

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
<b>Centre ID:</b>	OSV-0003172
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd
<b>Provider Nominee:</b>	Breda Noonan
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## 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:
12 April 2016 09:45	12 April 2016 18:30
13 April 2016 09:15	13 April 2016 16:00

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 the first inspection of the centre carried out by the Health Information and Quality Authority (HIQA). The provider made an application for the centre to be registered under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. This registration inspection was announced and took place over two days.

As part of the inspection, the inspector met with residents and staff. The inspector observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The centre is part of the services provided in a congregated setting by the Daughters of Charity, Limerick, a voluntary organisation set up to support the needs of persons with a diagnosis of an intellectual disability. The centre comprised of one bungalow which accommodated up to six female residents. There were five residents at the time of inspection with another resident in the process of transferring to the centre. The house was located in close proximity to other houses and on a campus which had well maintained gardens, a swimming pool, a church, a gym and a variety of day services.

Accommodation comprised of single occupancy bedrooms, a comfortable sitting room, a spacious dining room, a relaxation room, a well equipped kitchen and utility room, a wet room and a bathroom. There was good storage facilities, an office and a secure garden. The premises were clean, tastefully decorated, in good repair, warm, homely and safe. Bedrooms were personalised and reflected the interests of the residents.

Overall, the inspector found that a high standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were very knowledgeable regarding each resident's needs and the inspector was satisfied that individual needs were being met. Residents appeared relaxed in their home and in the care of the staff.

The inspector saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. Residents were consulted in the planning and running of the centre and in decisions regarding their own care.

There was evidence of a robust governance system within the organisation and there were arrangements in place to monitor and improve key areas in the provision of safe, quality care.

The centre was found to be in compliance with 17 of the 18 outcomes. The non compliance was in relation to Outcome 11, healthcare, and the delay in accessing psychological services for residents.

**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:**

The inspector was satisfied that the rights, privacy and dignity of residents were promoted and residents' choice was encouraged and respected. This was evident from the observations of the inspector of the interactions between residents and staff. Without exception, all interactions were respectful and caring; and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of residents' preferences. This was supported by the centre having continuity of staff.

The inspector noted that residents retained control over their own possessions. For example, each resident had adequate wardrobe space in their own personalised bedroom. Bedrooms were decorated in a manner that reflected each resident's individuality. For example, one resident liked the colour red. Her bedroom reflected this, even including a red coloured radio.

The organisation's policy on residents' personal property was centre specific. Residents, in so far as possible, were supported to choose and purchase their own clothes and residents were keen to let the inspector know of their interest in fashion. The inspector saw residents returning from onsite day services and carrying out their preferred routine which varied from helping to tidy the house, make jigsaws, listen to music, watch television and chat with staff.

Residents were seen to be given choice in relation to what food they wanted. For example, both a picture and a written menu was on display in the dining room. Residents choose what activities and outings to go on. For example, on the days of

inspection, one resident went hill walking, one went to a hairdresser in the local village, two went swimming on campus, one went to visit her sister and had a cup of coffee with her. One particular resident enjoyed going for short frequent drives and this was seen to be facilitated.

The inspector reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. When possible, financial transactions were signed by residents. In addition, transactions were checked and counter signed by staff. The person in charge checked the financial record book monthly and a record was maintained of these checks. The management of residents' finances was audited annually. Receipts were maintained for all purchases.

The inspector was informed by staff and residents that regular house meetings took place. Minutes were maintained of these meetings. Residents expressed satisfaction with such meetings.

The complaints policy was available and provided detail on how to make a complaint. The focus of the policy was around providing and maintaining a quality service. Staff displayed an openness about receiving complaints. No complaints had been received.

Residents had access to advocacy support. This was championed by a member of staff who facilitated advocacy meetings, supported residents to articulate their rights and provide a structured format where advocacy issues could be brought to a senior level. There was evidence that the advocacy arrangements resulted in improved outcomes for residents. For example, residents brought the need for a more user friendly bath to the advocacy forum. On the day of inspection the inspector met with the occupational therapist and an agent from the organisation who was supplying the new bath. Each resident had a named key worker and this person also advocated on behalf of the resident as did the person in charge, clinical nurse manager and day services staff.

A number of residents communicated in a non verbal manner. From speaking with staff and from observing, it was clear that non verbal residents were able to communicate if they were anxious, worried or in need of assistance. Residents' care plans showed a good level of attention given to ensuring residents' preferences were documented, respected and acted upon. The inspector noted that residents were listened to. When a care intervention was taking place it was explained to the resident in a friendly and genuine manner.

