Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003938
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Breda Noonan
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	2

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:
18 November 2014 09:15	18 November 2014 19:00
19 November 2014 09:00	19 November 2014 15:30

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

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

Summary of findings from this inspection

This was the first inspection of the centre by the Authority. The inspector met the person in charge and the nominated provider on both days of inspection, and the designated senior clinical nurse manager (CNM3) at verbal feedback. The inspector met with staff and residents over both days of inspection, observed practice and reviewed and discussed with staff documentation including health and safety records, complaints records, policies and procedures, staff training records and residents records.

Residents and family members were invited by the Authority to provide feedback on

the service by voluntarily completing a questionnaire; seven completed questionnaires were returned to the Authority, four from family members and three from residents completed with the assistance of staff. The feedback received was consistently positive; two families articulated their desire to see the service opened on a full-time basis.

The inspector concluded that residents were cared for in a safe, comfortable, well maintained and homely environment. Staff were informed as to each resident's needs, strengths and abilities; were observed to be respectful, competent, kind and empathetic in their interactions and communications with each resident. Residents appeared happy and content and indicated same to the inspector.

However, when this inspection was undertaken the centre was operating on a part-time basis and the provider had also applied to have the centre registered for the provision of part-time residential services. Based on the inspection findings the inspector was not satisfied that this arrangement was suitable to meet the assessed needs of all of the residents some of whom required full-time residential services and consequently were accommodated in two different centres. This inevitably impacted on the level of regulatory compliance evidenced particularly in Outcome 1: Residents' rights, dignity and consultation; Outcome 4: Admission and contract for the provision of services; Outcome 5: Social Care Needs and Outcome 10: General Welfare and Development.

Of the eighteen outcomes inspected the provider was judged to be compliant in ten, in moderate non-compliance with four outcomes and in major non-compliance with four; outcomes four, five, ten and thirteen.

The nominated registered provider was agreeable to the registration of the centre to provide full-time residential care for a maximum of seven residents and said that this was in line with the providers own plan for the service.

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 observed staff to interact with residents in a respectful and empathetic manner. Staff consulted with residents and established their choices and preferences as to their daily routines such as meal choices, clothing preferences and medications. Residents were supported by staff to exercise decisions and choices made such as accessing their hairdresser of choice and purchasing their own choice of clothes. Records seen including the questionnaires returned to the Authority confirmed that the service was delivered in close consultation with family members.

The premises and the organisation of care promoted each resident's privacy and dignity. Each resident had their own personal bedroom and the inspector saw and records seen supported that staff, in consultation with each resident, had taken measures to personalise bedrooms. Staff were observed to discreetly attend to each resident's care requirements in an unobtrusive and respectful manner.

There were policies and procedures in place for the receipt and management of complaints. The complaints procedure was also presented in a meaningful and accessible format and was prominently displayed. A record of complaints was maintained and from it the inspector saw that action was taken by staff following any expression of dissatisfaction received, feedback was provided and complainant satisfaction with the outcome was established.

Religious observance was facilitated through the local community with staff and residents attending the local church or participating in religious services convened on special occasions in the community centre.

Staff spoken with said that in line with the nature of each resident's disability, information was provided to residents on exercising their civil and political rights, however no resident was registered to vote.

There was an advocacy steering committee available within the wider organisation; however staff confirmed that residents had not been made aware of or introduced to the service.

There were clear policies and procedures in place for the management of residents' finances and personal possessions. The inspector saw that good provision was made for residents to retain and store personal possessions and an active inventory of personal items was maintained by staff for each resident. The inspector observed staff to implement transparent and accountable systems and records for the management of residents' finances.

However, there was a lack of clarity on the arrangements in place, the measures taken and the supports provided to ensure that each resident had access to and retained control over their personal finances for their personal use and benefit.

