

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dundas Ltd - St Clare's Disability Service
Centre ID:	OSV-0002422
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Dundas Ltd
Provider Nominee:	Jenny Walton
Lead inspector:	Declan Carey
Support inspector(s):	Julie Pryce
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 July 2017 09:30 To: 13 July 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The purpose of this inspection was to follow up on actions from a previous inspection, to monitor ongoing regulatory compliance and to inform a registration decision following an application for registration under 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.

Following the last inspection the provider submitted a plan to reduce the number of residents on a phased basis and this was found to be in progress. The previous inspection was to inform a registration decision which took place on 29th and 30th June 2016 and highlighted 17 actions in need of address by the provider and the person in charge.

How we gathered our evidence:

Inspectors met with eight staff members and interviewed four of them about the service being provided to the residents. Inspectors also met with the provider

nominee and spoke to the person in charge (a registered nurse) at length throughout the course of this inspection. Inspectors spoke with a number of residents on the day of inspection.

Policies and documents were also viewed as part of the process including a sample of the residents' health and social care plans, complaints policy, health and safety documentation, safeguarding documentation and risk assessments.

Description of the service:

The designated centre comprised of a large building made up of living accommodation of 17 bedrooms, which was located on a campus based setting within a short drive of the nearest town and amenities.

The inspectors found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The statement of purpose outlined the aim of the service to provide care and support that maximises quality of life and wellbeing using person-centred principles for residents.

Overall Judgment of our Findings:

Inspectors found that arrangements were in place to provide residents with a caring and supportive environment. Staff and residents knew each other well and residents were observed to be at ease in the company of staff. Some residents told the inspectors they liked their home and felt well supported by staff.

Of the 9 outcomes assessed, 6 were found to be fully compliant including premises, risk management, safeguarding, healthcare needs, governance and management and workforce.

Resident's rights, social care needs and medication management was found to be substantially compliant.

These were further discussed in the main body of this report and in the action plan at the end.

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):

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

Findings:

There were two actions required from the previous inspection, while one was resolved the other relating to some institutional care practices had not been adequately addressed. This concerned the process of institutional practices with regard to communal towels and linen still in place in the centre.

Inspectors found that residents were regularly consulted in the centre and residents' meetings took place on a weekly basis. For example, issues at these weekly meetings included activities for the week, upcoming events and an opportunity to discuss any issues. The outcome of these meetings was reflected in a residents board on display in an accessible format.

Residents had their own individual bedrooms, decorated with their own pictures and some of their own belongings including assistive technology. Some residents had shared accommodation and their wishes were taken into account in this regard, with input from their relatives or representatives. Residents' personal information was stored securely in a staff office to promote their privacy when not in use.

From a sample of files viewed, inspectors found an inventory of personal belongings for some residents was incomplete and not dated. There was an easy read version of the inventory of personal belongings and valuables that included photographs that required review to capture only belongings. The person in charge assured inspectors that all residents would have a complete, updated inventory of personal belongings and photographs would include only belongings.

From a sample of files viewed, financial records for residents informed inspectors that there were robust systems in place in the designated centre for residents' finances. The person in charge outlined some residents were supported with their finances and transactions were logged, recorded and checked by staff in the centre. Inspectors found receipts were kept for each resident's individual transactions and also checked by staff. The person in charge outlined management in the centre conducted audits in the areas of residents' finances.

There was a system in place for the management of complaints. The complaints process was on display in an accessible format with information on how to make a complaint, who to contact and how to appeal the decision if the person was not satisfied.

Complaints were recorded, reviewed by the person in charge and any recommendations to improve the service had been implemented locally with the oversight of health and safety risk management group. The inspectors observed complaints were being logged, recorded, and responded to accordingly.

From a sample of files viewed, complaints were completed to the satisfaction of complainants and some were in the process of being completed and involved the person in charge, the wider management team and where necessary, external supports. Feedback from residents and their family or representatives was also recorded by staff in the centre.

Inspectors found there was evidence of residents having the opportunity for individual outings, and the opportunity to purchase their own toiletries. However, institutional practices were still in place in the centre. Residents did not have a sufficient supply of their own individual towels and linen, as they required. When residents' towels and linen were laundered and not returned in time, residents were supplied with communal towels and bed linen. Residents did have access to laundry services within the designated centre and this was an outstanding action from the previous inspection which the provider addressed adequately.

Inspectors spent time with residents and the staff team and observed practice. Inspectors found that interactions were caring, warm and in a dignified manner on the day of inspection. Interactions between residents and staff were person-centred and indicated a good knowledge of residents' interests and personal lives.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Inspectors found the health and personal care needs of each resident was being supported and facilitated in the centre. Daily activities were found to be meaningful and supported the residents to participate in their own community.