Relatives and residents completed questionnaires with regards to the service provided in the centre. These questionnaires were sent to HIQA . Residents showed they had good awareness of their rights. They made comments such as "I have a rights committee to support me" and Staff have spoken to me about my rights". Relatives were equally positive with regards to how their family member's rights were protected. One relative wrote, "The care and dignity of X life at the centre is held at a very high standard by the staff".

**Judgment:**  
Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Effective and supportive interventions were provided to residents to ensure their communication needs were met. Staff were qualified and experienced in the care of residents with a disability and this was evident in the expertise they displayed in communicating with all residents. For example, staff understood residents' facial expressions, body movements, sign language and general demeanour.

Each resident's communication needs were set out in individual care plans. Residents, their families, day house staff and other disciplines were involved in completing and reviewing these plans. The actions set out in the plans were seen implemented in practice. Good documentation was in place to support the decisions taken at the personal care planning meetings.

Staff were seen to communicate with residents in a manner that created an emotional contact between resident and staff member and affirmed the resident in their communications. For example, staff spoke to a resident about her hair and going to the hairdresser as this was of particular importance to the resident. This conversation created a pleasant connection between the two.

Each resident directed their own care preferences and this was possible because communication between residents and staff, between staff and families and amongst members of the wider multidisciplinary team was generally effective. For example, residents decided their social activities, families were invited to care planning meetings and referrals to members of the multidisciplinary team were made.

Residents had easy access to television and radio. Residents' preferences in terms of what programmes or music they preferred were facilitated. The families of residents in the centre were involved in ensuring the resident visited the family home and some went home for visits or overnight stays.

The inspector saw that picture notices were on display as an aide memoire for residents. For example, a photograph of the staff on duty was on display in the hallway. Staff and management of the house were aware of the importance of having familiar staff on duty and how disruptions to routine impacted on residents. Much emphasis was placed on ensuring all staff who interacted with a resident were kept informed of the resident's wellbeing and kept up to date on any issues that arose during the day. A staff handover was given at each change of staff. This was audited by a senior member of staff and found to be of a high standard. Relatives were positive in their comments with regards

to how staff communicated with their family member.

Regular meetings took place with residents and residents views were also sought through questionnaires. These questionnaires had pictures and symbols to assist residents in answering the questions.

Each month a core value was discussed. The values for the month of this inspection was , "justice". It was displayed in the sitting room, discussed at meetings and residents encouraged to ask questions about it.

**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:**

The centre provided opportunities for residents to maintain links with family, friends and the wider community. Residents had access to a variety of services both on site and off site. Family members were invited to participate in the personal care plan meetings.

Visitors were welcome to the centre. A private room was available for such meetings. Arrangements were made for residents to meet with friends and family members from another centre so that relationships could be maintained. Residents regularly went on outings such as shopping trips, the cinema and meals in a restaurant or bar.

Staff made a significant effort to ensure that a resident who did not like crowds, availed of community activities. A suitable chair was arranged for her which offered her comfort when on outings. Consideration was given to going places which were not crowded and generally quiet.

Residents were supported to go on holidays to a variety of destinations. Outings to large music events were also facilitated and documentation was in place to confirm this.

Cognisance was given to ensuring that residents' boundaries were not infringed by other residents. For example, staff closely observed interactions between residents, used distraction techniques if necessary and managed behaviours in a sensitive and respectful manner.

**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 policy was outlined in the statement of purpose along with the procedure for emergency admissions. The inspector was satisfied that new admissions to the centre were given opportunities to familiarise themselves with the environment prior to their arrival. Consideration was given to the prospective resident's daily routine in their previous setting and the centre took steps to facilitate this routine. For example, a resident was facilitated to transfer to the centre over a three month period. Plans were in place for two residents to move to a community house. Placements were kept under review, in particular to ensure all residents were adjusting to the new living arrangements. The inspector saw that very good assessments of needs were completed prior to any transfer.

Contracts of care were available for the inspector to review. These were comprehensive and listed the services to be provided by the centre to the resident. Fees were also stated. The contracts examined were signed by the resident.

Relatives confirmed to the inspector that the admission was planned. One relative whose daughter was a resident in the centre for many years stated that she was "helped in my decision by caring staff".

**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:**

Each resident had a comprehensive assessment of their health, personal and social care needs. There were arrangements in place to meet identified social needs. For example, a notice board was in place in the hallway to show residents what staff was on duty as this information was important for them. A Reflexologist worked with a number of residents who benefitted from the relaxation this therapy provided.

The personal plans were reviewed annually with the participation of the resident and, where appropriate, with her family. Family members were given advance notification of the review meetings. Review meetings included an evaluation of the residents' needs, choices and preferences and whether goals had been met for the previous year.

