

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Vincent's Residential Services Group A
<b>Centre ID:</b>	OSV-0001431
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Breda Noonan
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	18
<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 renewal 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:
15 May 2017 09:45	15 May 2017 19:00
16 May 2017 10:00	16 May 2017 17:00

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

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

**Summary of findings from this inspection**

Background to the inspection:

This was an inspection carried out to inform a registration renewal decision and to monitor compliance with the regulations and standards.

How evidence was gathered:

As part of the inspection, the inspector met with 16 of the 18 residents who were residing in the centre. Overall, residents were satisfied with the care provided to them, the facilities made available to them and the approach of staff who assisted them.

The inspector met with resident family members who provided the inspector with a valuable insight with regards to the quality of care provided in the service. In addition, relatives completed questionnaires about the care provided in the centre.

The inspector spoke with staff who shared their views about aspects of the service which worked well and areas which could be improved. The inspector spoke with the person in charge and gained an insight into her role in the operation of the centre. In particular, her role in attending to the healthcare of all 18 full time residents while promoting a social model of care and delegating appropriately to staff.

The inspector spoke with the deputy person in charge and gained an insight into her role, her impact on the centre and the supports she received in carrying out her functions.

The person representing the provider made herself available throughout the inspection and was present for the inspector's feedback at the end of the inspection.

The inspector met with relatives who spoke freely of their experience of the service. Many relatives and residents completed questionnaires sharing their views of the service provided. Residents and relatives experiences were overwhelming positive.

The inspector examined documentation such as care plans, risk assessments and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aimed to 'continue to improve quality of life by ensuring residents are supported by staff to reach their full potential'. The mission of the Daughters of Charity, as set out in its statement of purpose, is 'to provide a home like environment'. It aims to achieve this by person centered planning. The inspector was satisfied that overall these aims were achieved.

Accommodation was in three single storey attached houses. Six residents lived in each house. Each house had a sitting room, kitchen, four single occupancy bedrooms, one twin room, sanitary facilities and laundry facilities.

Residents were able to get out and about almost on a daily basis. The houses were well-maintained. Residents availed of day services from Monday to Friday. Transport was provided to enable them to engage in activities outside the centre and its complex.

Overall judgement of our findings:

The inspector noted the good quality of life that residents enjoyed. Residents were independent, in so far as possible, and residents appeared happy. Providing this level of care required staff flexibility with the roster, cooperation and a cultural awareness of how residents' needs are best met.

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents going on outings, being able to spend leisure time together and develop friendships. Residents were offered independence while their security was safeguarded.

The centre was in compliance with 17 of the Outcomes inspected. A minor non compliance was noted in relation to Outcome 17, where there was a lack of staff awareness of where a copy of the regulations was kept. These findings are outlined under each outcome in the report

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

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents rights and dignity were respected and that residents were consulted about how the houses were run. Feedback was sought and informed practice. Regular resident meetings took place and minutes were maintained. Where necessary, matters were escalated to senior management through the advocacy forum.

Residents had access to advocacy services and information about their rights. Staff actively supported residents to access the advocacy forum

There were policies and procedures for the management of complaints. Residents were aware of the complaints process and were confident that complaints would be listened to and addressed. The complaints process was displayed in the hallway, in each bedroom and in resident files. The inspector saw that the number of complaints was low. Relatives indicated there were no barriers to making complaints and that this was a rare occurrence.

Staff members treated residents with dignity and respect in the manner in which they attended to personal care and in the manner in which they maintained written documentation. Residents were encouraged to maintain their own privacy and dignity. Screens were in place in the three twin rooms and plans were in place to reduce these rooms to single occupancy once a vacancy arose.

