

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	ORG-0003193
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd.
<b>Provider Nominee:</b>	Mary O'Toole
<b>Person in charge:</b>	Eilis Madden
<b>Lead inspector:</b>	Michael Keating
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	17
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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:
04 June 2014 09:30	04 June 2014 18:30
05 June 2014 09:30	05 June 2014 14:30

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

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

**Summary of findings from this inspection**

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

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The nominated person on behalf of the

provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

Five relatives' questionnaires were received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, relatives were very complimentary on the manner in which staff delivered care to their relative commenting on how co-operative staff were with families and how communication with family was constantly maintained.

Overall, while evidence of good practice was found across all outcomes, areas of non compliance with the regulations were identified. These included the areas of suitability of the premises, fire evacuation practices, training needs of staff, health care planning and adequate staffing levels. However, from the 18 outcomes assessed, 11 outcomes were deemed to be fully compliant with the Regulations. The outcomes deemed to be fully compliant included medication management, governance and management, record and documentation, use of resources, residents' rights and dignity and social care needs.

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

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

**Judgement:**

Non Compliant - Moderate

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

**Findings:**

This outcome was not reviewed during the last monitoring inspection. The inspector found that residents' rights and dignity were supported by the provider and staff. However, improvements were required in the protection of residents' finances.

In general, there was a commitment by the provider, person in charge and staff to promoting the rights of residents. The person in charge and staff members informed the inspector about recent efforts to inform residents about their rights. Workshops had been provided to inform residents in areas such as the 'Right to be Fit and Healthy', 'HIQA Standards' and 'Keeping You Safe'. These included the use of Power Point slides and pictures to assist the transfer of learning. Individual care plans also documented individual sessions that had taken place to provide additional assistance to individuals.

Residents were consulted on the running of the centre. There were regular house meetings where residents were supported by staff to make decisions. Residents were also involved in the development of their support plans and their level of involvement was documented within each support plan. Residents were consulted with and encouraged to make choices in relation to when to get up or go to bed, choosing food from the menu and in their choice of daily activity.

Staff were observed interacting with residents in a respectful manner, consulting with them and encouraging them in a sensitive and polite manner.

Residents had limited or no verbal communication. Therefore, residents' relied heavily

upon a continuity of care from staff who knew and understood them. There was a key worker system in operation and all key workers had worked with each resident for a number of years. Staff knowledge and continuity provided a key role in the development of personal goals and preferences in relation to community involvement and daily activity. During the inspection residents were supported to attend the cinema, go for walks and to do various activities within the activation programme provided in a separate building within the grounds of the centre. In addition, two ladies went for an overnight stay in a Hotel. Residents' activities were recorded in each care plan, reflecting individual preferences identified.

The provider had developed a policy to provide guidance to staff on the care of residents' property and finances as required by the regulations. While the provider and person in charge had put guidelines in place to protect the property and finances of the residents, these were not sufficient to ensure residents' finances were adequately protected and that there was transparency in relation to the use of residents' monies. The person in charge informed the inspector that residents paid a weekly amount described as 'long-stay' charges from their disability allowance to the everyday costs of running the service. The amount charged was not stated within the residents' contract for services. In addition, there was no reference to the additional charges imposed on residents to cover staff supports for activities such as meals out, cinema trips and holiday breaks. Residents or their representatives were not clearly informed of this practice.

Records were maintained of how residents were using the balance of their disability allowance each week. All transactions were signed by staff and countersigned at a later date by the person in charge.

Care plans included a list of all personal items owned by residents. Residents' rooms were personalised, and residents kept their personal possessions in their rooms. The centre comprised a mixture of single and twin bedrooms. The centre had previously had multi-occupancy rooms however, the person in charge had reduced the numbers sharing rooms in the past year to promote the privacy and dignity of residents.

The centre had a complaints policy as well as a complaints log. However, no complaints had been logged. Staff said they would record any formal complaints and were aware of the procedure for doing so, but no residents or relatives had ever complained.

There was an independent advocacy service available as identified in the complaints procedure. This procedure was also available in pictorial and easy to read formats. The person in charge recognised that residents and families required support in recognising that feedback plays a valuable role in the assessment of the service. Efforts to encourage this were underway, with advocacy meeting happening in the house, these meetings focused on simple elements such as 'what makes you happy?' to help inform residents.

