



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Cara Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	11 February 2019
Centre ID:	OSV-0003733
Fieldwork ID:	MON-0021827

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre forms part of a campus based service for persons with intellectual disabilities and is located in North Dublin. The centre is comprised of three individual bungalows and provides full time residential services to 14 persons. The layout of all three units is very similar with a spacious entrance hallway, an open plan living and dining area with kitchen space, resident bedrooms, main bathroom and smaller toilet areas. Residents are supported by a person in charge and a staff team of nurses, carers and house hold members.

The following information outlines some additional data on this centre.

Current registration end date:	27/11/2020
Number of residents on the date of inspection:	14

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
11 February 2019	09:50hrs to 19:30hrs	Thomas Hogan	Lead

Views of people who use the service

The inspector met and spent time with a number of residents availing of the services of the centre. In addition, time was spent observing care and support being delivered to residents by members of the staff team. Overall, residents were being supported to live safe and protected lives in the centre. While residents were supported to engage in some activities, in general the inspector found that residents were somewhat unoccupied and had a limited presence in the wider community. Residents spoken with were complimentary of the staff team and stated that they felt safe living in the centre.

Capacity and capability

Overall, the inspector identified mixed levels of compliance in this centre at the time of inspection. While there were numerous examples of good care and support being delivered to residents, there were also a number of areas which required improvement to ensure that a high standard was achieved and sustained. The inspector found that even though there was strong leadership in place in the centre, there was a need to improve the governance and management arrangements.

A review of staffing arrangements in the centre found that there was an appropriate skill mix amongst the staff team employed; however, the inspector was not assured that there were appropriate numbers of staff in place to meet the needs of residents. The registered provider was unable to demonstrate the completion of staffing levels dependency assessments or similar undertakings. While comprehensive assessments of need were completed for residents, these did not include the staffing supports required by each individual. The inspector observed that residents spent prolonged unoccupied periods and while there were activities available, these were mainly centre based.

The inspector reviewed staff duty rosters and found that 'planned' and 'actual' rosters were not maintained as required. It was not always clear who the shift leader was in the absence of the person in charge and the clinical nurse manager. A review of three weeks of rosters was completed by the inspector and it demonstrated that continuity of care and support was not always maintained in the centre. The person in charge was aware of this and had formulated a plan to address this which was presented on the day of inspection. The inspector met with a number of staff and found that they were very knowledgeable of the needs of residents and were observed to interact in a very kind and respectful manner with residents they were supporting.

Staff training records were reviewed by the inspector and deficits were identified in the training or refresher training of six of seven mandatory courses. While there were arrangements in place for the informal supervision of staff members by the person in charge and clinical nurse manager, the inspector found that formal one-to-one supervision was not being completed with the staff team. There were team meetings taking place on an irregular basis in the centre and the person in charge outlined that these occurred on only four occasions in 2018.

A statement of purpose in place in the centre (dated February 2019) was reviewed by the inspector. The document was found not to contain two areas identified as being required by Schedule 1 of the regulations.

The inspector found that in the case of a number of incidents which had occurred in the centre, notifications had not been submitted to the Office of the Chief Inspector as required.

A review of policies and procedures maintained in the centre found that a number of policy documents had not been reviewed within the required three year period as outlined by the regulations.

The inspector met and spent time with the person in charge of the centre at the time of the inspection. The person in charge demonstrated they were very aware of the relevant legislation, regulations and national policy. They were very knowledgeable of the individual needs of residents living in the centre and demonstrated awareness of the areas which required improvement. The inspector found that due to the conflicting demands of the centre, including a responsibility to supplement the staff team on occasions, that there was a lack of protected time afforded to the person in charge to effectively manage the centre and to oversee the care and support being delivered. Oversight of the care and support being delivered required improvement. An annual review was found not to have been completed for 2017 and while there were two six monthly unannounced visits to the centre had been completed, the inspector found that such reviews failed to recognise some of the areas which required improvement. For example, the inspector found that three incidents which had occurred in the centre had not been reported to the Office of the Chief Inspector as required, however, the audit completed in January 2019 on behalf of the registered provider incorrectly stated that all notifications had been made.