Residents were facilitated to have private contact with friends, family and significant others. For example, going out to dinner together, attending family events and meeting

with visitors in private in their home. Residents' personal communications were respected. For example, resident gestures were interpreted to good effect and staff knew when a resident wanted assistance. Staff had training in sign language and pictorial communication format was used on a daily basis.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, in so far as practicable, residents choose what time they got up and went to bed, where they went shopping and who they met. More importantly residents were supported to have active social roles. The underlying principle of this was to facilitate the resident to retain their identity and that this identity was valued. One particularly interesting initiative was the "Hood" meetings. This was a forum where residents and staff came together and engaged in activities which fostered a sense of neighbourliness and neighbourhood. For example, one house hosted an afternoon tea party and invited those living in neighbouring houses, another house organised a karaoke evening and again invited their neighbours. At the time of inspection a plan was in place for animals to visit. This was with a view of providing a sensory stimulus for residents. The "Hood" forum had also arranged for an ice cream van to visit on the day the animals were visiting. Attractive posters were displayed in the houses informing and inviting residents to the event.

Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care. Residents attended religious services on campus and were facilitated to vote in elections.

Residents were enabled to take risks within their day to day lives. For example, go for walks, go on holidays and visit their family home.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Great care was taken to ensure residents' laundry was handled appropriately.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, hill walking, swimming, going to the cinema, attending a day service, watching television or chatting with staff. Individual residents engaged in their own specific interests outside of the centre such as visiting the family home and attending family events.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Residents were assisted and supported to communicate. Staff were aware of the different communication needs of residents, including non-verbal communication. There were systems in place including external professionals input where necessary, to meet the diverse communication needs of residents. This external professional input included speech and language therapy, audiology screening, communication guidance from experts in dementia care and behavioural psychologist support. Individual communication requirements were highlighted in personal plans and reflected in practice. For example, one resident used Skype to communicate with family members.

The centre was part of the local community. This house was in operation in its current configuration for 6 years. Residents were well known within their own campus community and within the local community. Staff spoke of shopping in the city with a particular resident and for the resident to meet many people whom they (the resident) knew.

Residents had access to radio, television, social media, internet, newspapers and information on local events. Residents were facilitated to access assistive technology such as mobile phones and computers.

Residents had an easy-to-read communication booklet which was suitable to take to an acute hospital if there was such a need. It gave important information about the resident, was written in the first person and used as a tool for the resident to communicate with staff in an unfamiliar surroundings.

Residents and their family members were communicated with and written to about this inspection visit.

**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):**

No actions were required from the previous inspection.



**Findings:**

The centre provided opportunities for residents to maintain links with family, friends and the wider community. Residents had access to day services on campus.

The inspector reviewed a number of care plans and noted that family contacts were laid out. Much effort was taken to ensure family members were invited to participate in the personal care plan meetings. This was confirmed in the questionnaires which relatives completed and returned to the Health Information and Quality Authority (HIQA). Relatives told the inspector, "the centre makes every effort to enable X to get the best out of life". Some residents went to their family home on a regular basis, staying overnight or over holidays times.

Visitors were welcome to the centre and the inspector saw family members visiting the centre during the course of inspection. The inspector noted the easy relationship family members had with staff and the absence of restrictions on visiting. Arrangements were made for residents to meet with friends from other houses including the "Hood" events discussed under Outcome 1. Residents regularly went on outings such as shopping trips, the cinema, concerts, rugby matches, GAA games and meals in a restaurant or bar.

Occasions such as birthdays were celebrated and family members were invited to such occasions. Attention was given to ensure one resident and their family were facilitated to have Christmas dinner together in the centre.

Cognisance was given to ensuring that residents' boundaries were not infringed by other residents. For example, staff closely observed interactions between residents, used distraction techniques if necessary and explained in a sensitive and respectful manner to residents how their actions impacted on others.

**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):**

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

**Findings:**

Residents' admissions were in line with the centre's statement of purpose. The admissions process considered the wishes, needs and safety of the individual and the safety of other residents living in the service. For example, new residents were given as

much time as they needed to get familiar with their new environment and new routine before they moved full-time to the centre.

Staff monitored how residents adapted and settled into their new home. Residents were supported to maintain as much family contact as needed, in particular at the time the resident was adapting to their new house.

Admissions, discharges and transfers to the centre were organised through the organisation's admission, discharge and transfer team.