**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

**Judgement:**

Compliant

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

This outcome was not reviewed during the last monitoring inspection. Generally, the inspector found that the person in charge and staff had responded very effectively to the communication support needs of residents. Relevant information was available throughout the centre in accessible formats. For example, activity choice boards were used to assist residents' decision making, 'what's wrong' boards were used to try to establish the cause of distress or discomfort for residents with non-verbal communication and photographs of meals were used to assist decision making in the choice of food to eat.

All residents had a personal support plan. In addition to the main written document, each resident also had their own version of the support plan which set out the main aspects in an accessible format using plain language with pictures and photographs. Some residents had a large poster depicting their personal plan on their bedroom wall.

Residents had access to a telephone. A number of residents had televisions in their rooms and there were televisions for residents' use in sitting rooms.

**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

**Judgement:**

Non Compliant - Minor

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

This outcome was not inspected against during the last monitoring inspection. While the

inspector did not have an opportunity to meet with family members during this inspection, there was evidence of active family engagement. Family visits and contacts were recorded within individual files. Reflective of the age profile of the residents, and the length of time they have been living in care, individuals had varied levels of family contacts. While residents were accessing the community to varying degrees, personal plans reflected a need for additional community access and many centralised practices in the centre serve to discourage community access.

Efforts were made to assess the frequency of community participation for residents. However, many personal care plans reviewed spoke about a need or desire to access more community facilities more frequently, such as swimming, dining out, going out for coffee, accessing shopping centres and going to the local church. For some individuals these relatively basic opportunities were only provided 2/3 times per month and the plans stated they were enjoyed greatly by the resident concerned. Centralised practices exist in the centre where community facilities were provided in the centre, such as the provision of General Practitioner (GP) services, celebrating mass, hairdressing and food delivery. These were all services freely available within the community, facilities which encourage community access and integration.

Families were encouraged to visit at any time without restriction, and were consulted with in relation to personal support planning and any health care issue. Relatives questionnaires provided to the Authority singled out the level of contact from staff for particular praise. Efforts were made to maintain, develop and enhance family contact and participation. For example, events such as Christmas and Easter were family celebrations within the centre and the summer barbecue is an annual highlight where families, neighbours and friends attended.

Again reflective of the age profile of residents and subsequently their families, residents had also been supported to meet family in designated places closer to the homes of family members such as coffee shops or in family members homes. Efforts were also being made to trace any possible family for one resident living within the service since early childhood.

#### **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

**Judgement:**

Non Compliant - Minor

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



**Findings:**

This outcome was not inspected against during the last monitoring inspection. While there was an organisational admissions policy available, this centre is no longer open to new admissions. All of the residents have been living in the centre since 1988. There was a plan in place to close the centre within the next two to three years, and residents' and relatives had been met with recently to inform them of this plan. This plan includes the provision of smaller community based houses to meet the needs of residents.

The residents all have a 'contract for residential services' as required in the Regulations. This agreement sets out the services provided, however, it did not provide adequate information in relation to the weekly charges and additional costs to residents.

**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

**Judgement:**

Compliant

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

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

**Findings:**

In general the inspector found that residents were involved in the development of their plans and that staff were providing a good quality of social supports to residents. Personal plans reviewed identified goals for each resident which were outcome based rather than solely activity based. The person in charge had also completed an audit of the care planning process following their last inspection and had implemented significant changes to the care planning process which had been in operation, including the standardisation of all care plans and increased involvement of the residents.

Each resident had a personal plan and the inspector reviewed five of these plans. The inspector reviewed three of these plans with the assigned key worker and found that the plans were based on the individual support needs of the resident and there was a regular review and participation of residents in the development of their plans. Each resident was provided with an accessible version of the plan.

The personal plans contained important information about the residents' backgrounds, including family members and other important people in their lives. They also contained

information about residents' interests. Individual risk assessments were being used to ensure that residents could participate in activities with appropriate levels of risk management in place. For example, one resident with significant support needs was being supported to complete meaningful tasks associated with everyday living such as filling the dishwasher, carrying laundry and emptying bins. Her plan involved step by step systematic instruction in order to complete these tasks and these skills were being developed over years, pictures were provided within her plan of her actually carrying out these tasks and these were also used to encourage her to complete them.

