Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003059
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
06 May 2015 09:40	06 May 2015 18:00
07 May 2015 09:30	07 May 2015 14:00

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

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

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the

Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

The designated centre is operated by the Daughters of Charity Services ltd and comprises a single detached bungalow within a residential area in Dublin 7, close to many local amenities. The centre offers full time nurse led residential care to its residents.

Evidence of good practice was found across all outcomes, with eleven outcomes found to be in full compliance with the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) Regulations 2013. Outcomes found to be fully compliant included healthcare, medication management, use of resources, communication, family and personal relationships and social care needs. Three outcomes were also found to be substantially compliant, namely; residents rights, dignity and consultation, statement of purpose and records and documentation. However, major noncompliance was identified within three outcomes relating to lack of communal space within the physical premises, the use of the centre for emergency admissions and a lack of continuity within the workforce. One outcome were judged to be moderately noncompliant namely; governance and management.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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 found that residents' rights, dignity and consultation were supported by the provider and staff. Residents were also consulted in how the centre was planned and run. There was evidence that any recorded complaints made by residents or their representative were listened to and acted upon and that this feedback was used to improve the quality of service delivered. However, the inspector read and was told about a number of issues or incidents that reflected a resident(s) satisfaction or otherwise with an element of the service provided. For example, staff spoke about levels of animosity between particular residents, to the extent that efforts must be made to ensure that they are not sitting in close proximity to one another. Residents also told inspectors that they were unhappy about the house been used for emergency respite accommodation, without their consultation. In addition, the accidents, incidents and near misses recording log referred to a number of peer to peer incidences that were investigated through the organisations safeguarding procedures. However, as these incidents were not deemed 'abusive in nature' and were more related to the complexities of group living were not being recorded as complaints or concerns and dealt with in that way.

There were two complaints recorded in the complaints log. These contemporaneous records evidenced that the person in charge agreed that the complaint was valid. The person in charge reported the incident to the complaints officer. The log entry reported that the complaint had been addressed and resolved to the satisfaction of the resident concerned (and their family). These complaints were recognised as extremely important to each complainant and addressed efficiently.

Residents were consulted with on the day to day running of the centre. There were

monthly house meetings where residents made decisions and asked for specific supports, such as assistance in accessing the community, their involvement in menu planning and food preparation and in daily activities. Residents were also found to be strong self-advocates as well as supporting one another. All residents sought to speak with the inspector, and they spoke of being able to exercise their civil and religious rights highlighting they could make informed decisions about the management of their care. They all spoke highly of the staff employed to support them and spoke about their involvement in their care planning both through the person centred planning process and also through their daily decision making.

Policies/procedures relating to the management of residents finances were in place, had recently been reviewed, and were providing clear guidance to staff. Residents had capacity assessment in place to determine the extent of their knowledge around money management and also to identify areas for development, such as assisting residents to use their own debit cards for transactions. All residents required some assistance with the management of their monies and were safeguarded by robust practices. There was a policy in place relating to residents personal possessions, and there was a list of each residents personal possessions contained within their care planning folder. Policies were in place outlining how staff expenses were to be covered during community outings and meals while supporting residents, this provided guidance on a set amount charged to residents to meet the expenses of staff supporting them on these activities.

While it was acknowledged that residents rights were not being adequately considered in relation to the use of the centre for emergency admissions, this it discussed and actioned in more detail within Outcome 4: Admissions and Contract for the Provision of Services.

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 found that person in charge and staff had responded very effectively to the communication support needs of residents. Communication plans were in place for communicating with residents' as required. Each individual's communication requirements were reflected in practice. Staff were aware of individual communication requirements of residents.

Effective supports were in place to assist and enhance communication skills for

residents. For example, one resident had a communication folder, which she used to help her communicate and to discuss her past history. She went through this folder with the inspector and it prompted rich discussion between both parties. All residents person centre plans were also provided in an accessible pictorial format and a number of residents took great pride in showing these to the inspector and speaking about their chosen goals.

