

**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 Dara Residential Services
<b>Centre ID:</b>	OSV-0002326
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Dara Residential Services
<b>Provider Nominee:</b>	Aoife O'Toole
<b>Lead inspector:</b>	Karina O'Sullivan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<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:
02 February 2016 10:00	02 February 2016 18:30
03 February 2016 09:00	03 February 2016 05:30

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 the second inspection of this designated centre by the Health Information and Quality Authority (hereafter called The Authority). This designated centre is Dara respite and is operated by Dara residential services, a company registered as a charity. Dara respite (hereafter called the provider) is governed by a board of directors to whom the CEO (Chief executive officer) reports.

Dara respite provides respite breaks from home for adults attending a number of day services. The designated centre provided planned respite breaks to four residents at any given time on a weekly basis. The length of stay ranged from 3-21 nights.

Residents were offered access to this respite centre through their own day services, with frequency and duration of stay based on the individual need of the resident. The assessment of need was conducted by a social worker in another service who determines the respite needs of residents. Resident's families can also request respite breaks if they are not linked with a social worker.

The purpose of this inspection was to monitor compliance and inform a registration decision under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (hereafter called the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the standards).

As part of this inspection, the inspector visited the house and met with some of the residents, staff members and two board members whom also had family members using the designated centre. The inspector also reviewed questionnaires returned by residents and relatives. The inspector observed practice and viewed documentation such as personal plans, medical records, recording logs, policies and procedure, minutes of meetings and staff files.

The residents spoken to were happy to receive breaks within this designated centre. Residents informed the inspector that they liked the house and enjoyed the time spent with their friends in the designated centre. Residents were supported to participate in activities appropriate to their interests and preferences.

Residents were supported to have access to a general practitioner (GP) and a range of other services.

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

Overall, the inspector found that residents received a good quality service. However some areas required further improvement including both behavioural and medication management. These and other areas identified are outlined in this report within the subsequent action plan.

**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 the privacy, dignity and rights including both civil and religious rights of residents were promoted. Residents were afforded the opportunity and encouraged to make choices and these choices were respected. While residents meetings were held in the designated centre the inspector noted that these were not conducted regularly. No meetings were held in March, May and November despite the fact that the designated centre was opened.

Topics discussed in residents meetings included the following; complaints, advocacy, fire drills and voting in the upcoming election. On some occasions one resident would take the minutes of the meeting with other residents signing off on the minutes recorded.

The inspector found systems in place to consult with residents in a manner suitable to their needs and abilities. For example the use of photographs to identify staff members on the rota.

The designated centre was a respite house therefore residents were consulted as much as possible in relation to the interior design. Residents were encouraged to bring personal items with them for the duration of their stay. The inspector viewed these items such as pictures of family members, CD's and other personal belongings. On the first evening of inspection one resident was entertaining fellow residents with a music session including a sing a long and playing a musical instrument.

Residents and relatives had access to the national advocacy service. The contact information was displayed in the designated centre. In addition the person in charge informed the inspector that an advocate was scheduled to attend a staff meeting in the coming months.

Individual safes/secure storage were provided in each resident's room. The inspector checked the balance of a sample number of residents' accounts and these were all found to be accurate. Appropriate records were maintained in relation to managing the residents' finances. In addition weekly checks were carried out to ensure that daily balances were correct. The person in charge also completed monthly audits of expenditure as an additional safeguard.

There was a complaints policy and procedure in place within the designated centre. The complaints procedure was displayed on the notice boards within the designated centre. Residents were aware of who the local complaints officer was and how to make contact with this staff member. The inspector viewed complaints within the designated centre, these included complaints from resident's pertaining to areas of concern to them. Such complaints were dealt with in a timely manner and learning was identified from these incidents. For example one resident was not satisfied when staff turned on their bedroom light when they were in bed without asking permission. Clear collaboration was evident following this complaint and the person in charge also brought this to the attention of all staff at a staff meeting. This ensured the resident's wishes were respected and staff did not turn of the lights in the resident's bedroom without permission.

**Judgment:**  
Substantially 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:**  
The inspector was satisfied that majority of residents were supported and assisted to communicate in accordance with residents' needs and preferences. Improvements were required within some residents' files pertaining to communication information. For example within a speech and language report reference was made to the resident's communication passport however this was not evident within the resident's file and unavailable within the designated centre. The inspector also observed a resident using visual communication however this was not evident within the resident's individual

person profile when the inspector viewed the resident's file.