### **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

**Judgement:**

Non Compliant - Moderate

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

**Findings:**

This outcome was not inspected against during the last monitoring inspection. The inspector found that the centre was warm with bedrooms personalised reflecting the style and interests of residents. However, the premises were in need of renovation in some areas, particularly in relation to meeting the health and safety needs of residents.

The premises is a three story building with bedrooms provided on the first and second floors. Sleeping accommodation is provided in single or twin rooms. Adequate communal space was provided on the ground floor along with a visitor's room, central kitchen and administration offices. There were day rooms and sitting rooms provided on the first and second floors also. Services were provided on a 24/7 basis within the centre, so day rooms were necessary to provide residents with opportunities to relax, or participate in activities. In addition an 'activation' room was provided on the grounds of the premises to provide some separation of day services to residents.

There was sufficient storage in residents' bedrooms for their clothes and other personal belongings. There was also sufficient storage in the centre for other general items.

During the inspection the inspector identified a number of environment risks in the centre as follows

- while there were adequate bathrooms and toilet facilities available for residents use these bathrooms were in need of renovation as damaged flooring and tiling was on display and posed a health and safety risk

- the main entrance has a step leading into a porch and during a recent fire drill, one resident had fallen on this step and injured herself
- recent fire drills and mobility assessments had identified that the three flights of narrow stairway were becoming increasingly problematic for the residents. For example, one resident now requires two staff members to assist her on the stairs, while there is a lift in place this cannot be used for emergency situations.

These issues were discussed with the person in charge during the inspection. She informed the inspector that there was a plan in place to renovate four bathrooms, and replace the porch and stepped entrance. Before completing the inspection, the inspector was provided with written confirmation from the head of maintenance that these works would commence in August 2014 and be completed by October 2014.

As part of the providers and person in charge's review of the health and safety audits it had been determined that a longer term solution would need to include the closing of the premises and re-homing of all residents within three years.

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

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

**Theme:**

Effective Services

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

While there were arrangements and an emergency planning procedure in place to manage risk non-compliances were identified in relation to fire evacuation procedures and infection control procedures.

The inspector read the centre specific risk and health and safety statement recently updated by the provider, which met all of the requirements of the regulations. Risk assessments of the environment and work practices had been undertaken in the centre and had been reviewed by the organisation's health and safety committee. The deputising person in charge was responsible for health and safety monitoring in the centre and reviewed all accident and incident report forms with a view to ongoing improvement and mitigation of risk. A quarterly notification outlining injury to a resident that had been provided to the Authority covering the first quarter of this calendar year identified a high and increased number of reported bruising to residents which were classified as 'cause unknown'. The inspector raised this with the person in charge as well as the deputising person in charge, they informed the inspector that this had already been raised with the provider and CEO of the organisation and that increased efforts to

mitigate the risk of harm, self-injurious or otherwise included an increase in staffing levels to occur from the 9th June 2014. An extra staff member had been recruited to provide additional supervision and support to residents during the day time.

Individual risk assessments had been carried out for all residents to ensure that any risks were identified and proportionality managed. There was evidence that they were regularly being updated by staff following ongoing review. Staff took a proactive role in the management of risk in the centre.

Accidents incidents and near misses were being recorded in detail and a copy of these reports were submitted to and reviewed by the organisations health and safety committee on a quarterly basis. Incidents were being discussed at regular health and safety committee meetings with a view to learning from them and reducing the risk of recurrence. The inspector reviewed audits and minutes of meetings that actions had been taken as a result of the learning. For example, the organisations safety and quality manager had reviewed medication error reporting procedures and implemented a change in this practice.