The house was very much part of the broader community and residents spoke of availing of many community facilities such as local clubs and public amenities. Residents also had access to televisions, music, social media and internet. Many residents also had their own laptops and mobile phones.

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:
Overall, it was clear that residents were supported to develop and maintain personal relationships and families and friends were actively encouraged to be part of the resident's life. The centre had an open door policy and families were encouraged to visit if they choose to.

Residents and staff referred to ongoing formal and informal visits and communications from family members. Family members regularly dropped in, and were also invited to the centre more formally. There was clear documentary evidence that family members were involved in person centred planning meetings. Many residents also visited and stayed in the homes of family members on a regular basis. Considerable efforts were made by staff to maintain contact for residents to people who were important to them in their past, particularly for those with no known family members.

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:
This outcome was not inspected against within the previous inspection. The organisational policy for admitting, transferring and discharging residents had been reviewed and revised in recent weeks. The specific admission procedure to the centre was contained within the statement of purpose. However, the policy or procedure did not refer to consultation with residents and did not consider the wishes, needs and safety of the individual and the wishes or safety of others living in the centre. In addition, the statement of purpose did not refer to the emergency admission of residents, which had taken place in recent months within the centre.

A resident had been admitted to the centre as an emergency admission in January 2015. This decision was made by the organisation admissions, discharge and transfer committee. The resident was transferred from another designated centre to this one due to a fall which meant she was unable to climb the stairs of her previous residence safely. The injuries sustained in the fall were now fully healed, however, the resident informed the inspector she did not know when she would be returning to her home, and was clearly anxious to do so. In addition, other residents expressed their dissatisfaction with their home being used in this way for emergency admissions without consultation. The person in charge and nominee provider confirmed that the views of residents residing in the centre were not sought in this process in line with best practice and the National Standards for Residential Services for Children and Adults with Disabilities (2013).

Residents had all been provided with a 'contract for residential services' as required in the Regulations. This agreement sets out the services provided; it also had an addendum which outlined information in relation to the weekly long stay charges and identified the income that remained from their social welfare payment.

Judgment:
Non Compliant - Major

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:
The Inspector found that the wellbeing and welfare provided to the residents was to a high standard. Each resident's health, personal and social care and support needs were fully assessed and reviewed regularly. Each resident was actively involved in the writing up of their personal plan and in outlining their own social goals. The Inspector reviewed a number of the personal plans with residents who were keen to show them to the inspector and spoke proudly of both their goals and their involvement in the planning process. All plans were provided in an accessible format for residents.

Each resident had both long term and short term goals within their plan. The Inspector spoke to residents and they were clear on what their specific goals were and discussed their progress in achieving these goals. The person centred planning process detailed outcome focused developmental goals such as involvement in community based classes. The personal plans were reviewed regularly and clearly identified individual needs, choices and aspirations of all residents. There was clear evidence that family members attended a formal planning meeting annually and were kept informed of progress in relation to the plans.

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:
This outcome was not inspected against during the previous inspection. Overall it was found that the design of the centre did not meet the collective needs of the residents due to a lack of communal space available to residents. All residents were provided with their own bedrooms which were personalised and also furnished with necessary equipment as per assessed need such as electric hoist, high/low beds (as required) and pressure relieving mattresses. In addition, other equipment was provided to meet the specific needs of residents, such as a motorised wheelchair, motorised arm chair and accessible bath. However, there was insufficient communal space provided to residents.

The centre is a bungalow, providing good access throughout the centre to all of its residents, some of whom are wheelchair users. However, the only communal space

available to residents was a small kitchen/dining room measuring 31meters squared that was not fit for purpose. In addition, the floor plans provided within the revised statement of purpose submitted to the Authority on the 24 April 2015 showed a room currently used as a bedroom (no.2) as a sitting room. Separate floor plans submitted stated this room was a bedroom. This statement of purpose reflects bedroom accommodation for four residents, rather than the five currently living in the centre, along with a separate bedroom used by staff sleeping over in the centre.