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:
The inspector saw that staff implemented effective and supportive interventions that enabled residents to communicate their needs, choices and preferences. Given the needs of the residents there was a strong emphasis of non verbal cues and these were clearly recorded in each resident's communication plan of care and observed to be routinely implemented by staff in the daily routine of each resident. Where staff had supported residents to complete the pre-inspection questionnaires staff had outlined the cues demonstrated by the resident to indicate their response such as a "thumbs up" or a "nod" or the language used by the resident such as feeling "minded". A further record indicated that where staff wished to establish a resident's meal presentation preference, staff provided each available option until the resident indicated the preferred option.

Residents were seen to have access to their preferred media including televisions, radio,

CD's and newspapers.

Relevant documents such as person-centred plans, the complaints procedure and policies with a protective component were available in a format that was meaningful and accessible.

Residents had access to the local library and a literacy class was provided weekly.

The person in charge confirmed that no resident had a requirement for assistive technology but all had access as required to services such as speech and language therapy.

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:
Based on the inspection findings the inspector was satisfied that the service was delivered in close consultation with families and in a manner that facilitated residents to maintain relationships and integrate into their local community.

Where possible residents retained strong family links and returned home on a weekly basis. Transportation to and from the centre was primarily provided by family and staff and family members exchanged relevant information on the residents arrival and departure to ensure continuity of care. If transport was not available staff supported residents to return home.

There were no reported restrictions on visiting and a private area if required was available.

Families were invited to attend, generally did attend, participated and contributed to the annual review meeting of residents' personal plans.

The location of the centre and the manner in which services were provided ensured that residents were supported to maintain relationships and links with the wider community. On a daily basis residents and staff attended a day centre facilitated and staffed by the provider but delivered in the local community centre. This allowed for residents to meet

with the local community including at times family members and to participate in social events and celebrations. Staff were also seen to support residents to access local amenities including the local library, restaurants, shops and hairdressers.

Records seen indicated that staff supported residents in time of loss and bereavement including visits to the deceased place of rest and to family members.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
There were recently reviewed organisational policies and procedures on the admission, transfer and discharge of residents to and from the centre. The transparency and equity of decision making was facilitated by the operation of a multi-disciplinary admission, transfer and discharge committee.

The inspector saw that an explicit contact for the provision of services was in place for each resident signed by a representative of the registered provider and as appropriate the responsible family member. The contract set out the care and services to be provided and services that may be availed of but may incur a further cost. The contract did not however set out the precise fee to be charged for the services provided.

A further difficulty arose as the contract reflected the statement of purpose and the part-time nature of the service. This was not suitable to meeting the needs of all residents who now due to changed circumstances required full-time residential care. There was evidence that it would not meet the prospective needs of other residents as their needs and circumstances altered. The provider had put arrangements in place to meet residents' full-time needs but this required their accommodation in another centre from Thursday to Monday. As discussed in outcomes one, five and ten there was evidence to support that these arrangements were not adequately meeting all needs.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
Deficits were identified in the process of establishing, agreeing, implementing and reviewing personal goals for residents. Potentially a contributing factor to this deficit was the part-time nature of the service and the fact that the arrangements to meet the needs of two residents required their movement between two centres.

A specific tool was used to assess each resident's health, personal and social care needs, abilities and wishes. Overall, the information recorded was comprehensive, personal to the resident, clearly evidence based and was informed by multi-disciplinary input where required. Where needs, supports or risks were identified, other specific plans had been completed including health plans, risk assessments, behaviour intervention plans and intimate care plans.

An audit completed by the person in charge of the annual review of each resident's personal plan indicated that all had been reviewed annually and all but one had been reviewed with the participation of the resident, their family and the multi-disciplinary team. The inspector reviewed a sample of personal plan reviews and found this to be correct.

However the standard of record keeping for one resident and the review of the arrangements in place to meet the resident's needs were of concern to the inspector. Records seen stated that;
• the personal goals set for the resident in 2013 could not be found
• staff in one centre (the resident was cared for between two centres) had no input into the resident's work or activation programme
• there was no evidence of service user, family or multi-disciplinary involvement in the review
• the review was poorly presented and completed with the priority goal for the resident for 2013 recorded as "move"

This finding strongly co-relates to the failings identified in Outcome 10; General welfare and development.