A certificate of compliance relating to fire safety and building control was submitted to the Authority as part of the registration process. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. A general fire evacuation plan identifying an adequate number of exits was posted in prominent positions throughout the centre. There were monthly fire drills and staff and residents participated. Staff were able to tell the inspector what they would do if the alarm went off. All staff had been provided with fire safety training in recent months. The records of the fire drills were detailed and included learning outcomes. However, the personal evacuation plans of residents did not reflect all recent outcomes reflected in recent evacuation reports, such as the need for two staff to assist one individual resident. In addition, the centres' evacuation plan did not provide adequate information for staff on how to evacuate the premises effectively reflecting the reduction in staff numbers at night time with the added challenge of evacuating all residents' from bed, in the case of an emergency. All residents required a level of support to evacuate the premises as evidence within their personal evacuation plans. For example a number of residents required coaxing and encouragement to leave and another resident who is deaf could not hear a fire alarm. Therefore, the evacuation plan did not adequately consider the diverse needs of residents.

There was a policy on and control measures in place to manage any outbreak of infection. Household staff were employed and the premises was clean. However, wear and tear in bathroom areas as highlighted under the outcome of safe and suitable premises including cracked and chipped tiles and tears in flooring material meant that these bathrooms could not be properly cleaned and sanitised, this has been actioned under Outcome 6.

### **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

**Judgement:**

Non Compliant - Major

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

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

**Findings:**

Generally, there were arrangements in place to safeguard residents and protect them from abuse. The policy on the protection of vulnerable adults had been recently updated. However, training had not been provided to staff in a number of years. The training records provided indicated that some staff had not received safeguarding training in excess of ten years. In addition, the inspector was concerned about a lack of knowledge from some of the staff members spoken with in relation to how they would respond to any suspicions of abuse.

Actions identified within the previous inspection report highlighted a need to review the restrictive procedures operating within the centre. This review while ongoing, had provided a significant reduction in the numbers of restrictive practices and procedures in operation. For example the use of CCTV had reduced dramatically from operating on a 24/7 basis, to being used for a total of one hour and fifteen minutes over a period of two months. This was done by reviewing the behavioural support plan in place and only using the camera when an individual resident was in a crisis situation. In addition all locks have been removed from internal doors leading to free access throughout the centre for all residents. Other restrictive practices were under constant review and residents were supported with the input of a behavioural support specialist who provided support and reviewed support plans on a weekly basis. The inspector met with this specialist during the inspection and was informed about the practices of referring restrictive practices still operating to the organisations ethics committee which includes external members. In addition the behavioural specialist in consultation with the person in charge completed a quarterly update plan on restrictive procedures to assess the impact of the restriction with a view to removing it completely. The frequency of individual behaviours such as aggressive behaviour and episodes of distress were also closely monitored and reviewed. The quarterly reports read by the inspector demonstrated clear reductions in aggressive behaviours in percentages which clearly provided reassurance to all staff and families of residents.

Training had been provided to all staff in relevant areas such as manual handling and TMAV (Therapeutic Management of Aggression and Violence). Evidence was provided within the previous outcome relating to incidents of peer to peer and/or self-injurious behaviours leading to bruising identified on a number of residents. Incident report forms

were completed in all incidents. These forms were reviewed by the organisations safety and quality officer as well as the person in charge, deputy person in charge and the provider. In addition all incident report forms were reviewed by the organisation Health and Safety committee who met on a quarterly basis and included the persons referred to above. As referred to previously, this review process identified a need to provide an additional staff member during the day to provide additional supervisory support to residents.

Residents were provided with comprehensive intimate care support plans which provided comprehensive assessment of need as well as clear supports required in order to provide intimate care as independently as possible. These intimate care plans also considered the residents capacity in relation to developing knowledge, self-awareness, understanding and skills needed for self care and protection.

### **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

**Judgement:**

Compliant

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

**Findings:**

This outcome was not inspected during the last monitoring inspection. The staff were maintaining detailed records of all accidents and incidents in the centre. These were reviewed by the person in charge, the quality and safety manager and the provider.

All incidents that required notification to the Authority as required by the Regulations had been provided. This included the submission of quarterly returns.

### **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

**Judgement:**

Compliant

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

This outcome was not inspected against during the last monitoring inspection. The inspector found that residents' general welfare and development was being facilitated.