Each resident had a written contract. The contract set out the services to be provided and the fees to be charged. All residents whose files were examined, had written documentation showing that they were informed of the revised long stay charges, which came into effect from 1st January 2017.

**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):**

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

**Findings:**

Residents or their representatives were actively involved in an assessment to identify residents individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, one resident was facilitated to celebrate their birthday with their family in a hotel. A member of care staff accompanied the resident on this overnight stay. A tracking log was maintained of each resident's community based activity.

Reflexology, hydrotherapy, aromatherapy and hand and foot massage were all available. This was to maximise the residents wellbeing, as touch and smell were of particular importance to some residents. The inspector observed activities taking place and was aware of the importance staff placed on the activities and the ongoing improvements that had been made in this area.

Care plan goals were documented and tracked as to how their attainment was progressing. All plans examined had been adequately reviewed. However, the review dates on some care plans were not clear. Residents and their family members were consulted with and involved in the review process. For example, family members were invited to review meetings of the person care plans. If family members were unable to attend they received a phone call about the outcome of the meeting. Such communication was of immense importance to both residents and their relatives as confirmed in the questionnaires returned. One relative stated, "we are consulted about this plan regularly when it is being reviewed or updated".

Residents were provided with a social model of care while at the same time providing expert nursing care for their complex medical needs. Residents were involved in a varied activities programme which included in-house activities, activities on campus and activities off-campus. Activities included baking, art and crafts, music, hillwalking amongst others. Residents were facilitated to express their individuality in so far as practicable. For example, all residents were well groomed and well dressed. It was clear residents were involved in choosing their own clothes, jewellery and make up. Staff took pride in ensuring each resident was well groomed. Bedrooms also reflected individual resident's tastes and interests.

The person in charge and the deputy person in charge were engaged in the development of "social roles" for each person. This programme was person centred, engaging for the resident and fostered independence and individual identity. It was delivered with much insight into residents' personalities, nurtured with great respect for the individual and facilitated by experienced staff. For example, one resident was supported to make a presentation to the admissions and discharge team about the changes they would like in their accommodation arrangements. The resident was happy to show the inspector a copy of this presentation and the letter they wrote which led to this meeting with the admissions and discharge team. It was evident from the letter, from discussions with the resident and from discussions with the staff, that respect for every one's views was central to the ethos of how the service operated.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The centre was homely and well maintained. The design and layout of the centre was in line with the statement of purpose which was to provide an environment that was supportive of residents' independence and promoted a good quality of life. The premises met the needs of residents and the single storey design and layout promoted residents' safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. The houses were free from significant hazards which could cause injury. There were sufficient furnishings, fixtures and fittings. The centre was clean and suitably decorated.

There was adequate private and communal accommodation. There was a well equipped kitchen with sufficient cooking facilities and equipment. There were adequate toilets, bathrooms and showers which were adapted to meet the needs of residents.

There was a suitable outside area for residents. Residents had access to appropriate equipment which promoted their independence and comfort such as beds which lowered to the ground, walking frames, motorised wheelchairs, wheelchair adapted transport. The equipment was fit for purpose and there was a process for ensuring that equipment was properly installed, used, maintained, tested, serviced and replaced. Staff were trained to use equipment and equipment was stored discreetly, safely and securely.

Since the last inspection additional appropriate facilities for the storage of equipment was provided. Also more recently, housekeeping hours had increased which assisted in maintaining the houses in the very clean and well maintained condition they were in at the time of inspection.

**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):**

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

**Findings:**

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. There were satisfactory procedures in place for the prevention and control of infection. Staff had received hand hygiene training.

Appropriate hand washing facilities were provided in each of the houses. The risk management policy was implemented and covered the identification and management

of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. Staff were trained in risk management. There were arrangements in place for responding to emergencies.

A health and safety committee was in place. Weekly health and safety walkabouts took place. Reasonable measures were in place to prevent accidents. It was evident that staff and management learned from issues which arose and took corrective action. These issues and subsequent actions were documented. For example, one resident had a fall when using the bath. The resident did not sustain an injury. The incident was referred to the occupational therapist and appropriate grab rails were put in place. This facilitated the resident to continue to use the bath and be safe.