A number of issues were identified in relation to available communal space:

- there was not room to accomodate all residents with their supportive equipment (i.e. wheelchairs/walkers) in the room at any one time
- residents were unable to sit facing the television (televisions were available in bedrooms but this was the only communal space to watch television together)
- there was no room to seat all residents and support staff around the dining table should they wish to dine together
- many peer-to-peer arguments were reported to originate in difficulties faced by residents such as the close proximity to one another in this room, and in disagreements over what was being watched on the television, and the noise of other residents during television viewing
- one resident spoke to the inspector in her bedroom stating that she had to get away from the 'noise' in that room
- there was nowhere for residents to receive visitors privately apart from in their own bedrooms

The centre had an adequate number of toilets, bathrooms and showers to meet the needs of residents. The centre had adequate heating, lighting and ventilation. All of the equipment referred to above had regularly serviced and well maintained.

Judgment:
Non Compliant - Major

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 inspection found that the health and safety of residents, visitors and staff was promoted. There were suitable arrangements in place to ensure fire safety procedures met the needs of all residents and staff and that contingency plans were in place in case of emergency.

The inspector read the centre specific safety statement with relevant health and safety

policies and procedures including risk assessments. Staff were knowledgeable on all health and safety related policies and procedures including the management of fire and other emergencies. Comprehensive personal evacuation plans (PEEP's) had been developed for all residents. In addition, fire evacuations were taking place on a monthly basis to ensure that all staff who had received training in fire safety were confident and competent in their ability to evacuate the centre, and that residents ability to evacuate was maintained.

The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. A general fire evacuation plan identifying an adequate number of exits was posted prominently within the centre. Staff told the inspector they were confident in their ability to evacuate the centre at all times.

The risk management policy was found to be implemented throughout the centre and cover the matters as set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from incidences. Individual risk assessments had been carried out for all residents to ensure that any risks were identified and proportionally managed. There was evidence that they were regularly being updated by staff following ongoing review. For example, a recent individual manual handling risk assessment identified the need to change to a electronic hoist to provide greater protection to a resident and staff supporting her. This hoist was provided following this risk assessment.

There was a policy on and control measures in place to mange any outbreak of infection. A infection control audit had been carried out by the organisations clinical nurse specialist in infection control. This report was read by the inspector and it was noted that recommendations contained in the audit had been implemented in full. Daily cleaning records were also observed by the inspector.

The centre had access to a vehicle to provide transport to residents. Driving licenses were viewed on an annual basis with a copy maintained on file to ensure all staff were suitably qualified to drive the vehicles. Daily/weekly and monthly checks were also carried out on the vehicle to ensure ongoing safety and road worthiness.

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

Findings:
There were measures in place to protect residents from abuse and keep them safe. All staff had received training in safeguarding vulnerable adults and were knowledgeable on what constituted abuse and on reporting procedures. However, the policy on safeguarding vulnerable adults required updating to reflect the national implementation of the HSE policy on safeguarding and protection of vulnerable adults (December 2014). This noncompliance is actioned under Outcome 18: Records and Documentation. In addition, as identified in the previous inspection, there remained an over-reliance upon relief and agency staff who were without adequate supervision at night-time. However, this staffing issue will be discussed in more detail and actioned under Outcome 17: Workforce.

Residents spoken with said they felt safe and could tell the inspector who they would speak to if they felt unsafe or needed particular support. The persons in charge confirmed restrictive practices were not used within the centre, as there was a policy of 'no restraint' within the broader service. One resident had recently been assessed by a multi-disciplinary team as requiring bed rails following a recent fall from bed. This assessment included consultation with family members and sought the opinion of the resident herself, who confirmed to the inspector was happy to be using them as they enabled her to move herself within the bed. However, the person in charge stated that other alternatives will be explored, including the possibility of a larger bed.

Personal and intimate care plans were in place and provided comprehensive guidance to staff ensuring a consistency in the personal care provided to residents. Generally it was found these plans focused very much on supporting residents to be as independent as possible in this area.