It was difficult for the inspector to see how goals were always identified, how they reflected the assessment, integrated information from the personal plan review and the resident's needs, interests and preferences. In addition to the assessment and personal plan residents also had a further folder of "eight weekly goals" and at times there was little co-relation between all goal related records.

Goals were mainly functional or activity-based rather than outcome-focussed, making it difficult to see how goals contributed to the quality of life of the resident. It was clear that some goals were not met with no clear rationale provided.

Judgment:
Non Compliant - Major

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:
While non compliances were identified overall the inspector was satisfied that the design and layout of the premises was fit for purpose and met resident's individual and collective needs.

The premises appeared to be of sound construction, it was well maintained, homely in presentation and in very good decorative order.

The premises was located on a spacious site in a residential area and residents had access to an external patio area directly accessed from the main foyer.

The main entrance was universally accessible and internal circulation areas were spacious and safely accommodated residents with high physical needs.

Adequate communal space was provided and included the main communal area, a spacious foyer with seating and a smaller communal area that was also used utilised if privacy was required.

Bedrooms were not en-suite, but each was equipped with a wash-hand basin and a bathroom was available in both main bedroom wings. The size and layout of each

bathroom was suited to the needs of the residents. Residents normally had a choice of a bath or a shower but on the day of inspection the bath was not in working order. The provider and the person in charge both assured the inspector that a replacement bath had been obtained and would be installed as soon as possible.

There was a spacious kitchen equipped with suitable and sufficient cooking facilities and equipment.

Laundry facilities were provided and while the equipment was adequate for the number of residents accommodated the location was not appropriate and this is discussed in Outcome 7.

The equipment provided to residents was seen to be in good order and there were records available of the inspection and maintenance of equipment such as profiling beds and pressure relieving mattresses in September 2014.

Each resident was allocated their own personal bedroom with generous provision made for the storage of personal possessions; bedrooms were welcoming and personalised. The inspector noted and confirmed that the bedroom sizes submitted with the application for registration were not correct and that the rooms were of smaller size. With the person in charge, the inspector established that the size of the bedrooms was adequate to meet residents' needs including manual handling requirements. Bedrooms would not however accommodate all required equipment such as specialised seating and these were removed from rooms by staff when not in use. The layout of the rooms was not ideal as it did not allow for access by staff to both sides of the bed.

The inspector saw that general waste was collected by a local waste firm; the person in charge confirmed that no clinical waste was routinely generated but equipment such as a sharps container was available if required.

Designated storage space was neither suitable nor sufficient as it was on the first floor and not suited to all of the storage needs of the centre such as the equipment required by residents on a daily basis; there was no lift and no regulatory requirement for one.

The available dining space was not sufficient to meet the needs of the maximum number of residents that were to be accommodated based on the application for registration.

The deficits were discussed with the nominated provider in the context of the maximum number of residents to be accommodated; the nominated provider was agreeable to the maximum accommodation of seven residents.

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 was a current organisational health and safety statement in place that incorporated the procedure for identifying hazards, assessing risk and implementing the required controls. There was a comprehensive range of completed generic risk assessments and these included the risks as specified by regulation (26) (1) (c). In addition the person in charge had completed risk assessments specific to the centre and these were signed as read and understood by staff. The care provided to residents was seen to be supported by risk assessments and plans such as the use of restrictive practices, manual handling, nutritional or aspiration risk, and the risk of wound development.

Staff attendance at manual handling training as indicated by the training records seen was within mandatory timeframes. Staff had the required equipment and it was seen to be inspected and serviced at the required intervals most recently in June 2014.