The inspector viewed a project under development in relation to a visual folder within the designated centre. This consisted of pictures of food, meals, places and activities. Residents and staff had taken on this project as they preferred to have actual images relating to their lives instead of generic pictures. A lot of this work had already taken place and the inspector viewed evidence of this within staff meetings in relation to buying disposable cameras and taking them on daily community outings. Residents also participated by choosing to go to various locations and taking pictures of relevant places including the local church, shops and restaurants.

Over the two days the inspector observed staff and residents communicating freely. One resident had a communication book this facilitated effective communication between the designated centre and the resident's day service.

Residents had access to television, radio and wireless internet connection within the designated centre.

**Judgment:**

Substantially 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:**

From the information available the inspector was satisfied that families and friends were encouraged to get involved in the lives of residents.

The person in charge identified that weekly telephone calls were conducted to resident's family prior to their stay commencing in the designated centre. This allowed for staff and family members to share information relevant to the resident and any information relating to changed care or medication was discussed. While residents were in the designated centre staff also assisted residents to maintain contact with their families in accordance with residents' wishes.

Family members had an active part within the organisation for example sitting on the board of management. Family meetings were held twice a year. The inspector viewed minutes of these meetings where families had queried if the designated centre could facilitate residents remaining in the centre until 10:30am on bank holidays. The

inspector viewed that a decision to facilitate this request from families was granted.

Residents utilised various community facilities including the cinema, bowling and on the first evening of the inspection the residents went to the local pub to watch a football match and meet up with friends.

Visitors were welcomed within the designated centre and residents are building relationships among the local community including neighbours.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the residents' contracts for the provision of services outlined the information as required within the regulations.

A sample of residents written contracts were viewed by the inspector, one resident had no written contract available within their file however the person in charged stated that this had been completed and was misplaced. Two other residents had written contracts in place however both of these were not signed by the resident despite both residents having signed previous residents meetings.

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose. There were no recent admissions to the designated centre.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the social care needs of resident's attending the designated centre were met.

The inspector viewed a sample of resident's files and found that the wellbeing and welfare of residents was provided to a good standard.

Each resident had a personal plan in place incorporating personal and social needs. These plans were personalised and reflected resident's individual requirements in relation to their social care needs. For example assessments conducted in day services were evident within the residents' files and staff within the designated centre were aware of the outcomes and assisted in the achievement of goals. Goals pertaining to independent living skills, such as walking to the day service, was facilitated from the designated centre as well as from the resident's home. Another resident had identified increased reflexology sessions and this was facilitated within the designated centre. Collaboration among staff members in the designated centre with staff members in the day services where residents attended was evident. It was also clear the residents, wishes were respected during their stay within the designated centre as a short break or holiday. Therefore the inspector was satisfied that the level of assessments and goal attainment was reduced compared to residents in full time residential care. Residents spoken to also identified that their stay within the centre was a "holiday" and the inspector agreed with the person in charge that goals did need to be identified from assessments. However the inspector was satisfied that the goals identified in day services were also being implement within the designated centre once relevant.

Evidence of family involvement was evident within the social care needs of residents with some resident's family members participating in activities when residents were in the designated centre such as attending concerts.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the designated centre was suitable and safe for the number and needs of residents.

The designated centre was an eight bedroom detached two storey house, located in close proximity to the town centre.

There was an open plan kitchen/dining room and separate sitting room on the ground floor. There were two bedrooms on the ground floor one for residents and one for staff when on sleepovers. On the first floor there were five bedrooms one of which was an en suite. Three bedrooms were for residents and one bedroom was for staff when on induction and the other two bedrooms were unoccupied.

The designated centre had a garden to the back of the house. The person in charge outlined plans from discussions with the residents for the development of this area to contain plants and shrubs.

The inspector found that the designated centre meet the requirements of Schedule 6 in the regulations. For example, the designated centre was suitably heated, had suitable kitchen and laundry facilities while adequate private and communal accommodation was available.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that the health and safety of residents, visitors and staff was promoted. However improvements were required to ensure that issues identified during evacuation drills were appropriately responded to.

The inspector reviewed the risk management policies and procedures and found them to meet the requirements of the regulations. There was a clear system in place to identify, examine and manage potential hazards within the designated centre. This was evident through the risk register viewed within the designated centre. An example of this was in relation to staff members working alone within the designated centre. This risk was identified and measures were taken in relation to mitigating this risk through the identification of control measures and staff training.

There was a health and safety statement in place. The health and safety policy was reviewed in January 2016 and was in draft format awaiting board approval.

