

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Rosalie's Residential Service
Centre ID:	OSV-0001425
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Lorraine Macken
Lead inspector:	Helen Thompson
Support inspector(s):	Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	9

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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 April 2017 09:15 To: 26 April 2017 17:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this centre. It was HIQA's fourth inspection of this centre and was completed over one day by two inspectors. The required actions from the centre's previous inspection in July 2016 were also followed up as part of this inspection.

How we gathered our evidence

The inspectors met with a number of the staff team which included nursing staff, care staff, a clinical nurse specialist, the person in charge and the provider nominee. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents. The questionnaires completed by residents' family members also provided the inspectors with information and feedback on the quality of the care and support provided in the centre. The inspectors observed that residents appeared relaxed and generally contented in their home.

This finding was endorsed in all the questionnaires reviewed. Additionally, though they understood the rationale for a future move from this premises, some families expressed a little sadness regarding their relative leaving this location. Family satisfaction with the service provided to their relative was also evident in the centre's annual review process for 2016.

As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, the centre's self-assessment documentation and a number of the centre's policy documents. The inspectors also completed a walk through the centre's premises which was reconfigured since the previous inspection.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The building was situated in a scenic location within a large suburban seaside village. It was a large three storey building with a large garden in it's own separate grounds. Only the ground and first floor were now being utilised by residents. The site also contained additional buildings which facilitated activities for residents.

The statement of purpose stated that the centre provided long stay high support residential care for residents with an intellectual disability. Residents' additional support needs included dementia, epilepsy, mental health needs, behaviours that challenge and sensory disabilities. There was capacity for 17 residents but it was now home to eight ladies over 18 years of age.

Overall judgment of our findings

Ten outcomes were inspected against and overall the inspectors found an increase in the level of regulatory compliance since the previous inspection.

However, improvement was still required with some aspects of the centre's workforce, and with the provision of residents' social care needs, particularly in light of their planned move to the community.

Additionally, as per previous inspections the layout of the premises was not in keeping with some residents' current and evolving needs. The inspectors acknowledged the progress made in recent months with the transition of a number of residents to a community based dwelling, the significant project planning conducted to facilitate this process for the other residents, and that the remaining residents were now only accessing the ground floor for their daily care and support needs.

The centre's governance and management and health, safety and risk management was found to be in compliance with the regulatory requirements. Also, the inspectors found that residents' healthcare and medication needs were compliant. Admissions and contract for the provision of services was compliant as the action from the previous inspection had been implemented.

The required actions from the previous inspection under outcome three which related to residents' community involvement, was incorporated on this inspection under residents' social care needs.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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 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):

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

Findings:

The inspectors found that the action required from the previous inspection had been addressed as contracts of care were now signed.

Also, the inspectors noted that the centre management had referred residents to a community advocacy service for additional guidance in this area.

All aspects of this outcome were not assessed on this inspection.

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):

Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

Overall, the inspectors found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plans. However improvements were required for some residents regarding the implementation, review and evaluation of their social goals. Some residents' opportunities to engage in meaningful community activities needed to be further developed, particularly with their planned move to a community house. Residents' representatives and multidisciplinary team members were involved in the residents' review and planning process. Accessibility was noted in documentation.

The inspectors observed there was a suite of assessments completed to inform residents' care and support needs, with plans subsequently developed. However, improvement was required regarding the implementation, review and evaluation process, especially regarding residents' social goals. Although some improvement was noted since the previous inspection, activities for some residents were found to be primarily delivered within the centre.

The person in charge (PIC) noted that the recent usage of agency/less familiar staff (as outlined in the centre's workforce) had been a barrier to supporting residents with higher support needs in the community.

The centre management acknowledged that this was a work in progress and were aware of the need for further exploration and development. One of the goals highlighted by the PIC was to improve residents sampling of activities. Also, a new care planning system was being introduced to underpin a shift from a medical to a social model based approach.

The inspectors observed good evidence of residents being supported with change and transitions from the service. This was particularly evident with the recent discharge of some residents and included, post their move, their former peers visiting them in their new community home. The inspectors also noted the extensive planning process that was being undertaken for future moves.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As per previous inspections, the inspectors found that the layout of the premises was not in keeping with some residents' current and evolving needs. The inspectors noted that the identified actions to address this regulatory deficit were within their cited timeframe.

The inspectors noted the progress made in recent months with the transition of six residents to a community based dwelling and the significant project planning conducted to facilitate this process for other residents.

With the reduced number of residents present, the remaining residents were observed to only be utilising the ground and first floor of the building, with meals and recreational activities now facilitated solely on the ground floor.

