

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003088
Centre county:	Dublin 15
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:	Ciara McShane
Support inspector(s):	
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 1 day(s).

The inspection took place over the following dates and times

From: 04 February 2016 08:50 To: 04 February 2016 18:30

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

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

Summary of findings from this inspection

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

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

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

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

Although areas of good practice were identified across all outcomes, areas for improvement were also identified. In relation to health and safety the centre did not have fire doors installed and further improvements were identified in relation to evacuation in the instance of a fire in terms of assistive devices and clear personal emergency evacuation plans. Further areas for improvement were identified in relation to the premises. There was only one toilet facility for both staff and residents which was not adequately meeting the needs of residents. In addition, four residents shared two twins rooms which did not at all times afford residents with privacy, dignity and respect. The inspector found that additional improvements were required in relation to Outcome 5: Social Care Needs. There was an absence of retirement plans for some residents. For other residents it was unclear whether goals, which had previously been set, remained relevant. It was also unclear for some goals what progress had occurred. Nine of the 18 outcomes were fully compliant with four more being substantially compliant.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

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

The inspector found that residents could make a complaint at any time. Residents told the inspector who they would make a complaint to and staff were also aware of the role of the complaints officer. The inspector reviewed the log of complaints and found some complaints had been logged all of which had been followed through on. The most recent complaint was logged September 2015. The complainants' details were recorded as well as the nature of the complaint. Immediate actions were identified and implemented. A long-term action plan was also implemented and a resolution achieved. The residents' satisfaction level regarding the outcome was also recorded. The complaints procedure was displayed in the centre and was in a format accessible to residents. The complaints policy, last reviewed 13 February 2015, identified the complaints officer and the process to follow for appeals. The inspector found that the centre managed complaints in line with the aforementioned policy.

Residents had regular weekly meetings ensuring they were consulted with regarding the day to day running of the centre. A record of these meetings was maintained. The inspector reviewed a sample of the minutes and found they were used to consult about routines and activities for the week. Residents spoke positively about staff and the support they received. Residents engaged with staff regarding their preferred activities. The inspector observed residents communicating freely and openly with staff during the inspection and were at ease in their company. The interactions observed were positive

and respectful.

Residents told the inspector their religious beliefs were respected and promoted. Residents told the inspector they attended religious services of their choosing. Residents also received support to vote. This took place locally and staff facilitated residents to attend if they wished. Residents had control over their own possessions and a number of the residents travelled independently around their locality.

One area for improvement was identified during the inspection. Four residents shared two twin bedrooms which the inspector found did not promote privacy and dignity for each resident at all times.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

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

Residents' communication needs were assessed and identified in the personal planning documentation and supports were put in place as required. For example, one resident had identified a goal to learn how to read and write. Staff supported them with this goal and a volunteer visited the resident at their home to assist them with their literacy skills.

Easy-to-read versions of documents such as the residents' guide were in place and were readily available to residents in the lounge room.

Residents had access to television, radio, social media and the internet. A number of residents had their own mobile phones and computerised tablets. Staff provided support to use them, where required. The residents were proud to show the inspector how they used their mobile phone and were able to show the inspector their home number on speed dial. The residents also had access to a house phone which was equipped with large numbers and photographs to assist the residents to make calls. One resident told the inspector if they require help in an emergency they would contact the nurse on-call and demonstrated which button they would press to reach them.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents were supported to develop and maintain positive personal relationships with their family members and links with their wider community.

Residents participated in their community in a number of different ways. For example, residents visited local restaurants, cafes and the cinema. Residents told the inspector about their weekly activities which involved actively linking with their community. A number of the residents were quite independent and visited their local community themselves to attend the shops, semi-retirement clubs and hairdressers, for example. Residents were involved in local community groups that were independent to their service provider. Residents availed of their local public transport often independently. Residents regularly attended local events and concerts. Residents told the inspector about the aforementioned activities they engaged in and conveyed their enjoyment of same. Residents were supported to go on mini-breaks and holidays. The inspector was told about a recent cruise residents went on which they spoke about with enthusiasm. Residents' activities were documented in their personal plans.