The fire register was well maintained and from it the inspector saw that fire detection and fire fighting equipment was inspected and tested at the required prescribed intervals; fire fighting equipment in February 2014, the emergency lighting in July 2014 and the fire detection system in October 2014. In addition staff completed and recorded in-house inspections of fire safety precautions on a daily, weekly and monthly basis. Training records indicated that all staff had completed the required training in 2014 and practical simulated evacuations were convened on a monthly basis. Each resident was seen to have a personal emergency evacuation plan. The inspector saw that escape routes were clearly indicated and unobstructed. However, while there was significant evidence of good fire safety practice, improvements were required to fire evacuation procedures.

For residents with high dependency needs not all evacuation alternatives had been explored and there was no evidence of the provision for example of specific evacuation devices; staff confirmed that a bed evacuation was not possible.
The main assembly area was to the front of the building and 60% of the residents had high mobility needs. However, four main escape routes that may be used by staff in the event of an emergency to evacuate dependent residents had no hard surface pathway leading to the main assembly area. This was also seen to have been identified by staff on numerous occasions.

The inspector saw that actions to be taken in the event of fire and emergency contact

numbers were prominently displayed. However, there was no one clear plan setting out for staff the procedures to be followed locally in the event of an emergency including alternative arrangements for the accommodation of residents in the event of evacuation.

The centre was visibly clean, wash-hand basins were equipped with soap and disposable hand towels, hand sanitising gel was prominently displayed and staff had attended training on food safety, infection prevention and control, standard precautions and hand hygiene. However, some of the facilities provided were not consistent with the standards for the prevention and control of healthcare associated infections as published by the Authority or the centres own policies. The inspector saw that;
• laundry facilities were located adjacent to and directly accessed through the main kitchen/food preparation area
• the sluice room was directly accessed through one of the residents' bathrooms
• environmental hygiene equipment was stored in the sluice room

There were policies and procedures in place for the identification, recording, management and review of accidents and incidents. Records seen indicated that incidents were reviewed and actions to prevent a reoccurrence were identified. However based on records seen and staff spoken with the inspector saw that actions identified as necessary to reduce risk were not implemented in a sufficiently timely manner to reduce the risk of further accidents and injury.

Judgment:
Non Compliant - Moderate

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:
There were policies and procedures in place to safeguard residents including procedures for the prevention of and the management of any alleged, reported or suspected abuse; the positive and therapeutic support of behaviours that challenged, and the use if necessary of restrictive practices.

The person in charge confirmed that there had been no incident of reported, suspected

or alleged abuse in the centre. Training records indicated that all staff had attended protection training in 2014. There was a nominated designated person to deal with any required investigation. Some residents were reported by staff to have the capacity for self-awareness, understanding and skills necessary for protection and records seen indicated that staff had provided them with the knowledge required including the supports available to them. For other residents staff had an awareness of potential indicators of abuse such as behavioural changes.

Staff had received training on the management of behaviours that challenged and personal plans seen supported staffs' understanding of residents and the supports required by them to avoid triggering behaviours. For example the inspector saw clearly recorded interventions or situations to be avoided such as noise, instructions rather than requests, or hand-massage. The provider confirmed for the inspector that while the training provided to staff had a therapeutic focus the content had been modified to incorporate de-escalation and intervention techniques.

There were restrictive practices in place in the centre all of which were transparently recorded and implemented in line with national policy. For any restrictions in place, staff provided a clear evidence based rationale; the safety of the resident or others. Staff had a strong awareness of the restrictive nature of each practice, risk assessments had been completed, alternatives had been considered and there was evidence of discussion and agreement. All restrictive practices had been approved by the organisation's restrictive practice committee, were supported as necessary by further professional expertise such as occupational therapy and were clearly documented, monitored and reviewed.

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 reviewed the record of accidents and incidents that had occurred in the designated centre and was satisfied that notifications as required had been submitted to the Authority.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Having regard for the nature and extent of their disability and the high needs of the majority of the residents, arrangements were in place for them to have opportunities for new experiences, social participation and skills development. However, the inspector was not satisfied and there was evidence to support that arrangements were not in place to meet the assessed general welfare and development needs of all residents.