The inspectors noted that the increased communal space and the reduction in noise levels contributed to a more positive living environment for residents.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, the inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff. The issues identified in the previous inspection had been addressed.

The centre had a health and safety statement in place and completed health and safety walkabouts at weekly intervals. From a review of the health and safety walkabouts, it was evident that the issues identified were addressed in a timely manner.

There was a risk management policy in place which contained the four specified risks as per Regulation 26. The centre maintained a risk register which outlined a number of risks and the controls in place to control the risk. The risks outlined in the risk register included slips, trips & falls, floor surface and storage of oxygen. In addition, there were individual risk assessments in place for falls, manual handling and absconding. The inspectors found good practices in monitoring and responding to risk.

The inspectors reviewed a sample of incidents and found that there was clear follow up and learning from incidents. Incident reports were reviewed and audited monthly and there was a practice of staff discussing recent incidents at the "safety pause" during the morning report. This process was utilised to identify trends or causative factors.

There were systems in place for the prevention and management of fire. There was certification to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. The procedures to be followed in the event of fire were displayed in a prominent place. The centre completed daily and weekly checks on the fire exits, alarm panel and emergency lighting. The centre completed regular fire drills and inspectors reviewed the record of these drills. Personal Emergency Evacuation Plans (PEEPs) were in place and guided staff in supporting the residents in evacuating the building. In addition, assistive aids and technology were in place to alert residents with sensory impairments of a fire outbreak. Staff spoken with were able to tell inspectors what to do in the event of a fire.

The centre had prevention, and control of infection procedures in place and the centre employed household staff. Overall, the inspectors found the premises to be clean and well kept. Inspectors observed that personal protective equipment and hand gels were available in the centre.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse. There was a positive and supportive approach evident for all residents. The centre promoted a restrictive and restraint free environment for residents but some improvement was required to fully meet regulatory requirements.

The inspectors found that there were systems in operation for responding to incidents, allegations and suspicions of abuse and that these were being appropriately utilised to ensure that residents were protected. Where required safeguarding plans were developed and implemented to ensure residents were protected. Intimate and personal care plans were also present to inform staff practices and supports delivery. Incidences of any unexplained bruising with residents was analysed and investigated.

Staff knowledge of safeguarding needs and their reporting responsibilities was found to be good. Staff engagement with residents was observed to be pleasant and person centred. In general, residents appeared contented and families reported that they felt their relatives' safety needs were being met.

The inspectors observed that residents' positive behaviour support needs were being acknowledged and supported. Efforts were made to understand and alleviate the underlying causes of residents' behavioural expression. Residents' positive behaviour support needs were integrated into their plans with good reviews of any associated risk factors. Residents were noted to be supported by a multidisciplinary team (MDT) which included a clinical nurse specialist (CNS) in behaviour, psychology, social work and psychiatry. Inspectors met with the CNS during the inspection process. The MDT will be involved in the assessment and future transitional planning process for residents. Since the previous inspection staff had been provided with education in understanding behaviours that challenge.

A restrictive free environment was promoted for residents of the centre and the inspectors noted that attempts to further reduce the usage of a restrictive practice were being undertaken. However, the inspectors observed that the timeliness of the review process for a restriction was not in keeping with the regulatory requirement.

The policies as required by regulation were available in the centre.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

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

Findings:

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

Residents' healthcare needs were observed to be identified, promptly responded to, assessed and supported. There were healthcare plans in place to inform and guide staff practices. Also residents had hospital passports to support them in the event of a hospital admission. Advanced care planning was being addressed as appropriate to resident's individual needs.

Residents had access to a general practitioner who completed weekly visits to the centre. Provision for the supporting of residents' out of hours medical needs was also available.

Residents had access to, and were noted to be supported by a number of multidisciplinary professionals. This included a clinical nurse specialist in dementia and behaviour, psychiatry, physiotherapy and occupational therapy. Residents were also supported to attend allied health services which included chiropody and ophthalmology.

Overall, the inspectors found that residents' food and nutrition needs were met with a chef on site to support this area of need. The inspectors observed that residents' needs, preferences and choice were supported. This included the provision of specialised and modified diets. The services of a speech and language therapist and dietician were available.

A mealtime experience for residents was observed to be calm and pleasant which the inspectors noted was improved with the facilitation of all residents' meals on the ground floor of the building.

There were plans to improve residents' involvement in shopping and in preparing their snacks, particularly with the planned move to a community dwelling.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Residents' medication records were kept in a safe and accessible place.