Regulation 15: Staffing

The inspector was not assured that there were sufficient numbers of staff members employed in the centre to meet the needs of residents. Actual and planned staff duty rosters were not maintained. Residents did not receive continuity of care and support due to a high number of inconsistent agency staff supplementing the staff duty roster.

Judgment: Not compliant

Regulation 16: Training and staff development

There were a number of deficits identified in mandatory staff training. These were as follows:

- one staff member had not completed training or refresher training in manual handling
- 12 staff members had not completed training in children first
- one staff member had not completed training or refresher training in fire safety
- 13 staff members had not completed training in introduction to behaviours of concern and
- eight staff members had not completed training or refresher training in food safety.

Satisfactory arrangements were not in place for the supervision of staff members.

Judgment: Not compliant

Regulation 23: Governance and management

The inspector found that the centre was not adequately resourced to allow for its effective governance and management. An annual review of the quality and safety of care and support in the centre had not been completed for 2017. While six monthly unannounced visits to the centre had been completed by persons on behalf of the provider, these had failed in some instances to identify areas of non-compliance with the regulations.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose in place in the centre (dated February 2019) was found not to outline the following areas:

- details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision and
- the fire precautions and associated emergency procedures.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Three incidents involving protection and safeguarding of residents were not notified to the Office of the Chief Inspector as required.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The following policies were found not to have been reviewed by the registered provider at least once every three years:

- the prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse to statutory agencies
- admissions, including transfers, discharge and the temporary absence of residents
- communication with residents
- provision of information to residents
- the creation of, access to, retention of, maintenance of and destruction of records and
- risk management and emergency planning.

Judgment: Substantially compliant

Quality and safety

The inspector found that overall, residents were supported to live comfortable and pleasant lives in the centre. There were some shortcomings identified in the extent to which residents were supported to access the local community and engage in community based activities. Despite this, the inspector found that the regulations inspected against relating to *quality and safety* were either in compliance or substantial compliance.

A full walk through of the centre was completed by the inspector in the company of the person in charge. The centre had been renovated in 2016 and involved a full upgrade of all three buildings. The inspector found that the centre was decorated and maintained to a very high standard and was clean throughout.

A review of risk management found that a policy relating to risk management (dated March 2015) did not outline all required areas as per the regulations. There was a risk register in place in the centre and while many risks had been identified and assessed, the inspector noted that safeguarding and the risk of unexplained injuries or bruising had not been assessed. The inspector found that there were systems in place for reviewing all incidents and accidents which occurred in the centre. The review of the risk register did not, however, consider incident and accidents which had occurred.

The inspector reviewed the fire precautions measures in place in the centre and overall, found that the registered provider had taken satisfactory action in ensuring that residents, staff and visitor safety was considered. There was a fire detection and alarm system in place and emergency lighting was fitted to illuminate emergency exit routes. In addition, there were appropriate fire containment measures in place throughout the centre. Equipment was found to have been serviced on a regular basis and fire drills were completed in line with organisational policy. A number of personal emergency evacuation plans (PEEPs) were reviewed by the inspector and it was found that these were ambiguous in nature and did not outline the specific supports required by residents in the event of a fire or emergency.

A full review of incidents and accidents since the time of the last inspection was completed by the inspector. While there were a number of incidents of a safeguarding and protection nature identified which impacted on residents, the inspector was assured that appropriate follow up actions had been taken and that these incidents had been managed in line with national policy. Satisfactory systems were not in place for the effective oversight of safeguarding and protection concerns, however. There was no central register of log of such incidents maintained in the centre with corresponding records of follow up actions taken. In addition, the inspector found that the oversight of unexplained bruising and injuries of residents was not of a satisfactory standard. While there were strong procedures in place for the recording of bruises and injuries of residents, the inspector found that appropriate follow up as outlined in the centre's policy had not always taken place.