In another instance the six monthly unannounced inspection carried out by the provider identified that staff had not signed that they had read and understood the updated health and safety statement. This was addressed within two weeks. Staff were trained in safe moving and handling techniques.

Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at monthly intervals and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment. Emergency lighting was in place.

**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:**

There were measures in place to safeguard residents and protect them from abuse. The inspector observed how staff members treated residents with respect and warmth.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Staff had received training on this topic and ongoing refresher training was provided. An easy-to-read version of the safeguarding policy was in place.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. Staff confirmed to the inspector there were no barriers to reporting concerns. Residents reported to the inspector they felt safe and "happy" in the centre. Relatives responded in the questionnaires with comments such as "X is safe at all times" and " I do feel Y is safe here"

There was a designated person on the staff team who took responsibility for following up on allegations of abuse. Any incidents, allegations or suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

Efforts were made to identify and alleviate the underlying causes of behaviours that challenge for each individual resident. Specialist therapeutic interventions were implemented in consultation with the resident, their family member and the multidisciplinary team. This was carried out through the personal planning process. Interventions were regularly reviewed to assess their impact on improving challenging behaviour and improving the lives of the resident.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was carefully monitored to prevent abuse or overuse. Family members were informed of the use of restrictive procedures. It was evident that the amount of restrictive practices had reduced since the last inspection.

The use of medication to manage behaviour that challenged was monitored. Staff were trained in the use and implications of this restrictive procedures.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within three days of occurring. A quarterly report was provided to HIQA as requested by regulations.

**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):**

No actions were required from the previous inspection.

**Findings:**

The educational achievement of residents was valued and proactively supported by practices in the centre. There was a robust assessment process to establish each resident's social goals. As discussed under Outcome 1, Outcome 2 and Outcome 5, residents were engaged in social activities internal and external to the centre. One resident was supported to attend vocational training in the field of information technology.

**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):**

No actions were required from the previous inspection.

**Findings:**

This was a nurse-led service, with nursing staff on duty to support residents at all times. Nurses were assisted in the roles by experienced social care staff. Individual residents' healthcare needs were appropriately assessed. Residents' healthcare needs were met through timely access to general practitioner (GP) services. A doctor visited the centre at least three times a week. Residents had access to allied health care services to meet their diverse care needs. This included nutritional support from a clinical nurse specialist in nutrition, physiotherapy, dietetic services and occupational therapy. Also available to residents was psychological and psychiatric support.

The care delivered encouraged and enabled residents to make healthy living choices. End-of-life care was provided in a manner that met the needs of the resident. This included staff remaining with a resident if they were admitted to an acute hospital at the end of their life. End-of-life care plans were sensitively written and showed respect for the residents and respect for the wishes of their families. The local hospice was available to offer support when or if required. Staff had undertaken specific training in palliative care.

When asked about their relatives health care, family members responded with comments such as, "X's healthcare needs are met. X sees a doctor when needed". Another relative stated, "there are nurses looking after Y and she is taken to the doctor when necessary". One relative commented that they would, "like to see more use of alternative therapies".

Some residents availed of the services of a psychotherapist who worked primarily through the medium of art. Residents and staff reported this to have been of immense benefit for a number of residents. Where and as appropriate, the psychotherapist input was incorporated into the resident's annual review.

Food was nutritious, appetising varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink in a sensitive and appropriate manner. The inspector saw that meal times were positive social events. Care was taken to ensure residents' weight was monitored, residents' nutritional status was assessed and advice was sought (when required) from the clinical nurse manager in nutrition.

Regular health checks were accessed by residents and included, medication review, blood levels profiling and routine health screening. Residents were assessed for dementia support if there was an indication for this. A clinical nurse specialist in dementia was available to offer guidance and support as needed. The psychiatry team offered support in a timely manner.

Much emphasis was placed on health promotion. Regular national health screening tests were organised and facilitated. These included breast checks, bowel screening and diabetic testing. Residents were offered vaccinations and a record was maintained of vaccines administered.