The inspectors reviewed the medication prescription and administration record for a

sample of residents. This documentation was observed to be complete. Medication in this centre was only administered by registered nurses. No residents in this centre were responsible for the administration of their own medication.

Inspectors observed that medication stored in the centre was stored securely. There was evidence of good linkage and communication with the pharmacy for the disposal of unused or out of date medication.

There was a system in place for the reviewing and monitoring of safe medication management practices. Medication errors were being identified and appropriately followed up. Two medication errors were reported, reviewed and followed up in March 2017. Medication management audits were completed regularly by the person in charge.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The centre had a written Statement of Purpose in place which accurately described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

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:

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

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

Findings:

Overall, the inspectors found that the management systems in place in the centre ensured the delivery of safe and quality services.

There were systems in place to provide oversight and accountability. The centre management team were aware of current areas for improvement in the provision of a quality service to residents and were observed to generalise learning, for example, with their experience garnered from residents' recent move to the community.

The inspectors noted that the centre had completed its self-monitoring through the provider's six monthly visits and annual reviews. Residents' representatives were observed to be consulted in the annual review. Additionally, audits had been completed in medication management, restrictive practices, notifications and care planning.

There was a defined management structure with clear lines of authority and accountability. Also, the inspectors observed that there were robust meeting systems which included the local management team meetings and wider service managers meetings.

The person in charge (PIC) was aware of her statutory responsibilities and was clearly involved in the governance and operational management of the centre. The PIC was noted to be especially driving the de congregation of residents from the centre and the adoption of a social care model going forward.

The PIC was identifiable to all, was present in the centre and found to be very familiar with the residents and their individual needs.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Overall, the inspectors found that there was an adequate number of staff to meet the needs of the residents and to deliver a safe service. However, there were some issues with ensuring continuity of care for residents. Inspectors observed that staff present were person centred in interactions and familiar with the needs of the residents.

The centre maintained a planned and actual roster. The inspectors reviewed rosters for a three week period including the week of the inspection which demonstrated that there was an appropriate staffing level to meet the assessed needs of the residents in the centre. However, inspectors found there was a reliance on agency staff. Inspectors spoke with the centre manager and the reliance on agency staff was due to vacancies, sick leave and a number of familiar permanent staff members moving with residents to a new community home to support their transition. The centre manager informed inspectors that the centre aimed to use familiar agency staff to ensure consistency of care. The vacancies in the staffing complement had been advertised and the centre was seeking to fill the vacancies.

All staff were observed to be familiar with residents and were caring and respectful throughout the inspection. The inspectors were informed that further staff training regarding the ensuring of developmentally appropriate and dignified interactions was planned.

The inspectors found that staff were supervised as appropriate to their roles through staff meetings, the person in charge working directly with staff and through annual appraisals.

The inspectors reviewed a sample of staff training files and found that staff had up-to-date mandatory training.

The recruitment of staff was managed centrally by the human resource department of the organisation. Following the inspection, the inspectors reviewed a sample of staff files and found that staff files met the requirements of Schedule 2.

Judgment:

Substantially 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:

Helen Thompson
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 Company Limited by Guarantee
Centre ID:	OSV-0001425
Date of Inspection:	26 April 2017
Date of response:	06 June 2017

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 05: Social Care Needs

Theme: Effective Services

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

Some residents' social goals required improvement in their implementation, review and evaluation.

1. Action Required:

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

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:

Each person will have identified social goals as part of their care plan. There is a monthly audit tracking system in place to review and evaluate social goal implementation. Staffing vacancies under review by Human Resources to provide consistency and familiar staff to support service users with higher needs within the community. Social participation in community activities has been identified as a priority for the centre.

Proposed Timescale: 30/09/2017

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 layout of the premises was not in keeping with residents' needs.

2. 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:

Eight service users will move to community houses as part of the HSE "Transforming Lives" Reform Agenda. Currently one house is at final agreed contract stage with HSE for three ladies. Suitable community accommodation continues to be sourced for the remaining ladies.

Proposed Timescale: 31/12/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The timeliness of review of a restrictive practice was not in keeping with best practice.

3. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Restrictive Practices will be reviewed and documented in the service users care plan at 3 monthly intervals by MDT.

Proposed Timescale: 30/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was a reliance on agency staff which did not ensure that residents received continuity of care and support.

4. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

Human Resources continue to implement recruitment process to fill outstanding current vacant posts. One staff nurse commencing 11th June and one care staff has returned from maternity leave.

Whereby agency staff are utilised the centre aims to use familiar agency staff to ensure consistency of care.

Proposed Timescale: 30/10/2017