Regulation 17: Premises

The inspector found that the premises of the centre were designed and laid out to satisfactorily meet the needs of residents availing of its services.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy in place in the centre (dated March 2015) did not outline:

- the arrangements for the identification, recording, and investigation of, and learning from, serious incidents or adverse events involving residents and
- the arrangements in place to ensure that risk control measures are proportional to the risks identified and that any adverse impact such measures might have on residents' quality of life have been considered.

A number of risks which were present in the centre had not been identified and assessed. In addition, the inspector found that the review of the risk register did not involve the consideration of incidents and accidents which had occurred in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

PEEP documents in place did not clearly outline what specific supports were required by residents to safely evacuate the centre in the event of a fire or emergency.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that appropriate systems were not in place to ensure effective oversight of safeguarding and protection concerns. A central log or register of all safeguarding and protection concerns was not maintained and records relating to the follow up actions taken were not available in all cases. The management of unexplained bruising or injuries of residents was not in line with the organisation's safeguarding policy.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Cara Residential Service OSV-0003733

Inspection ID: MON-0021827

Date of inspection: 11/02/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The compliance plan response from the registered provider did not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the regulations.</p> <p>Service Manager had already discussed centre’s staff compliment with P.I.C and had agreed prior to inspection to meet H.R.Manager to review the compliment of staff within centre.</p> <p>Meeting took place on 13/3/2019 with H.R Manager and Services Manager and they agreed that centre’s staff compliment should increase by 1.5 S/N and 0.5 C/S This will ensure that there are two regular staff in each house on a daily basis.P.I.C awaiting confirmation of this change from H.R.Manager.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The compliance plan response from the registered provider did not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the regulations.</p>	

Training needs analysis completed for 2019. Staff identified for mandatory and unit specific training needs.
 Email sent on 7/3/2019 to link CNM3 and to training coordinator outlining same.
 The schedules for the mandatory training and development are available until June 2019.
 Awaiting autumn schedule.
 A template and schedule for Formal Supervision of staff has been devised and will be implemented with staff team.
 A schedule for Team Meetings with staff in the centre has been devised.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The compliance plan response from the registered provider did not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the regulations.

Annual Review by Quality and Risk Officer commenced on the 12th of March 2019.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The compliance plan response from the registered provider did not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the regulations.

Amendments to Statement of Purpose amended as per Inspectors recommendations and submitted for his attention on day of inspection.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

<p>The compliance plan response from the registered provider did not adequately assure the Office of the Chief Inspector that the actions will result in compliance with the regulations.</p> <p>The Service Social Worker has confirmed that the Centre is compliant with the National Safeguarding Policy. The Principal Social Worker is now seeking further clarification in relation to attempted incidents highlighted during inspection where no contact had been made.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All written policies and procedures mentioned in inspectors report are under review by Quality and Risk officer.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk Management Policy currently being reviewed by Service and as per email from Quality and Risk Officer 11/3/2019 ,the Policy is due to be reviewed 30/4/2019.</p> <p>Risk Register in the centre will be updated to identify, assess, and review all risks present, in particular, Safeguarding and Unexplained bruising of residents as identified during inspection.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All service user PEEP'S highlighted during inspection have been reviewed and clearly</p>	

outline specific supports required by residents to safely evacuate the centre in the event of fire/emergency.

CNS -behavior reviewed PEEP in place for one resident identified during inspection and action plan is in place to identify specific supports in event of fire/emergency.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

A Central log has been devised in the centre for all safeguarding and protection concerns. This will log all records relating to follow up actions taken.

Unexplained bruising of residents will be managed in line with the Service Safeguarding Policy as identified during inspection.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/06/2019
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2019
Regulation 15(4)	The person in charge shall ensure that there is a planned and	Substantially Compliant	Yellow	30/04/2019

	actual staff rota, showing staff on duty during the day and night and that it is properly maintained.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/12/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/12/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/12/2019

Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	31/12/2019
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	30/04/2019
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been	Substantially Compliant	Yellow	30/04/2019

	considered.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/04/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	12/02/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/02/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	12/02/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as	Substantially Compliant	Yellow	31/07/2019

	often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	12/02/2019