Residents' friends and families were welcome in the centre; no parameters were placed on visitors once it did not impact negatively on other residents. Residents were supported by the staff at the centre to maintain meaningful links with families and friends. Some of the residents proudly told the inspector about their families and their regular contact.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

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

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

The inspector reviewed a number of contracts of care which outlined the service to be provided and the cost incurred for same. Potential additional costs that residents may incur were also outlined within. The contract of care was found to be in accordance with the requirements of the Regulations.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The inspector found that residents' wellbeing and welfare were promoted through evidence based care and support. Some improvements were identified in relation to the evaluation of goals and a lack of a retirement plan.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident, relevant key workers and family members, where applicable. The inspector found personal plans were

developed to a good standard and were focused on improving the quality of residents' lives. Residents' individual goals and aspirations were identified. The inspector reviewed a number of the identified goals and associated updates regarding same. From a review of the update the inspector found that the goals were not being evaluated to ensure they continued to be relevant or a priority for the resident. For example, for one elderly resident a goal of independently using the bank machine was identified in August 2015. It had been recorded that the resident had not progressed with the goal and often wished not to participate in the steps to help them achieve the goal. This goal had not been evaluated regarding its relevance or importance to the resident since it was first identified in August 2015, a period of approximately five months.

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

Residents described their weekly routines which were dictated by the residents themselves. On the day of inspection some residents were at their day service, another was getting their hair done while another resident relaxed around the centre and then went out for a coffee as per their preference. Daily routines included multiple activities, a large majority of which involved the residents participating in their local community. It was evident that residents were supported by staff members to engage in their preferred activities, the roster also changed from time to time to meet the needs of the residents.

The inspector found there was an absence of retirement plans for those residents who had reached that stage of their life. However, the inspector acknowledges their daily routine was in line with their own wishes.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

The centre was found to be homely and welcoming and one that reflected the residents whom lived there. The centre was well maintained and in a good state of repair. Improvements regarding the facilities to meet the needs of the five residents living there were identified.

The inspector found that one bathroom was not sufficient to meet the needs of five residents. The staff on duty also availed of this bathroom. The inspector observed residents waiting to use the bathroom on the day of inspection.

The centre was a two storey building located in a housing estate nearby two town centres. There were four bedrooms in total. One was a staff room, one was a single occupancy bedroom, while the remaining two were twin bedrooms. The twin bedrooms are further discussed in Outcome 1. The bedrooms were complete with sufficient storage for residents' belongings and were personalised with their photographs and art work. There was also a bathroom on the first floor with a toilet, wash hand basin and a shower. The shower was fitted with a shower seat and hand rails.

On the ground floor there was a lounge room with adequate seating and additional furniture. There was also a kitchen with a dining room leading off it. The back garden was of good size and was equipped with a shed and garden furniture. Residents actively participated in maintaining the upkeep of the centre as observed on the day of inspection. The residents told the inspector they enjoyed this aspect and it was evident the residents were proud of their home.

The premises were found to be safe with regards to residents mobilising throughout it. There were hand rails and grab rails appropriately placed in the centre. Blinds and curtains were on all windows ensuring privacy. There were laundry facilities in the kitchen; for the most part staff supported the residents with this task.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

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

The centre had systems in place to manage risk. There was a risk management policy that complied with the requirements set out in the Regulations. The centre had a risk register in addition to individual risk assessments which were relevant to the residents. These were maintained within their personal plans. However, the inspector found that risk assessments were not reviewed, as required, at all times. For example, one resident had a falls risk assessment in place that was last reviewed September 2015. The resident subsequently fell January 2016; however, a review of the risk assessment had not taken place.

There were elements of a fire management system in place. Staff at the centre had fire safety training and were competent in telling the inspector how they would respond to a fire. The residents were also familiar with fire evacuation procedures and told the inspector about the drills they partook in and showed the inspector where the fire assembly point was. The centre was equipped with fire extinguishers, a fire blanket in the kitchen and a fire panel. In addition there was emergency lighting, a carbon monoxide detector and smoke detectors. This equipment was checked regularly at a local level by staff and by an external company as required. The inspector reviewed the certificates and maintenance documents for this and found the equipment had recently been serviced in May 2015. The centre was not equipped with fire doors and the staff told the inspector that residents mainly slept with their bedroom doors opened. The inspector was therefore not assured there were safe systems in place to contain fire.

The inspector found that all abilities of residents had not been robustly accounted for in specific evacuation procedures. For example, one of the residents had a hearing impairment and subsequently required assistance during the night to alert them in the event of a fire. Staff were aware of this and had completed a risk assessment. The control measures put in place were for staff to enter the resident's bedroom and use a picture of a fire symbol. However, should staff become incapacitated and the resident was reliant on the sign there were no further safeguards in place. This was highlighted during the inspection. By the end of the inspection, the person in charge had identified and purchased a vibrating device that could be placed under their pillow. The inspector also reviewed the fire folder and found there was a summary sheet outlining some of the residents' details should the information be required in an emergency such as a fire. The inspector found this information was not sufficiently robust to translate into a personal emergency evacuation plan (PEEP). Further detail was required such as a photo of the resident, their communication abilities, their gait and aids which they may require to assist them mobilising.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse.