Evidence of routine checks and service of fire detection, alarm system, emergency lighting and equipment had been conducted by a fire professional. All staff had undertaken fire training. There were provisions for weekly checks to be conducted within the designated centre.

Steps were in place to manage the risk of fire with a recent fire risk assessment completed within the designated centre. The inspector viewed evidence of an external contractor scheduled to conduct an assessment in relation to the alarm system and the exit doors.

Fire drills had taken place for each resident using the designate centre at least once in the past 12 months. However the inspector was not satisfied in relation to the actions following two fire drills. Firstly on the 9 August 2015 one resident did not wake up during the fire drill and no actions were conducted in relation to this following the drill. The inspector was also not satisfied that this was not reflected in the resident's risk assessment nor in the residents personal evacuation plan.

Another fire drill the inspector was not satisfied was conducted on the 27 November 2015 during which a resident refused to leave the designated centre. The inspector viewed no evidence of corrective measures being implemented. However a second drill was conducted on the 28 November 2015 with the same resident who again refused to leave. The person in charge contacted the resident's day service to discuss this issue and a suggestion for the resident to be provided with a wheelchair was identified. The resident's risk assessment and personal evacuation plan was revised on the 29 January 2016 to reflect this information. In addition the resident was located in the downstairs bedroom until such time the issue was rectified. While the inspector was satisfied of these measures the time frame was not acceptable.

The inspector viewed the emergency plan and was satisfied that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. There was also clear communication with all staff pertaining to any changes in the emergency plan.

The inspector found that there was an up to date insurance policy in place with adequate cover up until December 2016.

From speaking with the person in charge and reviewing documentation the inspector determined that there was a system in place to monitor and review accidents, incidents and near misses in the designated centre. The inspector was satisfied that appropriate corrective actions were implemented when required.

Personal evacuation plans were present for residents.

All staff had attended training in moving and handling and a system was maintained centrally by the organization to identify when refresher courses were due.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that measures were in place to protect residents from being harmed or suffering abuse. However improvements were required in relation to behavioural support provision, as plans were not being reviewed.

The inspector viewed a behavioural support plan where a reactive strategy was devised for a 10 day trial period from the 1 April 2015. The inspector viewed no evidence of review of this plan or if this plan was still being implemented. Staff were unable to provide clarity in relation to this aspect of care provision.

The inspector viewed clear guidance for staff in relation to communicating with residents who may engage in self injurious behaviour. This facilitated staff to have a consistent approach in reducing the likelihood of such behaviour.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. This policy had been reviewed and was currently in draft format and dates were scheduled for further staff training in relation to the changes in the policy. Staff outlined the procedures to be followed should an allegation of abuse arise.

The inspector was satisfied residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. From speaking with residents they were knowledgeable should concerns arise who they would speak to.

**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):**

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

**Findings:**

The inspector was satisfied with the practice in relation to notifications of incidents. 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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the general welfare and development needs of residents were promoted. Residents were afforded opportunities for new experiences, social participation, education, training and employment.

The person in charge outlined how support was provided to residents to pursue a variety of interests including art, cooking, music and photography. Residents also engaged in community activities such as the yoga classes.

The inspector viewed residents' profiles and these contained relevant information in relation to activities and day services residents participated in.

**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:**

The inspector was satisfied that the healthcare needs of residents were met within the designated centre.

The inspector viewed a sample of resident's files and found these to be satisfactory and contained sufficient information to guide staff in relation to residents health care needs for the duration of their respite stay.

Epilepsy management plans were in place for residents these were also linked to the resident's profile and relevant information was contained in the file pertaining to epilepsy and other medical conditions the resident's were diagnosed with.

The management of dysphagia was also evident within a resident's file with clear guidance for staff. A mobile place mat was developed to assist staff with the implementation of the resident's plan.

The inspector also viewed a diabetic management plan this was reviewed prior to inspection. The plan provided clear guidelines to staff in relation to obtaining blood glucose levels and what was required if the reading was high or low for the resident.

Regarding food and nutrition the inspector found residents participating in meal times within the designated centre. Residents assisted staff in meal preparation and participated in menu planning. Resident's dietary requirements were facilitated within the designated centre such as coeliac diet. The inspector viewed user friendly menu selection and weekly shopping lists. Refreshments and snacks were available for the residents outside mealtimes within the designated centre.