There was a separate building provided on the grounds of the centre which provided group programmes and activities as well as individual training supports to residents Monday to Friday. A full-time member of nursing staff was assigned to this activation unit. Individuals support plans were reviewed by the inspector in relation to the supports that were provided to the residents in this regard. A list of all activities residents participated in was provided within their personal plan. The Nurse in charge of this activation unit was very knowledgeable on the needs of residents and maintained good records of the specific supports which had been provided to each resident.

Cognisant of the age profile and ability levels of residents education, training and employment was not assessed as a need for residents. Personal support plans focused more on skill maintenance and development of the residents and this was deemed to be adequate by the inspector. As stated previously the person in charge and staff had begun a programme of information workshops, which were providing valuable support to residents to try and keep them up to date in important areas such as HIQA standards and inspection processes, Individuals rights and Safety.

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were supported to access health care services relevant to their needs. The inspector reviewed the personal health plans and medical records for five residents and found that they had access to a General Practitioner (GP) who visited the centre on a weekly visit as well as being able to access his community based services as required. An out of hours service was also available should it be required. However, for some residents whose files were reviewed specific health care issues such as dementia care had not been adequately assessed with limited records of specific support requirements. In addition, in relation to one resident who the inspector



was told had rapidly progressing dementia, her care plan was not reflecting this deterioration with no actual diagnosis establishing a baseline or recording of medical history.

Residents were provided with access to allied health professionals including dentist, dietician, speech and language supports, chiropody and as well as an optician. All personal health care plans recorded support needs in these (and other) areas and provided the dates and details of their most recent visits. However, audiology supports were not identified for most residents and in one residents plan it stated her last hearing test had taken place in 2002. All residents also had a health communication passport providing a concise summary of relevant support needs and medication requirements, meant to support any resident upon admission to an acute hospital.

Chefs were employed to meet the dietary requirements of all residents, who operate a centralised kitchen. The inspector interviewed one chef on duty who had a comprehensive knowledge of all residents' specific requirements and their likes and dislikes. Specific diets catered for included low cholesterol diets, soft and pureed diets as well as one resident who required a Phenylketonuria (PKU) diet, a strict diet which limits phenylalanine, a common part of most food. The chefs' knowledge in these areas was significant. For example, he spoke about the restrictive nature of the PKU diet which requires the careful monitoring of food intake and the efforts made to provide choices in this regard such as specialist rice, pastas and sauces to accompany this resident's food.

Weekly menus were provided and there was always a choice of main courses. The chef on duty used photographs of meal options to try to assist residents' decision making choices. There was ample supplies of fresh, dry and frozen food on the premises and Hazard Analysis & Critical Control Point (HACCP) guidelines were followed within the centre.

## **Outcome 12. Medication Management**

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

### **Theme:**

Health and Development

### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

### **Findings:**

The inspector found that the provider and person in charge had put arrangements in place to protect residents in relation to medication management. The provider had developed a detailed and informative policy on the management of medication. All staff who administer medication were registered nurses who must follow An Board Altranais



safe medication practices.

A system was in place for reviewing and monitoring safe medication management practices. The last inspection by the Authority in February 2014 identified that there were four recorded drug errors in 2013. This was interpreted by the person in charge and the organisation safety and quality officer as a possible indication of under-reporting. Therefore an audit of drug errors was carried out which established that an additional ten administrative errors had gone unreported and actions had been taken to address this. Staff were met with and reminded of the policy in relation to drug errors and informed that all administrative errors must be recorded and reported in the same way as any other type of drug error. Monthly audits were also carried out by the person in charge to ensure all medication had been administered as required and that the correct amounts of medication were in stock.

All residents had a capacity review test completed annually within their care plans to assess their ability and level of involvement in the administration of their medication. All residents were assessed as requiring a high level of support and this review provided valuable information for staff on how residents preferred method of taking medication and the personal support and encouragement required.

### **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

#### **Judgement:**

Compliant

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

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

#### **Findings:**

The statement of purpose contained all of the information required by the Regulations, and accurately described the service provided in the centre.

The statement of purpose was on display in the centre, and had been provided to residents and their families.