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

There was a robust system in place to support residents to manage their monies. Audits were completed daily at a local level in addition to a yearly audit which was more in-depth and completed by a member of the organizations' accounts department. The inspector reviewed a sample of the financial records and found that complete records were maintained.

The inspector found that policies and procedures were in place to support residents with behaviours that may challenge. The inspector reviewed a behaviour support plan and found that it had been recently reviewed by the multidisciplinary team and also that staff were familiar with the details of same.

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):

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

Findings:

The practice in relation to the notifications of incidents was found to be satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector in accordance with the requirements of the Regulations, for example, the notifications regarding incidents and accidents.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

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

A number of the residents living at the centre were retired and as a result planned their own days in relation to social participation, new experiences and learning. One of the residents was employed and attended work three days a week. The residents that were retired attended a 'retirement club' and told the inspector about a range of activities they enjoyed such as knitting and bingo. Residents also told the inspectors about the new places they had experienced such as holidaying abroad.

Residents maintained their skills such as assisting in general household duties and meal preparation. Some residents had identified new areas for learning as part of their person-centred plans and included goals such as becoming more independent with using their bank cards.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Residents for the most part received support to achieve and maintain good health. However, improvements were required in terms of the specific detail provided within residents' care interventions.

There was good access to the general practitioner (GP) and allied health professionals. Residents were familiar with their GP and were supported by staff to attend where required. The inspector reviewed the appointment record for some residents and found that residents were seen regularly by their GP. Access to allied health professionals such as the dentist, optician, psychologist, dietician and speech and language therapist (SALT) was also available as required. The inspector found evidence of referrals being made on behalf of residents.

Where recommendations had been made by allied health professionals, the staff team, with multidisciplinary support as required, developed care interventions. Elements of the care interventions required further detail to ensure that specifics were identified ensuring all aspects of residents' needs were met. For example, the inspector reviewed a number of care interventions that outlined ambiguous timeframes such as 'clean ears regularly', 'regular blood test' and 'attend GP as required for medication and blood test'. The inspector also reviewed a care intervention that stated 'observed for side effects of prescribed medication'. However, it was unclear what side effects were to be monitored or what medication this referred to.

Staff told the inspector should they require additional nursing support and advice they had access to a nurse on-call 24 hours a day, seven days a week.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

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

Having reviewed prescription and administration records and procedures for the storage of medication, the inspector was satisfied for the most part that appropriate medication management practices were in place. Most staff had up-to-date training in the safe administration of medication and regular audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. The audits were conducted by the pharmacy and the person in charge.

The inspector found staff to be knowledgeable regarding specific medication protocols such as that of the monitoring and administration of anticoagulant medication. Staff also informed the inspector of their actions should there be a medication error. The inspector found this to be in line with the centre's medication policy and medication errors were being recorded.

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

The inspector reviewed the contents of the locked medication cabinet and found that some improvements were required. For example, some cream medications had been opened however, the date of which was not identified on said medication. Discontinued medication was also stored within the medication cabinet. A tub of antiseptic cream was kept within the cabinet however, it had not been identified who the cream was for. Staff spoken with could also not identify who the cream was for.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a statement of purpose in place and for the most part was in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained, was up-to-date and described the centre and the service provided. It reflected the services and facilities provided and described the aims, objectives and ethos of the service as observed on inspection. One minor area for improvement was identified as it failed to outline the age range of the residents for whom it was intended that accommodation should be provided.

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):

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

Findings:

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

On the day of inspection the inspector met with both the person in charge and the provider nominee. The inspector also met with a clinical nurse manager level 3 (CNM3) who was a person participating in management and who the person in charge linked in with for supervision and support throughout the year. The person in charge had recently commenced working at the centre and was familiarising themselves with the residents and local procedures.

The inspector found the reporting structures were reflective as per those set out in the statement of purpose for the centre. Social care workers reported directly to the person in charge, who in-turn reported to the person participating in management, a CNM3. The provider nominee was available to the person in charge at the centre and both residents and staff were familiar with her as she was often in the centre. There was a team of on-call nurses available to staff, including the person in charge of the centre, should additional support be required. The person in charge also attended management meetings. Local house meetings were also held weekly, minutes of which were reviewed by the inspector.

The inspector reviewed the centre's audits which were completed regularly throughout the year. The audits included finance audits, medication audits and evaluation of personal plans in addition to weekly health and safety checks. The provider nominee had completed unannounced inspections of the centre as required. These reports were maintained in the centre and the person in charge was aware of same. The reports identified areas for improvement. Where areas had been identified as requiring improvement, a plan had been developed and put in place with timelines and persons responsible identified. An annual review had also been completed, in May 2015, by two members of senior management. Corrective actions, with timeframes for completion, had been identified.