Residents had access to facilities for recreation and development on a daily basis in the organisations local day care service; activities included art, table top activities, literacy classes and membership of the local library. The location of the centre and the day service facilitated the residents' integration into the local community.

There was documentary evidence that when residents were in transition between services, an assessment was completed of ongoing education, training and employment attainments. The provider had a draft policy with respect to access to education, training and employment for residents, which included the creation of an individual training and education plan for each resident.

However, the inspector noted from records seen that the person in charge had, in 2011, requested a functional assessment for one resident given concerns that their current placement and day service was not meeting their needs. The assessment agreed with the rationale for referral and recommended that the resident be transferred to a day service more appropriate to their needs, with peers of a similar age and ability and access to a broader scope of activities. This was discussed with the provider nominee and the person in charge; there was no formal or informal information made available to the inspector to confirm that the recommendations of the assessment had been progressed. The inspector saw that the resident continued to attend the original day service. The resident's personal plan review for 2013 again recommended the resident's relocation and placement in one rather than two centres.

Judgment:
Non Compliant - Major

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:
There was evidence that residents' healthcare needs were met to a good standard. Residents were facilitated to have timely, ongoing access to their established and preferred General Practitioner (GP); this was observed by the inspector and also supported by records seen. As appropriate to individual requirements residents had access to other healthcare including speech and language therapy, the dietician, the clinical nurse specialist in nutrition (CNS), dental care, psychology, occupational therapy, social work and the acute hospital service. A record of referrals, reviews and recommendations were in place and the inspector saw that the required support and interventions were in place such as equipment and nutrition and swallow care plans. There was evidence of regular blood-profiling and the administration of seasonal influenza vaccination.

Given the complex needs of some residents nutritional care was provided in close collaboration with other healthcare services. Nursing staff monitored vital signs and body weight to evaluate ongoing well-being and the effectiveness of interventions. Indicators such as stable and increasing body weight supported the implementation of planned care. Residents received their main meal in the day care service and the person in charge confirmed that staff ensured that all prescribed interventions were continued and facilitated. In the centre the inspector observed staff to facilitate choice, flexibility and individual meal preferences and to provide residents with the required support in a discreet and respectful manner. The inspector saw a good range of fresh, frozen and dry foodstuffs in stock including products as recommended in the diet plans seen.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
Given the part-time nature of the service the inspector saw that measures were implemented by staff to ensure as far as was reasonably practicable safe medication management practice.

Practice was guided by recently reviewed policies and procedures; there was also a drugs and therapeutics committee available within the wider organisation. All nursing staff were seen to be recorded as having attended medication management training in 2013 and 2014. An unannounced medication management audit was recently undertaken and the pharmacist had oversight of each resident's prescribed medications. Each resident had a prescription and administration record both of which satisfied regulatory requirements and which staff were seen to take with them to the day care service to ensure that practice was safe and in line with regulatory body guidance.

Staff maintained detailed records of the receipt and return of medications and procedures were in place for the identification and management of any medication discrepancies or errors. There was medical authorisation for medications required in an altered format (crushed). No residents were independently managing their own medications but each was seen to have their own medication plan and staff were observed to explain to and involve the resident when administering medications.

Staff reported that no resident was in receipt of medication that required stricter controls. However, the inspector saw that a schedule three medication, temazepam, was in use and the applicable safe custody provisions were not in place.

Judgment:
Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose dated November 2014 contained most of the information required by Schedule 1 of the regulations; however, it required further review to be substantially compliant and to accurately describe the service that was and would be provided in the centre. The amendments required were as followed;
• a narrative or diagrammatic description of the centre was not attached and the room sizes of bedrooms as submitted with the application to register were not as found by the inspector
• greater clarity was required in relation to the acceptance of emergency admissions
• greater clarity was required as to the day services provided
• following the inspection and as discussed and agreed with the provider specific and revised detail was required as to the range of needs to be met, the number of residents to be accommodated, and the care and support to be provided; full-time residential care.