**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:**

The inspector was not satisfied with the medication management procedures and policies within the designated centre. The inspector viewed a sample of resident's medication and inaccurate balances of medication were found. Medication had also been administered not in accordance with best practice and legislation.

The inspector viewed a sample of self administration assessments, all viewed identified that residents were not independent in this area and required staff support to administer medication. There was a system in place for checking in medication at the beginning of each resident's stay. The inspector checked a sample balance of medications and these were found to be accurate.

The inspector also checked a sample of medication pre packed this was not found to be accurate. Dates within the resident's administration recording sheet did not correspond with the resident's pre packed medication. For example the pre packed week of medication commenced on the 1 February was unopened despite the fact that on the day of inspection the date was the 3 February. The recording sheet identified that all medication was administered. The person in charge was not able to identify why this had occurred. The pre packed medication being used on the week of inspection was for the 5 January 2016. The inspector was not satisfied with this practice as the rights of medication were not adhered to when staff were administering medication to this resident. The stock balance for this resident was also inaccurate on the day of inspection. The inspector viewed the administration recording sheet and identified that several staff had administered medication to this resident all of whom had completed medication training.

The inspector was also not satisfied that one resident's PRN (Pre re nata as required medication) prescription did not specify the maximum dosage to be administrated to the resident in a 24 hour period.

The inspector was informed for significant work which had taken places since the previous inspection in relation to reducing the amount of medication errors. This was achieved with the introduction of pre packed medication. The inspector viewed evidence of collaboration with family members and discussions in relation to the effective management of medication. However while the system had changed to pre packed medications gaps existed as outlined above.

The policy provided comprehensive and clear guidance to staff on areas such as medication administration, refusal, medications requiring strict controls, disposal of medications and medication errors. The policy was reviewed in November 2015 implemented on the 12 January 2016. However this document was not available within the designated centre on the day of inspection instead the administrator was able to show the inspector this document on the intranet system. Safe storage facilities were provided for medication within the designated centre.

**Judgment:**

Non Compliant - Moderate

**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 inspector was satisfied the statement of purpose met the requirement of the Regulations.

The statement of purpose accurately described the service that was provided in the designated centre and this is kept under review by the person in charge. This document was also available to residents.

**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:**

The inspector was satisfied with the overall governance and management structure in place within the designated centre. Improvements were required in relation to the implementation of actions identified within the six monthly reports.

The current person in charge was appointed to the position on a temporary capacity covering leave for the permanent person in charge. The inspector found that the person in charge was experienced, qualified and a suitable person in relation to this designated centre. The person in charge is supported by a CEO, director of administration, clinical nurse manager and support workers.

The person in charge met with staff monthly, the inspector viewed minutes of these meetings where relevant items were discussed including feedback from diabetic management training and policies such as the behavioural support policy. The person in charge identified that the CEO and administrator met fortnightly to discuss the overall running of the designated centre.

The inspector observed minutes of supervisory meeting involving the person in charge and support workers. A calendar of dates was set up for the remainder of the year.

The provider had nominated a person to conduct visits to the centre at least once every six months and produce a report. The inspector viewed the last two reports. However the person in charge was not fully aware of the results and the requirement to follow up on some aspects as the previous person in charge had signed off on actions. The inspector was unable to view evidence of some of these actions being completed in relation to risk assessments being discussed with staff members during supervision. The inspector viewed supervision notes and there was no evidence of these discussions taking places.

The annual review was present for this designated centre.

The inspector did acknowledge that there was a clear governance and management structure in place. All staff spoken to by the inspector outlined the systems and process in place.

**Judgment:**  
Substantially 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 inspector found that the person in charge was aware of the requirement to notify the Authority of any absence over 28 days.

Appropriate deputising arrangements were in place should the need arise.

**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:**

The inspector found that sufficient resources were provided to ensure that effective delivery of care and support for residents were afforded. This was completed in accordance with the statement of purpose and needs of the residents.

The inspector viewed a sample of actual and planned rosters.

The person in charge had supervision time built into facilitate supervision with support workers.

There was also time for staff overlap to assist in the effective deliver of care and support for residents choosing to participate in other activities or remain in their home if they so wished with the support of staff.

**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):**  
No actions were required from the previous inspection.

**Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents leading to safe delivery of services. The inspector viewed a sample of rosters and observed evidence of this. Minor gaps were identified in staff records maintained within the designated centre pertained the employment history.

The inspector viewed a sample of staff files including training records and was satisfied that staff had received training in relevant areas. This included manual handling, fire training, safeguarding and medication management. In addition staff members had also undertaken training in areas relevant to resident's health needs such as epilepsy and dysphagia management.