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):

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

Findings:

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

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

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

Findings:

The inspector found the centre was adequately resourced to meet the needs of the residents at the time of the inspection.

The centre was well maintained inside and out although the inspector was not assured there were adequate toilets to meet the needs of the five residents as outlined in Outcome 6: Premises. The centre had a fully equipped kitchen with laundry facilities. Equipment and furniture was provided in accordance with residents' wishes and needs. Maintenance requests were dealt with promptly. The centre shared a transport vehicle with another centre and this did not pose as a difficulty to the residents. There was an abundance of public transport nearby which the residents frequently availed off; quite often this was done independent 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):

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

Findings:

The staff numbers and skill mix available were found to be appropriate to meet the assessed needs of the residents at the time of the inspection. Some improvements were identified in ensuring all staff had up to mandatory training.

Staff working at the centre were all suitably qualified and for the most part had up to date mandatory training. Some gaps were identified, from a review of staff training records, in relation to safeguarding vulnerable adults and the safe administration of medication. A staff member had received a policy update in relation to safeguarding vulnerable adults November 2014 however, the policy had been updated since this training was given.

Staff members were aware of their responsibilities and were aware of policies and procedures that related to the general welfare and protection of residents. They were also familiar with legislation including the Regulations and the associated Standards. Staff members knew the residents well and responded to their needs appropriately. Staff were familiar with local procedures such as responding to complaints, medication errors and supporting residents with medical needs including protocols associated with anti-coagulation procedures. Residents spoke favourably of staff and the support they received.

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

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

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

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

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The centre had a directory of residents in place. However, additional information such as the date of admission was required to ensure full compliance with the requirements of the Regulations.

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

Judgment:
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:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003088
Date of Inspection:	04 February 2016
Date of response:	29 April 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:

Residents shared twin rooms which failed to promote privacy and dignity at all times.

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

1. Action Required:

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

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

The capacity of the house will be reviewed yearly and reduced when a resident leaves.

Proposed Timescale: 29/04/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

- 1) Where it was relevant there was an absence of retirement plans.
- 2) Where goals had been identified with residents, they had not be evaluated in terms of their relevance or assess if it continued to be a preference.

2. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

- 1) Retirement plans will be put in place for all retired residents.
- 2) All goals will be reviewed with residents to assess their relevance, whether resident wishes to continue with the goal.

Proposed Timescale: 30/11/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

As required under Schedule 6 Point 8, the inspector found there was insufficient number of toilets to meet the number of residents.

3. 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:

The Nominee Provider will consult with the Service Engineer re the feasibility of a downstairs toilet. This will be costed and prioritized in the maintenance plan

Proposed Timescale: 30/11/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

1. Risk assessments were not, at all times, reviewed post incident.
2. Personal emergency evacuation plans were not in place for each resident.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- 1) All risk assessments have been reviewed
- 2) Personal emergency plans are now in place for all residents.

Proposed Timescale: 29/04/2016

Theme: Effective Services

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

There were no fire doors throughout the centre ensuring that any potential fire was contained.

5. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire doors will be installed in the centre.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

The inspector found that all abilities of residents had not been robustly accounted for in specific evacuation procedures.

6. Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

A vibrating pillow and flash alarm are now in place for one resident to assist with evacuation.

Proposed Timescale: 29/04/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Elements of the care interventions required further detail to ensure that specifics were identified ensuring all aspects of residents' needs were met.

7. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

All care interventions have been reviewed and specifics identified and noted.

Proposed Timescale: 29/04/2016

Outcome 12. Medication Management

Theme: Health and Development

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

A tub of antiseptic cream was stored within the medication cabinet however, it was unclear who it was prescribed for.

8. 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:

All medications are now clearly labelled.

Proposed Timescale: 29/04/2016

Theme: Health and Development

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

1. Discontinued medication was stored within the medication cabinet.
2. Medications such as creams had been opened however, the date of opening had not been recorded on said medication.

9. Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

1. Discontinued medication has been returned to the pharmacy.
2. All medications such as creams now have opening date noted on them.

Proposed Timescale: 29/04/2016

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 failed to outline the age range of the residents for whom it is intended that accommodation should be provided.

10. 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:

The Statement of Purpose has now been amended to indicate that the centre is for elderly residents.

Proposed Timescale: 29/04/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were some gaps with regards to staff training including safeguarding of vulnerable adults and the safe administration of medication.

11. 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:

A request for training on safe administration of medication for one staff member has been sent to the training department and this will be prioritised in the next available training.

Proposed Timescale: 30/11/2016

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 elements, as outlined Schedule 3, were contained within the Directory of Residents.

12. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

The Directory of residents has been reviewed and now contains all relevant information.

Proposed Timescale: 29/04/2016