Judgment:
Non Compliant - Major

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:
There was a defined management structure in place and clarity in relation to each person's role, responsibilities and authority. The centre was managed on a daily basis by the person in charge. The person in charge worked full-time and was suitably qualified and experienced. The person in charge was a registered nurse in intellectual disability and demonstrated evidence of ongoing professional development relevant to her role including her participation in mandatory training and further education including medication management, end of life care, nutrition, basic life support, staff management, regulation and training for "fit persons". The person in charge had further areas of responsibility (four adult activation centres and the nursing service affiliated to the children's education centre) but confirmed that she was present in the centre daily.

The person in charge reported to the designated CNM3 and attended the monthly management meetings convened on the main campus.

There were procedures in place to monitor and improve upon as necessary the quality and safety of care and services provided to residents. The person in charge had completed a range of audits and further audits were completed by responsible persons within the wider organisation. Audit reports were available for inspection and included medication management audits, health and safety, fire safety, meals and mealtimes and staff verbal handovers at change of shift. The majority of reports seen indicated substantial compliance with the required standard.

As required by regulation (23)(2) the provider had put in place a formal system for carrying out a bi-annual unannounced visit of the designated centre for the purposes of establishing the quality and safety of care in the designated centre. The report of such a review undertaken in August 2014 was made available to the inspector. The inspector was satisfied that the review was comprehensive and meaningful; a plan was in place to address any identified deficits, there was evidence of follow-up of the required actions such as the replacement of the bath.

In addition key areas of care and service were overseen by committees as referred to in specific outcomes of this report including the drugs and therapeutic committee, health and safety committee and restrictive practices committee.

Within the wider organisation systems were in place to ensure that feedback from residents and relatives was formally sought and led to improvements. Family and service user satisfaction survey reports were produced in 2013 and publicly displayed on the organisations' website.

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 person in charge was aware of the notification requirements for absence of the person in charge and confirmed that there had been no absence of a duration that required notification to the Authority. The inspector was satisfied that appropriate arrangements were in place for the governance of the centre when the person in charge was not present. There was a staff nurse in the centre identified as the "contact person" on the staff rota and a nominated CNM3 from within the wider organisation.

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:
Based on her observations and discussions with staff including the person in charge and the nominated provider the inspector was satisfied that the centre was adequately resourced.

The premises was well maintained and comfortably heated; the appropriate equipment was provided to residents. Staff confirmed that the allocated budget was sufficient to meet the day-to-day running costs of the service.

The nominated provider assured the inspector that adequate resources were available to open the service on a full-time basis.

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:
Based on the number and needs of the residents accommodated when this inspection was undertaken, the inspector was satisfied that staffing levels and skill mix were appropriate.

A staff rota was maintained; the designated "contact person" was identified as were the hours worked by each employee.

Staff files were reviewed on a number of occasions in recent months and the Authority was satisfied that there was a robust recruitment system and audit procedure in place to ensure completeness of files as required in Schedule 2 of the Regulations; therefore staff files were not reviewed on this inspection.

Volunteers were not currently utilised but there were established policies and procedures within the organisation for their recruitment, vetting and ongoing supervision.

There was a planned programme of staff training and records seen indicated that staff were suitably qualified and were facilitated to maintain their knowledge and skills so as to meet the needs of the residents. Training records indicated that mandatory training was facilitated and within the prescribed timeframes and further education undertaken by staff included food hygiene and safety, infection prevention and control, hand hygiene, assessing nutritional needs, familiarisation with regulation and the Authority and basic life support interventions. In addition the care provided was well supported by guidance and instruction from the appropriate professional expertise.

The person in charge confirmed and records seen supported that there was an annual formal process of staff appraisal.

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:
All of the records required to facilitate the inspection were readily retrieved and made available to the inspector.

