:** 30/09/2016