### **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

**Judgement:**

Compliant

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

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

**Findings:**

The provider, person in charge and others persons participating in management had undertaken a number of audits and reviews of the safety and quality of the service. There was a regular review of risk management arrangements and incidents and accidents. The inspector read a number of audits recently undertaken including a report on the safety and quality of care and support provided in the centre and noted there was a clear plan in place to address any concerns regarding the care and support identified. This included the review of medication error reporting practices and an audit of the care planning process in operation.

Staffing levels had also recently been reviewed with a view to increasing supports to residents, and reducing the numbers of un-witnessed accidents or injuries to residents. An additional staff member was due to commence employment in the week following the inspection.

The provider has established a clear management structure, and the roles of all managers and staff were clearly set out and understood. The structures included supports for the person in charge to assist her to deliver a good quality service. These supports included regular meetings with the chief executive officer and the nominated provider as well as a safety and quality manager, nurse manager and human resources manager.

The inspector found that the person in charge as well as the deputising person in charge had sufficient experience in supervision and management of the delivery of a designated centre of this type and size. Furthermore, throughout the inspection the person in charge was knowledgeable about the requirements of the Regulations and Standards and had clear knowledge about the support needs and personal plans of each resident. The inspector also found that the person in charge was involved in the governance and operational management of the centre with regular meeting with the nominated provider and the chief executive officer. She was suitably qualified and committed to continued professional development having completed a course in supervisory management in the past year.

**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

**Judgement:**

Compliant

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

This outcome was not inspected against during the last monitoring inspection. The inspector found that satisfactory arrangements were in place though the availability of another experienced staff member to cover any absences of the person in charge. There was a deputising arrangement in place and when neither person in charge was on duty a staff nurse was identified on the roster as being the lead on that shift.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her prolonged absence.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that sufficient resources were provided to meet the needs of residents. As detailed previously a staffing review had identified the need to recruit an additional staff member to meet the assessed needs of all residents. The person in charge used staffing resources flexibly to meet the support needs of residents. In addition the person in charge had also completed a risk assessment to consider if the staffing resources were meeting the expectation of residents from the perspective of

their families.

On the days of inspection resources had also been deployed to support residents on an overnight breakaway in a Hotel. This was a feature of many care plans and residents had been supported on a number of holidays throughout the country in recent months.

A seven seated vehicle was provided to support the needs of residents in relation to travel and use of the community.

### **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

#### **Judgement:**

Non Compliant - Moderate

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

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

#### **Findings:**

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. There was a planned and actual staff roster

Four staff files were reviewed and contained all of the documentation as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

Training records were held which outlined the planned and actual training for all staff. Actual training provided in 2014 included fire safety and manual handling. The inspector identified areas of training that were required more urgently than planned for within the training needs analysis. From talking to some staff members there was a need for updated and revised training in relation to safeguarding and protection of vulnerable adults.

The lay out and use of the centre during the day meant that residents were supported in daily living activity on two floors, namely the ground and second floors. The assessed staffing requirement for the second floor was two staff, who provided support to six residents usually. These residents' had significant, varied and complex support requirements. The inspector visited this floor accompanied by the person in charge when there was only one staff member on duty. A number of residents were quite

stressed at this time and required support, the staff member on duty was unable to provide the level of support required. This was occurring during the time of staff lunch breaks. Each staff member was provided a 45 minute break, which meant that for this group of residents' there was only one staff member on duty for a period of 1.5 hours. This was judged to be insufficient to meet the assessed needs of these residents. While there was a system in place where the staff member could seek support through the use of a 'walkie-talkie' support needs were observed to escalate rapidly.

There was a planned and actual staff roster available, and there were supervision arrangements in place such as regular staff meetings and meetings between the person in charge and provider.

### **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

**Judgement:**

Compliant

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

**Findings:**

This outcome was not considered within the previous monitoring inspection. The provider had completed a recent audit and review of all policies and procedures across the broader organisation, and had just recently re-issued revised versions of a number of policies including safeguarding of vulnerable adults and the provision of intimate care. Many changes within the centre since the last inspection such as intimate care planning and the reporting procedures relating to abuse were now reflected within these policies. All of the policies and procedures as requested by Schedule 5 of the Regulations had been developed.

The residents were also provided with a residents' guide, and efforts had been made to provide this in an accessible format, with a formal launch of the guide and Power Point overview of the guide, using pictures to help inform the residents. The provider had also developed a directory of residents with all of the information as required within the Regulations.