As discussed under Outcome 3, each resident had opportunities to participate in activities appropriate to their individual interests. Residents told the inspector of the varied activities available to them. They spoke of knitting, going to the hairdresser, going for a walk, going swimming and going to concerts. One resident stated "I love going shopping". Relatives commented on the activities programme with remarks such as, "the staff are fantastic with her and help her do so much".

There were planned supports in place for any moves and discharges were planned for in a safe manner.

There were gaps in the level of multidisciplinary input. For example, a resident was referred to psychology a number of times since January 2015; however, she still had not been seen by the psychologist. This is actioned under Outcome 11.

The tracking and review of residents goals was very good and it was clear most goals were achieved within a reasonable timeframe.

**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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The inspector found that the house was homely, attractively decorated and well maintained. The design and layout of the house was in line with the statement of purpose and met the needs of the residents whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation. Overall, the premises were free from significant hazards that could cause injury. There were sufficient furnishings, fixtures and fittings.

Bedrooms were personalised with each resident having a private bedroom with adequate wardrobe and storage space. Room colours and furnishing were coordinated. Bed linen and cushions reflected residents individual taste, nice table lamps were on the bedside lockers and family photographs and other memorabilia adorned the walls and the shelves.

Toilets and baths had grab rails in place. The house had spacious comfortable sitting rooms. There was a television in each sitting room and in the bedrooms of these residents who wanted a television in their room.

An office was available for staff. The house had a well equipped domestic style kitchen with an adjacent utility room. A patio door led from the sitting room to a paved area and a secure garden. The garden was well maintained.

Laundry was facilitated in house by staff with assistance from residents. Refuse bins were stored in a segregated and safe area and waste was collected by a local domestic refuse company.

Residents told the inspector they liked their home.

**Judgment:**  
Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**  
Effective Services

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

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

**Findings:**

Overall, the inspector found that there were adequate arrangements in place in regards to health, safety and risk management including robust policies and procedures relating to such matters. Hazards had been identified and assessed. These assessments were seen by the inspector and were found to be comprehensive. Each resident had assessments in their file notes of risks which pertained specifically to them. Control measures were put in place to minimise the hazards.

There was evidence that learning took place from both internal audits and from HIQA reports to other centres. For example, the assessment of needs form had been developed following a HIQA inspection to another of the organisation's centres.

The person in charge confirmed maintenance matters were attended to swiftly. There was a robust system in place for incident reporting and investigation of same.

There were satisfactory arrangements in place for the prevention and control of infection. Staff had received suitable training including hand hygiene training. Documentation was available to support this. Hand washing facilities and hand gels were in place throughout.

Suitable fire equipment was provided and there were adequate means of escape. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Residents' mobility and cognition had been accounted for in the evacuation procedure. Evacuation times were between one and three minutes. These evacuation fire drills took place during the day and night. Residents had evacuation plans in place. Residents told the inspector about the evacuation process.

The mains fire alarm was tested on a weekly basis and this was documented. Daily checks were completed to ensure the fire exits were unobstructed. Staff were trained and demonstrated sound knowledge on what to do in the event of a fire. The inspector reviewed service records and found that fire fighting equipment and emergency lighting was serviced on an annual basis. A system was in place whereby new staff, students and volunteers, once they had received orientation, signed a fire orientation form.

**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):**

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

**Findings:**

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. There was a proactive and non judgemental approach to managing behaviours that challenge. Specific plans were put in place to assist residents and staff in finding a satisfactory way of working with such challenges and the plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans; however, as discussed under Outcome 11 there was a considerable delay in accessing this support.

Some restrictions were placed on access to the kitchen to help ensure resident safety. This restriction had been risk assessed. Residents who did not require such restrictions were being provided with fobs to have free access to the kitchen.

Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way.

Policies were in place in relation to the protection of vulnerable adults. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector interacted with residents and was satisfied that residents felt safe in the centre and had access to staff with whom they could communicate with.

Residents stated in the questionnaires, "I feel safe". Relatives were unanimous in their view that their family member was safe in the centre. Relatives made comments such as, "she is well looked after and I have no worries because the staff are so good with her".

The inspector reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable.

**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 inspector found that the person in charge was familiar with the process for recording any incident that occurred in the centre and familiar with the procedure for maintaining and retaining suitable records as required under legislation. The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**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:**

The inspector found that the general welfare and development needs of residents were promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences. Residents had been afforded the opportunity to attend various activities such as visiting their own home on a regular basis and over-nights and weekends with family members, attending concerts, listening to music, going for walks and dining in restaurants. Residents had access to a secure garden and also had access to a large sensory garden.