The centre had access to good quality equipment such as hoists, pressure relieving mattresses and walking aids. These were regularly serviced and records of such services



were available for inspection.

**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:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out-of-date medicines. No residents were self-medicating at the time of inspection.

A system was in place for reviewing and monitoring safe medication management practices. The person in charge conducted regular unannounced audits of nurse administering practices. The pharmacist also carried out medication management audits. The medication audits viewed by the inspector showed a high level of compliance with best practice. From the documentation and medication charts inspected, there was evidence that the amount of chemical restraint and antidepressant use was regularly reviewed and adjusted where indicated.

**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):**

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

**Findings:**

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which were to be provided for residents. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013. However, the detail with regards to emergency admissions would benefit from a greater degree of clarity.

The statement of purpose was kept under review and any changes which affected the purpose and function of the centre were communicated to the Chief Inspector in writing. It was available in a format that was accessible to residents. Staff were familiar with the statement of purpose.

The statement of purpose was implemented in practice.

**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):**

No actions were required from the previous inspection.

**Findings:**

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. It incorporated the views of residents and their families. Unannounced six monthly visits were carried out by the provider or her delegate. A report of these visits was compiled and provided to the person in charge with action plans if required.

Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering, through

staff meetings and the regular one-to-one supervision staff had with their line manager.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The person in charge could demonstrate knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development. Residents could identify the person in charge.

**Judgment:**

Compliant

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

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had not been absent from the centre for more than 28 days at any one time. The provider was aware of the need to notify HIQA one month in advance if such an absence was expected. In the case of an emergency absence, the provider knew to notify HIQA within three days of its occurrence. In the event of the person in charge being absent, appropriate deputising arrangements were in place.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were sufficient resources to support residents achieving their individual personal plans. There was transparency in the planning and deployment of resources in the centre. For example, staffing levels were adjusted as needs dictated, equipment was provided and regularly serviced, the premises were well maintained and the vehicles in use were in good working order. The facilities and services in the centre reflected the statement of purpose.

**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:**

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. Staff and residents confirmed that in their opinion, staffing levels were generally satisfactory. Staffing levels took into account the statement of purpose and size and layout of the buildings.

There was an actual and planned staff rota. It was displayed in the each of the three houses.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. For example, staff had received training in care planning, infection control and wheelchair safety in vehicles. Such training was in addition to mandatory training in safeguarding, fire safety and moving and handling.

Education and training provided reflected the statement of purpose. For example, the statement of purpose stated care was delivered to residents with an intellectual disability. Staff were trained and qualified in intellectual disability. Staff stated they were

satisfied with the ongoing schedule of training made available to them.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre. However, not all staff were aware of where copies of these were stored.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example, staff reported they were facilitated to fulfil their expressed educational interests such as their interest in developing social role valorisation.

There were effective recruitment procedures that included checking and recording required information. Nursing staff had an up-to-date registration with the relevant professional body.

Volunteers received supervision and vetting appropriate to their role and level of involvement in the centre.

**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):**

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

**Findings:**

Complete records were maintained in the centre. Records were accurate and up-to-date. Records were kept secure and easily retrievable. Residents to whom records referred to could access them.

Residents' records and general records were kept for not less than seven years after the resident to whom they related, ceased to be a resident in the centre.

There were centre-specific policies which reflected the centre's practice. Staff indicated they understood policies by signing once they had read them. Policies were seen to be implemented in practice.

Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

The centre was insured against accidents or injury to residents, staff and visitors.

**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:***

Margaret O'Regan  
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 Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0001431
<b>Date of Inspection:</b>	15 and 16 May 2017
<b>Date of response:</b>	30 May 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 17: Workforce

**Theme:** Responsive Workforce

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

Not all staff were aware of where a copy of the regulations was stored.

**1. Action Required:**

Under Regulation 16 (2) (a) you are required to: Make available to staff copies of the

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

Act and any regulations made under it.

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

The Person in Charge has met with all staff members, and all staff are now aware of where the copy of the regulations is stored in the centre.

**Proposed Timescale:** 17/05/2017