Residents were also provided with comprehensive positive behavioural support plans (as required). These plans clearly identified triggers or 'flags' to staff to help them identify times of stress for residents, as well as outlining things residents liked to speak about and in what areas they were trying to develop independence skill enhancement.

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 all incidents occurring in the designated centre was maintained and where required notified to the Authority.

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:
Resident's opportunities for new experiences, social participation and skill maintenance and enhancement were monitored closely and formed a key part of residents' care plans. Resident's personal plans identified opportunities for residents to develop their skills and maintain levels of independence appropriate to the assessed needs and request of residents. Examples of this included the enrolment of a number of residents in community training classes such as flower arranging, computer skills and a knitting class.

A new policy on access to education training and development which was in draft format was read by the inspector. This policy recognised everyone's right to access opportunities in these areas.

A social role valorisation process had been implemented for one resident who had chosen not to partake in day service offered by the service. This involved the provision of specific training for staff and the resident in this process and also required a commitment of additional staffing resources to meet this residents needs throughout the day. This resident's personal plan showed significant progress in key areas of this residents life. Progress was captured in a 'progression guide' reflecting changed behaviour and skill enhancement for this resident in areas such as personal appearance, significantly reduced episodes of challenging behaviour, literacy skills and increased activity levels both within and outside of the centre. In essence this process is steered by the resident and was allowing her to contribute significantly to choices in relation to her day to day service provision.

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

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

The inspector reviewed a number of residents' health care plans, records and documentation and found that residents had good and frequent access to allied health professionals. The inspector noted access to a general practitioner (GP), psychology, social work, occupational therapy, chiropody, ophthalmology, dental and access to a public health nurse. Significant health care issues had being comprehensively provided for such as, mental health, epilepsy, osteoporosis, renal care and lymphedema. End of life care planning was also featured and this was done in a highly sensitive and individualised way and considered all relevant issues such as pastoral care, pain management, health care interventions and maintaining an active lifestyle in accordance with the needs and wishes of the specific resident. An example of the holistic nature of this plan was the plan to take this resident on an aeroplane which she had requested as a wish.

Residents were responsible for choosing the weekly menu in the centre. The inspector reviewed the menu and the food was seen to be varied and nutritious. Staff eat their meals with residents and this helps to provide support to residents where required in a discreet and sensitive manner.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Overall it was judged that each resident was protected by the centre's policies and procedures for medication management. All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices.

All staff who administers medication were registered nurses who must follow Bord Altranais agus Cnáimhseachais na hÉireann safe medication practices. Staff were observed administering medication as per safe medication management and administration practices.

Medication was collected from the pharmacy on a weekly basis to minimise the amount of medication kept on the premises. Weekly audits of medication took place every Monday night with the staff nurse on duty responsible for the audit. This audit included the cross-checking of the amount of medication stored with the amount recoded as administered. Local policies and procedures were also in place pertinent to the designated centre such as the medication ordering protocol and the weekly collection of prescriptions.

The inspector found that each resident's medication was reviewed regularly by the medical team and records demonstrated reduction in medication levels in line with changing needs of residents. Staff were clear on what each medication had been prescribed for. Guidance was also available to all staff from a nurse manager at all times, as well as from the pharmacist. All medication was appropriately stored. Unused or out of date medication was returned promptly to the pharmacist.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against during the previous inspection. A revised statement of purpose was provided to the Authority prior to the inspection which met most of the requirements of Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

As referred to elsewhere within this report, this statement of purpose did not provide accurate information on:

- the use of the centre for emergency admissions
- the total staffing compliment (WTE) with the management and staffing compliment as required in Regulations 14 & 15
- the floor plan (appendix B) listed a sitting room, that was actually used as a bedroom

Judgment:
Substantially 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:
This outcome was not considered as part of the previous inspection. Overall it was found that there was a clearly defined management structure in place, that identifies the lines of authority and accountability. There was a multi-disciplinary team who meet on a regular basis which includes the nominee provider, senior manager and the person in charge. The provider nominee made regular unannounced visits to the centre and completed a brief report of each visit. Evidence presented elsewhere in this report indicates that the person in charge and the nominee provider were monitoring the quality of care and support closely as recognised under Outcome: 5 Social Care needs and Outcome 11: Healthcare for example.