With the exception of one policy all of the policies required by Schedule 5 were in place. The Authority has previously addressed this non-compliance, the provider has taken action as requested and staff confirmed that draft two of the policy on "access to education, training, and development" was currently under consideration by staff.

The directory of residents was maintained and contained all of the required information.

The provider provided documentary confirmation that current adequate insurance was in place.

Procedures and records were in place for the management of incidents and notifications.

Residents' records including a record of finances and personal possessions were maintained.

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:

Mary Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003938
Date of Inspection:	18 November 2014
Date of response:	22 December 2014

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:
No resident was registered to vote.

Action Required:
Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise

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

his or her civil, political and legal rights.

Please state the actions you have taken or are planning to take:
The PIC in the centre is in the process of completing documentation with each individual service user to get the names on the register to vote. The PIC has linked with the local councillor to support this process.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff confirmed that residents had not been made aware of or introduced to the advocacy service.

Action Required:
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

Please state the actions you have taken or are planning to take:
All service users will be included in a meeting in the centre, chaired by the PIC and attended also by staff. The purpose of this meeting will be to outline the principles of Advocacy, explaining to all service users how they access an independent advocate if they require same.
The easy to read documents in the centre, will again be explained to each service user, these documents are in an accessible place to all service users. The centre will be invited to join the service advocacy committee.

Proposed Timescale: 31/12/2014

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of clarity on the arrangements in place, the measures taken and the supports provided to ensure that each resident had access to and retained control over their personal finances for their personal use and benefit.

Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
Each resident since inspection has now full access to their own finances.

Proposed Timescale: 24/11/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The part-time nature of the contract and of the service provided was not suitable to meeting the needs of all residents who now due to changed circumstances required full-time residential care.

The contract did not however set out the precise fee to be charged for the services provided.

Action Required:
Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

Please state the actions you have taken or are planning to take:
The organisation is progressing plans to open the centre on a full time residential placement. Staffing resources will be redirected from existing staffing when two further residents transfer to the centre. A successful applicant is also currently being processed, and a business case is with the HSE for approval of further staffing for the centre. This will all when in place ensure opening of the centre on a full time basis.

Proposed Timescale: 30/04/2015

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:
The standard of record keeping for one resident and the review of the arrangements in place to meet the resident's needs were of concern to the inspector. There was no evidence of service user, family or multi-disciplinary involvement in the review

Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
All future PCPs and MDT meetings will have the service users, their family and all team members involved participating in same. There will be a clear written minutes of all meetings, with attendees named in the minutes.

Proposed Timescale: 30/12/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was difficult for to see how goals were always identified, how they reflected the assessment, integrated information from the personal plan review and the resident's needs, interests and preferences. Goals were mainly functional or activity-based rather than outcome-focussed, making it difficult to see how goals contributed to the quality of life of the resident.

Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
All goals and recommendations for each individual will be reviewed, and will be quality of life based as opposed to a rights based goal. Where there are changes required, or where a goal cannot be achieved, that goal will be reviewed and broken down into smaller steps to facilitate its achievement. A goal may also be reviewed if a service user indicates that the particular goal is no longer a wish for them, this will also be reflected in writing in the plan. All goals will have named staff to support the service users in achieving their goals, and time scales with set review dates will be clearly indicated in the plan.

Proposed Timescale: 28/02/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was clear that some goals were not met, with no clear rationale provided.

Action Required:
Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

Please state the actions you have taken or are planning to take:
Where there are changes required, or where a goal cannot be achieved, that goal will be reviewed and broken down into smaller steps to facilitate its achievement. A goal may also be reviewed if a service user indicates that the particular goal is no longer a wish for them, this will also be reflected in writing in the plan. All goals will have named staff to support the service users in achieving their goals, and time scales with set review dates will be clearly indicated in the plan.