The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover in the centre.

Records were been maintained in a secure and safe manner. Staff records were stored within the organisations head office which were provided to the inspector by a member of human resource staff who brought the requested files to the centre, and ensured they were kept safe and returned to head office. Residents' records were kept in a locked press in the staff office in the centre. All records reviewed were accurate and up to date. Records were made available to the inspector as required during the inspection.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

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

Michael Keating  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
<b>Centre ID:</b>	ORG-0003193
<b>Date of Inspection:</b>	04 June 2014
<b>Date of response:</b>	27 June 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

#### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** DCAD10 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 transparency around the use of residents' money to cover certain staff costs.

**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:**

In conjunction with the service users, an individual addendum will be attached to each

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

individual's contract of care outlining income, long stay charges, and expenditure to include any expected additional costs and charges for service users.

**Proposed Timescale:** 19/09/2014

### **Outcome 03: Family and personal relationships and links with the community**

**Theme:** DCAD10 Individualised Supports and Care

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

Not all residents were supported to meet their assessed needs in relation to their active participation within the community.

**Action Required:**

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Continue to establish wider links with the community in accordance with service users wishes by accessing more local services e.g. mass, hairdresser and grocery shopping. Plan to develop grocery shopping for individualised areas in a phased in basis commencing in August 2014.

**Proposed Timescale:** 31/05/2015

### **Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The contract for the provision of services did not provide detail in relation to the fees charged to residents.

**Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

In conjunction with the service users, an individual addendum will be attached to each individual's contract of care outlining income, long stay charges, and expenditure to include any expected additional costs and charges for service users.



**Proposed Timescale:** 19/09/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The lay out of the premises was not meeting the requirement of the residents in relation to increasing mobility issues in using the stairs

**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:**

- (a) Each service user to have a risk assessment done in relation to mobility and the use of the stairs.
- (b) Maintenance work to commence in August 2014 and to be completed by October 2014.
- (c) Maintenance work to commence in August with upgrading of 4 bathrooms.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

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

The main entrance inaccessible to all residents without support due to the step entrance.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

Maintenance work to commence in August 2014 and to be completed by October 2014 to adapt front entrance. Service user's no longer use this as main entrance. Their main entrance now is to the rear of the building which is ramped and has a hand rail. Alternative entrances are also available to the front of the house.

**Proposed Timescale:** 31/10/2014

**Theme:** Effective Services

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

The bathrooms were in need of repair and upgrade.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Maintenance work to commence in August with upgrading of 4 bathrooms.

**Proposed Timescale:** 31/10/2014

### **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:**

The evacuation plan did not consider the diverse support requirements of all residents.

**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:**

External Fire Consultant has reviewed Fire Evacuation Plan on the 26th June 2014. Fire Evacuation Plan to reflect recent evacuation reports and diverse needs of service users. Fire Evacuation Plan will communicate how to evacuate the premises effectively day and night.

**Proposed Timescale:** 30/06/2014

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Not all staff were clear on what to do in the event of a an allegation/suspicion of abuse.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All Staff will receive refresher training in relation to the Protection and Welfare of Vulnerable Adults and the Management of Allegations of Abuse.

**Proposed Timescale:** 09/10/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Not all residents health needs had been appropriate assessed and documented.

**Action Required:**

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

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

Resident identified with rapid commencing progressing dementia as her care plan completed to reflect her changing supports.

All service users will be screened for suitability for audiology assessments and referred to NRB as appropriate.

**Proposed Timescale:** 31/07/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was insufficient staff to meet the assessed needs of residents at all times

**Action Required:**

Under Regulation 15 (1) you are required to: 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.

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

1 WTE Care Staff has been employed and a review of allocation of staff during staff breaks has been undertaken.

**Proposed Timescale:** 27/06/2014

**Theme:** Responsive Workforce

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

Not all staff had been provided with up to date safeguarding of vulnerable adults training.

**Action Required:**

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

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

All Staff will receive refresher training in relation to the Protection and Welfare of Vulnerable Adults and the Management of Allegations of Abuse.

**Proposed Timescale:** 09/10/2014