The person in charge had commenced supervision for frontline staff and the inspector viewed a sample of these records for staff members.

The sample of staff files viewed contained the information outlined in Schedule 2 with the exception of a full employment history with any gaps in employment identified for one staff member. The administrator was able to identify that the information the inspector identified as conflicting information was an oversight.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found there were systems in place to maintain complete and accurate records. However improvements were required pertaining to Schedule 5 policies.

The inspector read the residents guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the designated centre and a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. However some of the required policies as outlined in schedule 5 of the regulations were in draft format such as monitoring and documentation of nutritional intake, the health and safety policy, medication management policy and the prevention, detection and response to abuse. Training was scheduled in relation to the changes in the prevention, detection and response to abuse policy.

The inspector found systems were in place to ensure that medical records and other records, relating to residents and staff, were maintained in a secure manner.

The inspector reviewed documentation submitted as part of the application to register, and determined that there was an up to date insurance policy in place for this proposed designated centre.

**Judgment:**

Non Compliant - Moderate

## 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:***

Karina O'Sullivan  
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 Dara Residential Services
<b>Centre ID:</b>	OSV-0002326
<b>Date of Inspection:</b>	2 February 2016
<b>Date of response:</b>	18 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:**

Lack of evidence in relation to residents being consulted within the designated centre as residents meetings were not being held on a regular bases.

<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 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

Resident meetings are now held on a weekly basis and documented.

**Proposed Timescale:** 28/03/2016 & Ongoing

**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Residents method of communication was not always specified in the residents personal plan. Information outlined in a speech and language report was not available for the resident in relation to a communication passport.

**2. Action Required:**

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

All respite assessments will include a communication needs section. Information gathered from this will be documented in the persons profile, communication aids where identified will be used by the respite house.

All profiles for existing respite users will be reviewed and updated where communication needs have been identified.

**Proposed Timescale:** 30/06/2016 & Ongoing

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

**Theme:** Effective Services

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

One resident had no written contract on place, two other residents had not signed their contract.

**3. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Each person's file will be reviewed to ensure there is a written contract in place and this is signed and dated.

**Proposed Timescale:** 30/03/2016 & Ongoing

**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:**

Adequate arrangements were not implemented when residents were not responding to fire alarms in a timely manner.

**4. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The safety officer in collaboration with the person in charge will review all fire drills and ensure personal emergency evacuation plans are updated to reflect resident responses and needs in the event of a fire evacuation

**Proposed Timescale:** 30/06/2016 & Ongoing

**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:**

No evidence of review of resident's behavioural plans.

**5. 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 person in charge will contact day services and/or social workers and request that reviewed behaviour support plans are forwarded to the respite house for each person where applicable and prior to their visit to respite

**Proposed Timescale:** 30/06/2016 & Ongoing



## 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:**

Administration of medication was not completed in accordance with legislation or the organisation's policy.

**6. Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The person in charge and CNM1 have reviewed medication management in Dara Respite house on week of 08.02.16

A system has been created where the CNM1 will do a weekly spot check of respite medication to ensure the organisations safe administration of medication policy is in practice.

**Proposed Timescale:** 21/03/2016 & Ongoing

**Theme:** Health and Development

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

Prescriptions did not specify the maximum dosage to be administered to a resident within a 24 hour period.

**7. Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The person in charge and CNM1 have reviewed medication management in Dara Respite house on week of 08.02.16.

CNM1 will review respite kardexs each week and ensure the PRN maximum dosage guidelines are written on each respite users kardex

**Proposed Timescale:** 21/03/2016 & Ongoing

## 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:**

Lack of evidence in relation to the implementation of actions required following the 6 monthly unannounced visits completed within the designated centre.

### **8. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

6 monthly unannounced reports will be reviewed with the person in charge at supervision to ensure issues identified are addressed fully.

**Proposed Timescale:** 29/04/2016 & Ongoing

## 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 file lacked a full accurate employment history and conflicting information was present for dates specified.

### **9. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

An accurate employment history has been obtained for this staff members file.

**Proposed Timescale:** 11/03/2016

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

Not all of the schedule 5 policies were available to staff as these were in draft format.

**10. Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

The four policies being reviewed by the Board (Nutritional Intake; Medication Management Policy; Safety Policy; Prevention, Detection & Response to Abuse) will be signed by the board and issued to the designated centre.

**Proposed Timescale:** 29/04/2016