Proposed Timescale: 28/02/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Bedrooms would not accommodate all required equipment such as specialised seating and these were removed from rooms by staff when not in use. Designated storage space was neither suitable nor sufficient as it was on the first floor and not suited to all of the storage needs of the centre such as the equipment required by residents on a daily basis;

The available dining space was not sufficient to meet the needs of the maximum number of residents that were to be accommodated based on the application for registration.

Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
There is a storage room on the ground floor; this is indicated on the floor plan.
The Director of Logistics has reviewed the dining room, and is satisfied that the room is of appropriate size to accommodate seven service users at one sitting. He has assessed this based on two service users that are ambulant and five service users who require wheelchairs. The table in the dining room will be changed to a round top table to allow easier access to and from the table for service users.

Proposed Timescale: 30/01/2015

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:
Actions identified as necessary to reduce risk were not implemented in a sufficiently timely manner to reduce the risk of further accidents and injury.

Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
The PIC will ensure the efficient implementation of DOCS Risk Management Policy DOCS052 section 6.0 whereby it states that risks are analysed, evaluated, treated, monitored and reviewed and section 8 whereby it states that individual risk

assessments are in place for each service user including those listed in the DOH regulations and that the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents are in place.

Proposed Timescale: 30/11/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no one clear plan setting out for staff the procedures to be followed locally in the event of an emergency including alternative arrangements for the accommodation of residents in the event of evacuation.

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:
Risk assessments are in place, there are review dates set. The weekly walk around checks have also commenced to identify any possible new risks in the centre, and are acted upon, with the support of the health and safety committee and the quality and risk officer where required. In the event of an emergency requiring evacuation, alternate accommodation will be provided by the nominee provider for the residents of the centre.

Proposed Timescale: 30/11/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
• laundry facilities were located adjacent to and directly accessed through the main kitchen/food preparation area
• the sluice room was directly accessed through one of the residents bathrooms
• environmental hygiene equipment was stored in the sluice room

Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
The laundry services will be accessed through the back door of the utility. The laundry will not be brought through the kitchen or living area.The sluice is not in use, the sluice will be removed from the room, and the room will then be used solely as a store for

cleaning equipment.

Proposed Timescale: 30/01/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
For residents with high dependency needs not all evacuation alternatives had been explored and there was no evidence of the provision for example of specific evacuation devices.

Four main escape routes that may be used by staff in the event of an emergency to evacuate dependent residents had no hard surface pathway leading to the main assembly area.

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

Please state the actions you have taken or are planning to take:
The Director of Logistics who has masters in fire engineering will advice on safe evacuation aids for dependant service users. In the event of an emergency requiring evacuation, alternate accommodation will be provided by the nominee provider for the residents of the centre. Regarding hard surface areas leading from escape routes to main fire assembly areas, the Director of Logistics has reviewed the exit points, and a footpath hard surface will be developed around the house, allowing access from all exit doors to the fire assembly point. The time frame will be weather dependant for machinery access etc to the site.

Proposed Timescale: 28/02/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence available to support that an assessment which recommended that the resident be transferred to a day service more appropriate to their needs had been progressed.

Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
There have been referrals sent to the multi disciplinary team members by the PIC for one service user where this was highlighted, to arrange a review meeting of the service users day service needs. This meeting is scheduled 28/01/2015.If changes to the day

service location or to the programme are recommended, these recommendations will be implemented and written record of all meetings and recommendation s will be maintained.

Proposed Timescale: 31/03/2015

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 schedule three medication, temazepam, was in use and the applicable safe custody provisions were not in place.

Action Required:
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
Medication management training has been completed by all staff nurses in the centre. The nurse prescribers will revise the audit tool and training package to include all schedule three medications used in the centre. Schedule three medications are now stored appropriately in the designate centre.

Proposed Timescale: 19/11/2014

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 required further review to be substantially compliant and to accurately describe the service that was and would be provided in the centre.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
Please state the actions you have taken or are planning to take:
Statement of purpose has been revised and amended to include information set out in schedule 1.

Proposed Timescale: 18/12/2014