The person in charge was new to the role and was not carrying out this role at the time of the previous inspection. The person in charge worked full-time and was a registered nurse. She was also completing a degree in social care at the time of the inspection. She was found to be providing good leadership to her staff team, and staff spoken to felt they were well supported in their role. She was well known to the residents and demonstrated sufficient knowledge of the legal responsibilities associated with her role.

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:
This outcome was not reviewed on the previous inspection. The person in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

The provider had decided to appoint a person participating in management (PPIM), who deputised for the person in charge in her absence. The roster identified a staff member as in charge at all times in the event that the person in charge or PPIM were not on duty.

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 meet the needs of residents to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staffing levels were judged to support residents to adequately support residents to achieve their individual personal plans and to meet their assessed support needs. Flexibility was also demonstrated within the roster to meet specific needs of residents. For example, a third staff member was now provided from 20:00hrs to 22:00hrs each evening to meet the increased support needs of residents during this time. A number of residents had also requested increased 1:1 support from staff to support them to achieve goals related to their personal plans and this was being provided. Residents were also supported to take days off their day service to pursue other interests to have their healthcare needs facilitated.

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

Findings:
Overall it was found that the there were enough staff available to meet the needs of residents but continuity of care was not being provided, and the staffing had not been adequately organised around the needs of residents. In addition it was found that some staff required training in specific areas to meet the needs of residents.

The previous inspection identified an issue with an over-reliance on relief and agency staff which was resulting in a lack of continuity in the care provided to residents. The inspector found that this remained the situation and that unfamiliar staff on duty, particularly at night time, was causing unnecessary distress to residents. For example, three notifications were submitted to the Authority during the month of March 2015 pertaining to reported 'allegations of abuse' which related to poor practice from agency nurses working in the centre. While the provider had investigated all of these allegations through the organisations safeguarding procedures, the preliminary screening process found that abusive interactions did not occur. The inspector discussed these incidents with the provider and the person in charge and both parties recognised that while 'abusive interactions' did not occur, the concerns raised were warranted and related to poor practice relating to staff being unfamiliar with the needs and preferences of residents.

The person in charge had responded by putting a comprehensive handover policy and procedure in place, to try to improve the knowledge of unfamiliar staff working in the centre. However, both the person in charge and the provider also identified that the over reliance upon unfamiliar staff remained an issue. It was identified for example that 12 different nurses who were relief or agency staff, had worked waking night shifts in the centre over the past two months. Regular staff members spoken with also referred to this issues. One staff member stated she regularly contacts the person in charge or the person responsible for allocating shifts to agency/relief to establish who the night nurse that she will be working her shifts with is as she is conscious of the negative impact unfamiliar night nurses have on the residents of the centre. In the event the

nurse is unfamiliar to the residents she raises concern and requests a familiar nurse if possible to cover the night shift.

Recruitment had been sanctioned by the provider in order to provide a greater continuity of care. However, the person in charge and the provider confirmed that the agreed whole time equivalent of staffing hours assigned to the centre did not take into account the statutory leave entitlements of staff, and that relief and/or agency staff would be continued to be used to provide cover for staff on annual leave. The statement of purpose identifies a whole time equivalent (WTE) of nine staff however the rota clearly identifies a need for many additional staff. The person in charge also confirmed she was not aware of what the actual WTE should be, and also stated that if she had her 'full compliment of staff' she would still require two WTE's to cover night duty. This would not promote a continuity of care for residents.

Four staff files were reviewed prior to the inspection within the organisation central management offices and were found to contain all of the documentation as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Volunteers had been provided to support residents and these were appropriately vetted and supervised by the organisations volunteer coordinator.