Each resident had a communication passport which detailed information of each resident's likes, dislikes and interests and provided key information related to the resident. This included their meaningful day, safety issues, support requirements, health needs and important people in their lives. This was in an accessible format and provided residents, their family or representatives and staff information on resident's social activities and interests.

There was a quarterly review included of residents' personal care and these involved residents, staff members and family representatives. This was in addition to the annual comprehensive assessment that took place for residents.

Some residents' social care goals, did not document any measures towards maximising resident's personal development, as required by Regulations. From a sample of files viewed some residents had social goals documented, however these goals outlined activities or places residents took part in or visited on a regular basis, such as trips organized by the centre. In some instances these were documented as short term goals and some residents' long term goals were not documented.

Residents had a monthly review with their key worker and inspectors viewed this documentation. Where social goals were documented, some were not achieved and for some there was no documentation outlining the reason why these had not been achieved. For example, some residents had the same goals listed with a new date identified for these to be achieved. There was no action plan detailing how these goals would be achieved or what support residents would require to achieve them. The person participating in management outlined to inspectors the area of setting social goals for residents, required review.

Inspectors found residents also had the option to attend a range of various activities run by the provider such as exercise programmes, skills classes and holistic therapies. Staff in the centre also supported residents to frequent local amenities such as the beach, the gym, shopping centres, restaurants and entertainment events on a regular basis.

The provider had outlined in an action plan from the previous inspection, a plan of

reducing the number of residents in the designated centre on a phased basis to 10 by March 2018. Inspectors viewed a sample of this documentation and found a transition group had been setup in November 2016, to have a comprehensive transition plan for residents. This included terms of reference, membership of the group, assessment protocols for residents who would be moving out, impact on residents, assessment of compatibility, and needs of residents. The person in charge outlined that there would a transition plan in place to support those residents moving out of the centre. There was a process in place for identifying appropriate services that could meet the needs of residents moving out of the centre.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Since the last inspection a kitchen had been installed for residents' use, allowing residents to be involved in food preparation. Staff stated that the kitchen was now used on a regular basis and outlined what meals some residents prepare with the support of staff. The kitchen area contained kitchen equipment, workspace and washing up facilities.

Inspectors observed a laundry room for residents personal use had also been installed. This room contained a washer/dryer and was accessible to residents. Staff outlined residents use the laundry on a regular basis and staff support residents, as required.

The person in charge outlined the provider has a transition plan in place to reduce numbers of residents to 10 by March 2018, as discussed in Outcome 5. Staff outlined the transition committee has been established to facilitate this reduction ensuring the service continues to meet the aims and objectives of the remaining residents and this work was ongoing.

The centre was warm, well ventilated, had adequate lighting and found to be clean on the day of the inspection.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that the health and safety of residents, visitors and staff was promoted and protected and adequate systems were in place for the management of risk in the centre.

There was a Health and Safety Statement in place which was specific to the centre, dated May 2017.

The centre also had a risk register which was made available to inspectors. Inspectors were satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it. Risks in this centre included fire, harmful substances and choking. Some residents were at risk of choking and had suitable risk assessments, a choking protocol to guide staff and regular consultation with a multidisciplinary team. This included guidance for staff in relation to the support at mealtimes both within and outside the centre. Measures were in place to mitigate this risk and staff were knowledgeable around the requirements of residents, on the day of this inspection.

From a sample of file viewed, residents had a falls risk assessment in place. Inspectors found that any resident who was prone to falling had a comprehensive falls risk assessment in place that was regularly reviewed and updated.

There was also a missing person's policy in place and information sheet in place for each resident, detailing relevant information.

There was also good evidence available that the centre responded to and learned from all adverse incidents occurring. There was a system in place to review all incidents and accidents and incident report forms completed for all incidents.

The management team said that should an adverse incident occur in the centre it would be recorded, reported and discussed with the provider nominee. These would also be discussed at staff meetings, so as learning from the incident could be shared among the staff team. Records showed that this took place. The centre kept a summary of all incidents and a risk management health and safety group in place and risk assessments were updated as required.

The inspectors also found that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been checked by an independent fire company. There was also emergency lighting, smoke detectors and fire doors installed in the designated centre.

Documentation read by the inspectors outlined that staff did checks on escape routes and fire alarm panel. Regular checks were also carried out by staff on fire equipment, manual call points, smoke detectors, emergency lighting and fire doors. Inspectors observed emergency ski sheets available as needed and fire doors throughout the centre.