There was an assessment process to establish each resident's employment/activity needs. Residents attended activation services onsite which were tailored to suit their requirements. A number of residents had regular one to one support. From discussions with residents it was clear to the inspector that this freedom and flexibility around

activities was very important to them. The activities were directed by the resident more than by the service. Relatives expressed satisfaction with the manner in which their family member's social and development needs were met.

**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:**

The inspector saw that a comprehensive holistic assessment was used by staff in conjunction with the resident and/or relative to assess each resident's needs. From the assessments, plans of care were devised. Staff spoken with were knowledgeable and informed as to each resident's needs and requirements. There was evidence of a health promoting ethos to care. For example, healthy lifestyles including diet and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided. Residents confirmed there was good medical attention provided for them.

The dietician and speech and language therapist were available to lend support and guidance in the formulation of nutritional care plans. There was evidence of referral and access to the general practitioner (GP), psychiatrist, psychologist, occupational therapist, dentist and optician. Where other specialist services were required these were facilitated and staff attended hospital appointments with residents if required. However, while referral was made there were gaps in the actual provision of some therapies. In particular there were gaps in the provision of psychology support. The inspector examined three resident files. All three were referred for a psychology review. None of the three had been seen, despite being on the waiting list for between eight and 16 months.

Reviews of care plans took place annually or more frequently if required. There was evidence that once a need changed the plan was updated accordingly. For example, a resident required a particular treatment for a digestive problem. When the problem abated, the treatment was discontinued and this was reflected in the resident's notes.

The resident, their family, key worker and centre staff were involved in the care planning meetings. There was good tracking of residents' goals and the inspector noted most goals had been achieved or were in the process of being achieved. These goals

were primarily of a social nature. For example, going on holiday, attending a concert, attending art therapy. The inspector reviewed the progress reports on the goals and they were detailed, clear and person centred in their tone. Considerate and friendly reports were on file from the art therapist.

Very good plans of care were in place around loss and bereavement. They demonstrated staff sensitivity for residents whose friend had died. Staff spoke with the inspector around how they managed end of life care. It was clear they had the expertise to manage such situations and there was evidence they would access the support of the palliative care team if this was required.

The lunch and evening meal was prepared and cooked daily on campus and delivered to the house. There were good kitchen facilities in the house for serving meals and the making of breakfast and other snacks. The inspector saw that meals, mealtimes and the provision of snacks were dictated by residents' routines and choices and residents had their meal at a time of their choosing. While mealtimes were flexible the inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible. The inspector noted there was a choice of meal and that there was a good supply of food in the fridge and the freezer.

**Judgment:**

Non Compliant - Moderate

**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:**

The inspector was satisfied that there were systems in place to ensure that medication management practices were safe. Practice was guided by policy. The inspector saw that medications were securely stored and unused or out of date medicines were returned to the pharmacy.

At the time of this inspection no residents had been assessed as having the capacity to safely manage their own medication. Residents were facilitated to liaise directly with the pharmacist. These meeting/consultations were documented. Residents had their individual medication workbook. This was a pictorial, easy to read account of the resident's medication. From discussion with residents and staff, the inspector was satisfied that this workbook was instrumental in assisting the resident to understand their medication regime, the reasons for being on this regime and the consequence of

not adhering to it.

Nursing staff administered medications and practices observed were in line with professional guidelines. The inspector reviewed the medication prescription and the medication administration chart and both satisfied regulatory and legislative requirements. There were good systems in place for the ongoing review of medications and the monitoring of medication management systems. Each prescription chart was reviewed by the resident's general practitioner (GP) every six months or more frequently if required. There was evidence that the use of medication and in particular psychotropic drugs, were reviewed regularly and reduced where possible.

Audits of medication practices were undertaken regularly. This was supported by a clinical nurse specialist in medication management and a drugs and therapeutic committee. Issues arising on audit were minor and addressed immediately.

**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):**

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

**Findings:**

The statement of purpose was updated in March 2016. It affirmed the aims and objectives of the centre along with the services and facilities available to the residents. It was placed in a prominent place in the centre and was also available to residents. All of the items required under Schedule 1 of the regulations were contained in the statement of purpose. The key aim of the service as set out in the statement of purpose was "to support residents to maintain meaningful personalised lifestyles". The inspector was satisfied that the services provided at the centre were reflective of what was outlined in this document.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector was satisfied that the person in charge had the appropriate experience and qualifications for the role. She had been working in the centre for the past nine years. She worked full-time in the centre. She was knowledgeable regarding the requirements of the regulations and standards, and had very clear knowledge about the support needs of each resident. The inspector observed that she was well known to staff and residents. The person in charge was committed to her own personal development through regular attendance at courses including mandatory training. An experienced member of staff deputised in the absence of the person in charge.