Training records were held both centrally within staff files as well as locally within the centre. Training records identified that some staff had not completed all of the required mandatory training. Two staff members required training in patient handling and there was no date set for this. In addition a number of staff required training in challenging behaviour and/or developing positive behaviour support as the organisations policy on managing challenging behaviour identified this as a mandatory training requirement in centres where residents were assessed as presenting with challenging behaviour. A number of staff had not been provided with any training in this area, or had been provided with training back in 2007/08.

Residents were seen to receive assistance, interventions and care in a respectful, timely and safe manner by all staff on duty throughout the inspection. Residents spoke highly of staff members who were well known to them.

Judgment:
Non Compliant - Major

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:
This outcome was not considered as part of the previous inspection. 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 were maintained to ensure completeness, accuracy and ease of retrieval.

A copy of the Insurance certificate was submitted as part of the registration application which confirmed that there was up to date cover in the centre.

All of the policies as outlined in Schedule 5 were in place many had been recently reviewed. The policy on the protection and welfare of vulnerable adults was last reviewed in May 2014, and referred to a proposed HSE policy on the safeguarding and protection of vulnerable adults. In addition, it referred to the 'trust in care policy' that has seen been replaced with the national implementation of the HSE policy on safeguarding and protection of vulnerable adults (December 2014).

Records were kept secure in a locked press but were easily retrievable. Residents were all familiar with their records and key plans pertaining to resident care were provided in an accessible format.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Michael Keating
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[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003059
Date of Inspection:	06 May 2015
Date of response:	12 June 2015

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:
Concerns and complaints relating to issues of service provision were not being identified as complaints and therefore investigated and addressed through the complaints procedure.

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

Action Required:
Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

Please state the actions you have taken or are planning to take:
All future concerns will be addressed and investigated under the complaints procedure

Proposed Timescale: 20/05/2015

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:
Residents' (emergency) admissions are not in line with the centre's statement of purpose.

Action Required:
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
Statement of Purpose has been revised to include residents' (emergency) admissions.

Proposed Timescale: 20/05/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inadequate communal accommodation was provided for residents, including inadequate social, recreation and dining accommodation.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
1. A review of the placement of one resident on 3 June 2015 has identified that she requires individualised supports in a different setting.

2. A referral had been made to the Admission Discharge and Transfer committee seeking an alternative residential placement for this person. This request will be discussed the next scheduled meeting on the 6th July 2015.

3. Following the Admission, Discharge and Transfer Committee meeting a formal request for the necessary funding to support a suitable placement will be made to the

HSE (the statutory authority for funding these residents) This letter will be sent by the 30th July 2015.

4. Once the residential numbers have reduced the spare bedroom will be converted into a visitors room/ sitting room to provide additional communal space and a private area for residents to meet visitors.

Proposed Timescale: 30/11/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not provide accurate or adequate information in relation to the issues highlighted within the body of this outcome.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Statement of purpose has been revised to provide information on:
The use of the centre for emergency admissions
The total staffing compliment (WTE) with the management and staffing compliment as required in Regulations 14 and 15
The floor plan has been amended to reflect original sitting room is now a bedroom.

Proposed Timescale: 20/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an over reliance on the use of agency and relief staff that was not promoting a continuity of care to residents in the centre.

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

Please state the actions you have taken or are planning to take:
There is an on going recruitment campaign to displace agency staff.

Proposed Timescale: 29/11/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff were provided with mandatory training requirements in patient handling and managing challenging behaviour.

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

Please state the actions you have taken or are planning to take:
Schedule in place to provide staff with mandatory training.

Proposed Timescale: 29/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy for the protection and welfare of vulnerable adults required updating to reflect the national implementation of the HSE policy on safeguarding and protection of vulnerable adults (December 2014).

Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
An addendum has been added to current policy to reflect HSE policy. Policy is scheduled for review later in 2015.

Proposed Timescale: 14/05/2015