Fire drills were carried out on a quarterly basis and detailed documentation was available on the day of inspection, for each fire drill. All residents had individual personal emergency evacuation plan in place. For example, some residents required different supports and equipment during the daytime drills from night-time drills. Measures were in place to support these residents in the event of an emergency evacuation. This information was available on the residents' files in the centre and staff were knowledgeable on supports required by residents.

Of a sample of training needs viewed, all staff had the required training in fire safety and manual handling.

It was observed that there was adequate hand sanitizing gels, hand washing facilities and hot water available throughout the centre. It was found there were adequate arrangements were in place for the disposal of general and clinical waste. The centre undertook tasks on a weekly basis to ensure unused water outlets were maintained in the centre.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

Inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre.

There was a policy on and procedures in place for, safeguarding residents which staff had training on. Residents outlined to inspectors they felt safe in the designated centre and were observed to be relaxed in the presence of staff on duty, on the day of inspection.

Staff spoken with during inspection, were able to demonstrate good knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting responsibilities and procedures. They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

From a sample of files reviewed, residents had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect. Some residents required support with all personal care needs and other residents were independent in some areas of their personal care needs.

Staff spoken with by the inspectors, were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to support residents' assessed needs in line with policy, standard operating procedures and each resident's positive behavioural support plan.

Positive behavioural support plans included proactive strategies, reactive strategies and communication summaries to support residents, as and when required. All staff were trained in the management of residents' assessed needs that included de-escalation and intervention techniques as required. It was observed these plans were reviewed every 3 months by the multi-disciplinary team, including staff and proactive intervention events were recorded in residents' plans.

There were some physical restrictions in use in the centre and these were reviewed by a rights review committee. These physical restrictions were documented in a restrictive practice register and physical intervention log. It was observed that these were used as a safeguarding measure with a risk assessment carried out and only as a last resort and there were strict protocols in place for its use, which were adhered to.

For example, following review and assessment from allied health professionals, some restrictions were no longer required when specialised equipment was provided to some residents.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Inspectors found that residents' healthcare needs were adequately met in the designated centre.

Inspectors found that residents had access to a General Practitioner (GP) along with access to additional allied healthcare professionals such as chiropody, occupational therapy, psychiatry, speech and language therapy and dietitian services. Inspectors found there to be preventative health promotion in the centre and an annual health check for residents.

Inspectors found staff were monitoring certain aspects of daily living to ensure positive health and highlight any issues in a proactive way. For example, observations charts were kept for weight monitoring and blood pressure for some residents.

Residents were supported to attend appointments and follow up appointments. Staff spoken with outlined the centre had adequate access to transport and staff to support residents with appointments.

Inspectors reviewed a sample of care plans for specific health issues and found them to be detailed, up-to-date and guiding good practice. For example, care plans on each specific resident's healthcare need such as pressure area care, eating and drinking and mobility.

Inspectors reviewed documentation regarding the end-of-life care plans. Inspectors found a detailed, dignified and holistic approach to end-of-life care, with appropriate input from the multidisciplinary team. Residents and families input were included in these care plans.

Inspectors found there was a varied choice of food available to residents at meal times and residents were involved in menu planning with staff on a weekly basis. Inspectors observed that some residents were supported at meal times in line with their assessed needs. Staff spoken with outlined a new cooking area for residents had been installed and inspectors observed residents had cooking facilities to prepare their own meals. Mealtimes were also seen to be relaxed and a positive social experience for residents in the centre.

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):

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

Findings:

From a sample of files viewed, inspectors found residents were assessed regarding their abilities to self-administer medicine and management in the centre outlined all residents required assistance with safe administration of medication.

There were policies and procedures in place as required by Schedule 5 of the Regulations to guide safe practice for the prescribing, administering and disposal of medicine.

Inspectors found there to be an adequate system in place for the documentation regarding residents' medicine, with clear information on each resident, their medicine, the route of administration and times to be administered. Records were seen to be signed off by the prescribing doctor. This included medications that were crushed in the designated centre.

Staff had good knowledge of the medicines being used, the desired effect and possible side effects to watch out for.

There was a system in place to record any medication errors. Staff outlined to inspectors, if an error were to occur involving residents they would be observed and this would be reported accordingly to the person in charge, in line with policy and procedure. Staff outlined to inspectors there had been no recent medication errors on record in the centre.

The medicines management in place in the centre is subject to regular audits by the management team in the centre and a pharmacist. Inspectors found any issues identified in these audits was addressed or in the process being addressed, on the day of inspection.

Medicines were regularly reviewed by a General Practitioner (GP) or prescribing doctor. Any as required (p.r.n) medicine had clear protocols for when it should be used and how much could be given in a 24 hour period. Controlled medications were managed appropriately, and a secure fridge was available in which to store some medications.