The provider had established a clear management structure, and the roles of managers and staff were set out and understood. The structure included supports for the person in charge to assist her to deliver a good quality service. The designated person to act on behalf of the provider visited the centre regularly and met with the inspector on the day of inspection. She was knowledgeable about the service and supportive of staff development.

The provider ensured six monthly unannounced audits were carried out in addition to a written annual report on the quality and safety of the service. Residents and their families were involved in these reviews. Issues arising on audits were addressed. For example, on audit it was identified certain staff required training updates. This training was provided.

Monthly management meetings took place to discuss issues of concern in the centre. There were formal meetings of all persons in charge from centres in the group to discuss common areas of interest and share their learning. The person in charge told the inspector that she could contact any member of the management team at any time should she have a concern or issue in relation to any aspect of the service.

A copy of the regulations pertaining to disability services and a copy of the disability standards were available to staff in the centre.

The person in charge told the inspector that staff appraisals were completed on an annual basis. Staff supervision meetings took place three monthly.

**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:**

When the person in charge was absent for more than 28 days, suitable deputising arrangements were made for the management of the centre. The role was occupied by an experienced staff member who was familiar with the residents. HIQA were notified as required by regulation of the absence of the person in charge and the provided with details of the deputising arrangements.

**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 was satisfied that there was sufficient resources to support residents achieve their individual personal plans. This was evident from;

- 1) the comfortable home provided
- 2) access to transport via a vehicle which was well maintained
- 3) the good staffing levels and skill mix
- 4) the low staff turnover
- 5) the varied activity programme available to residents
- 6) the good family involvement in the life of residents

- 7) the provision of adequate and suitable equipment
- 8) the provision of an on-going training programme for 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 inspector found that at the time of inspection the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. There was a low staff turnover which helped to avoid situations where residents were not familiar with the staff on duty and vice versa. The inspector found there was a staffing roster showing staff on duty including the hours they worked. The person in charge was satisfied with staffing levels and if needed extra staff would be provided. The inspector observed that residents received assistance in a timely manner. There was an experienced member of staff on night duty supported by on call nurse cover. A night manager and support staff also provided assistance in the evenings and throughout the night.

Overall, the inspector was satisfied that the education and training provided to staff enabled them to meet the holistic needs of residents. The management team demonstrated commitment to providing ongoing education and training to staff relevant to their roles and responsibilities. The annual staff appraisal system facilitated the identification of staff training needs. A planned training schedule was in place that incorporated both mandatory training and training identified by staff. Records of training completed by each individual staff member were maintained. Mandatory training in manual handling, adult protection and fire safety was current. In addition staff had completed a broad range of further education relevant to the needs of the residents and in addition had ongoing access to the knowledge and expertise of other healthcare professionals as discussed under Outcome 11.

Staff had completed training or instruction relevant to their roles and responsibilities including training in, infection control, medication management, eating and swallowing, first aid and food hygiene training.

There was a comprehensive staff recruitment policy based on the requirements of the regulations. Staff files were viewed at a different location and it was found they contained all the information 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. A good induction programme was available for staff. Current records of nurses' registration details were on file and available for inspection.

**Judgment:**  
Compliant

**Outcome 18: Records and documentation**

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

**Theme:**  
Use of Information

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

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

**Findings:**

Overall records and documentation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. A directory of residents was maintained in the centre and this contained the items required by the regulations. A record of residents' assessment of needs and a copy of their personal plan was available. The inspector found that a record of nursing and medical care provided to the resident, including any treatment or intervention, was maintained. Residents' files were found to be complete and were kept accurately and up to date. For example, a record was maintained of referrals/appointments and residents' notes were updated accordingly with the outcome of the appointment.

Records relating to communication needs, money or valuables, complaints, notifications, fire safety and rotas were maintained, stored securely and were easily retrievable. The policies required under Schedule 5 of the regulations were in place. An up to date copy of insurance cover was available to the inspector.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
<b>Centre ID:</b>	OSV-0003172
<b>Date of Inspection:</b>	12 April 2016
<b>Date of response:</b>	

**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.

<b>Outcome 11. Healthcare Needs</b>
<b>Theme:</b> Health and Development
<b>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</b> Residents who were referred for psychological support were seen to be waiting for such support for up to sixteen months.
<b>1. Action Required:</b>

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

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Person In Charge will send referrals for each resident to the Psychology Department for all outstanding Psychological Concerns ensuring prompt consultation from Psychologist by 31/05/2016.

**Proposed Timescale: 31/05/2016**