The system in place for emergency medicines leaving the designated centre with residents for an activity or appointment, required review. Inspectors observed

emergency medicines being removed from the centre and there was no documentation completed for this medicine leaving the centre.

Inspectors found the system of stock control of medication, required review in the centre. Although some improvements were made since the previous inspection in the form of a pilot system, the system did not adequately capture the correct amounts of medications in the centre, as recorded on the day of inspection. For example, inspectors reviewed the weekly stock control sheet and checked one medication at random. It was documented an amount of this medicine was delivered to the centre, an amount was used and a certain amount was in stock. However, the actual amount in stock was extra to the amount in the weekly stock control sheet. It was also found there was no stock control system in place for medicines in liquid form that were currently open. The person in charge outlined the system for stock control of medicines would be urgently reviewed.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. The person in charge was supported in their role by the provider nominee and two person's participating in management who were clinical nurse managers in the centre. From speaking with the management team at length over the course of the inspection, it was evident they all had good knowledge of the individual needs and support requirements of each resident living in the centre.

There was an annual review on quality and safety in the designated centre, inspectors viewed a sample of this report and found it addressed issues such as risk management,

fire and feedback from residents and their families. The inspectors observed where issues arose these were adequately addressed by the person in charge.

Inspectors viewed a sample a two unannounced visits to the centre made on behalf of the provider which identified areas of compliance and non-compliance, with an appropriate action plan. For example, the service had identified the issue of a need to develop social care goals for residents as discussed in Outcome 5. The management team in the centre conducted a number of random internal audits in the areas of residents' finances, health and safety, safeguarding and care planning. The inspectors observed where issues where identified, these were adequately addressed by the person in charge.

The person in charge was aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The inspectors found that appropriate management systems were in place for the absence of the person in charge. There was a number of qualified nursing staff and one of these would assume the role of shift leader in the absence of the person in charge. There was also an on call system in place, where staff could contact a manager and a psychiatrist 24/7 in the event of any unforeseen circumstance.

A sample of staff supervision records informed the inspectors that the person in charge was providing supervision, support and leadership to her staff team. The person in charge was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

There were regular staff meetings organised by the person in charge, involving staff members in the designated centre.

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):

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

Findings:

This outcome was not reviewed in its entirety during this inspection. The actions required from the previous inspection regarding training had been satisfactorily resolved. Inspectors found that there was sufficient staff numbers with the right skill-mix, qualifications and experience to meet the assessed needs of the residents at the time of inspection.

There was a team that consisted of a person in charge (registered nurse), registered nurses, health care assistants and support staff working in the centre. The multi-disciplinary team also provided regular support.

There was an actual and planned rota in the designated centre. Any changes to the roster were clearly identified by management in the centre.

Inspectors observed that residents received assistance in a dignified, timely and respectful manner. Staff spoken with during this inspection, were knowledgeable around the assessed needs of residents and some residents received individualised support from staff.

The person in charge met with her staff team on a regular basis in order to support them in their roles and to keep up to date with any changes happening in the centre.

Inspectors found training up to date for all staff in the designated centre and there was an effective system in place to oversee this. Some residents assessed needs required support from staff while outside the designated centre, with specific training and this was put in place by management in the centre.

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:

Declan Carey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Dundas Ltd
Centre ID:	OSV-0002422
Date of Inspection:	13 July 2017
Date of response:	11 th September 2017

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:

Inspectors found an inventory of personal belongings for some residents was in photographic format and included some personal hygiene items that did not respect some residents privacy or dignity.

1. Action Required:

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

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

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

An inventory of all personal items have been recorded and an easy read inventory is available to the resident.

Proposed Timescale: 14/07/2017

Theme: Individualised Supports and Care

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

Inspectors found evidence of institutional practices still in place in the designated centre, with the provision of communal towels and linen for residents.

2. Action Required:

Under Regulation 12 (3) (c) you are required to: Ensure that where necessary, each resident's linen and clothes are laundered regularly and returned to that resident.

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

Each resident has their own personal towels and sheets in their room.

Proposed Timescale: 14/07/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Inspectors found the setting of social goals for residents in the designated centre, required review.

3. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

All goals have been reviewed. They are in easy read format and available to residents. Training is being given to key working staff as an ongoing basis in regard to goal planning.

Proposed Timescale: 11/09/2017

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:

There were not appropriate practices in place in relation to stock of medicines in the designated centre.

4. 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:

All medication in the centre is stored securely in a locked cupboard in a locked room. Stock control practices are amended following a pilot at time of inspection.

Proposed Timescale: 14/07/2017