

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group B - St. Vincent's Residential Services
Centre ID:	OSV-0003925
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Breda Noonan
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	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, 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 renewal 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:
29 May 2017 10:45	29 May 2017 18:30
30 May 2017 10:10	30 May 2017 17:30

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

Background to the inspection:

This was an inspection carried out to inform a registration decision and monitor compliance with the regulations and standards.

How evidence was gathered:

As part of the inspection, the inspector met with all six residents who were residing in the centre. Five residents communicated non verbally. Staff were familiar with each resident's communication style and where appropriate assistive communication devices were used to effectively aid communication. From observation and from

feedback provided by residents' families, the inspector was satisfied that residents were provided with a high standard of care, the facilities made available to them met their needs and the approach of staff who assisted them was caring, competent and professional. The inspector noted that since the June 2014 inspection, increased storage was made available for equipment, there was a reduction in the use of physical and chemical restraint and the social care aspect of care had further developed.

The inspector spoke with staff who shared their views about the care provided in the centre. The inspector spoke with the person in charge and gained an insight into her role in the operation of the centre. In particular, her role in attending to the healthcare of all six full time residents while promoting a social model of care and delegating appropriately to staff.

The inspector spoke with the deputy person in charge and gained an insight into her role, her impact on the centre and the supports she received in carrying out her functions.

The provider representative made herself available throughout the inspection and, along with the person in charge, were present for the inspector's feedback at the end of the inspection.

The inspector examined documentation such as care plans, risk assessments and medication records.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aimed to 'continue to improve quality of life by ensuring residents are supported by staff to reach their full potential'. The mission of the Daughters of Charity, as set out in its statement of purpose, is 'to provide a home like environment'. It aims to achieve this by person centred planning. The inspector was satisfied that overall these aims were achieved.

Accommodation was in a single storey attached house. The house, in which six residents lived, had two sitting rooms, a kitchen, four single occupancy bedrooms, one twin bedroom, wheelchair accessible sanitary facilities, laundry facilities, office and storage facilities.

Residents were able to get out and about almost on a daily basis. The house was very well-maintained. Residents availed of day services from Monday to Friday. Transport was provided to enable them to engage in activities outside the centre and its complex.

Overall judgement of our findings:

The inspector noted the good quality of life that residents enjoyed. Residents were independent, in so far as possible and residents appeared happy. There was a good cultural awareness of how residents' needs are best met. In particular, staff embraced a social model of care in conjunction with providing 24 hours nursing care

to residents with complex health issues.

The inspector found that care was provided in a holistic environment where respect was a core element of all interactions. The inspector saw residents going on outings to the sea, enjoying walks on the campus grounds and attending workshops. Residents were facilitated to spend leisure time with friends and family.

The centre was in compliance with 17 of the 18 Outcomes inspected. A minor non compliance was noted under medication management. These findings are outlined under each outcome in the report.

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):

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

Findings:

The inspector was satisfied that the rights, privacy and dignity of residents was promoted and residents' choice was encouraged and respected. This was evident from the observations of the inspector of the numerous interactions between residents and staff. These interactions were respectful and caring; and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of residents' preferences and this was supported by information in the care plans and the residents' file notes.

The inspector noted that residents retained control over their own possessions. For example, residents had spacious bedrooms with good wardrobe and other storage capacity; an inventory of clothing and personal possessions was maintained and residents had photographs and other personal effects in their rooms. The organisation's policy on residents' personal property was centre specific. Residents were supported to choose and purchase their own clothes and were accompanied on shopping trips by a staff member or a family member. Residents choose what clothes to wear each day and staff were well -informed on the style of clothing individual residents preferred. All residents grooming needs had received detailed attention. The inspector saw residents getting up, going out, having a rest and eating at times that suited them.

The inspector reviewed the system in place to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. When possible, financial transactions, were signed by residents. In addition, transactions were checked and counter signed by staff and written receipts retained for purchases made on the residents' behalf. A regular random audit of the financial records was carried out by a

member of the senior management team and there was written evidence of this.

The inspector saw minutes of house meetings that were held with the residents. A range of items were discussed including residents rights, activities and the impending inspection from HIQA.

The complaints policy was available in an easy-to-read pictorial format and provided detail on how to make a complaint. Also available to residents was a pictorial easy to follow guide to the resident's charter of rights which included information around privacy, choice and maintaining independence. Staff displayed an openness about receiving complaints; the number of complaints received was low and complaints received were documented and corrective action taken.

With the exception of one, residents communicated in a non-verbal manner. The inspector was satisfied that the messages residents were providing to her was that they were happy with the service provided. One resident completed a questionnaire and stated, "I like my house". This resident identified who she would talk with if she had a concern or a worry. From speaking with staff and from observing, it was clear that non-verbal residents were able to communicate with staff. A named nurse and key worker were assigned to each resident.

Residents were facilitated to access advocacy support. One resident attended the advocacy forum which was run by a clinical nurse manager 3 (CNM3). In addition to it being a forum in which to bring matters to management's attention, it was also a social event which residents enjoyed.

Four residents had private room accommodation and screens were available in the twin bedroom to ensure privacy. In addition careful consideration was given as to who was best accommodated in a twin room and who preferred a single occupancy room.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Effective and supportive interventions were provided to residents to ensure their communication needs were met. Staff in the centre were professionally qualified in the

care of residents with a disability and this was evident in the expertise they displayed in communicating with all residents, including those who were non-verbal. For example, staff understood residents' facial expressions, body movements and hand tapping movements. Where possible, assistive technology was provided for and used by residents to help with their communications. For example, one resident had a button on their wheelchair which they could press with their head to answer "yes" and a button at their foot to answer "no".

Each resident's communication needs were set out in individual care plans. Residents, their families and the multidisciplinary team were involved in the devising and reviewing of these plans and the actions set out in the plans were seen implemented in practice. Good documentation was in place to support the decisions taken at the personal care planning meetings. Residents' care plans documented the input from professionals including speech and language therapists and occupational therapists to enhance residents' communications. Overall, there was a strong sense of a team approach to ensuring residents' communication needs were met.

Each resident directed their own care preferences and this was possible because communication between residents and staff, staff and families and amongst members of the multidisciplinary team was generally effective. For example, residents decided their social activities and who they would go with on social outings; families were invited to care planning meetings and referrals to members of the multidisciplinary team and in consultation with the resident.

Residents had easy access to television, radio and internet. Residents' preferences in terms of what programmes or radio stations they preferred were facilitated. The families of residents in the centre were regularly involved in accompanying their family member on shopping trips, dining out in restaurants and staying overnight in the family home.

The inspector saw that picture notices were on display as an aide memoire for residents. For example, a photograph of the staff on duty was on display in the hallway and photographs of the named key worker were in residents' files.

There was an attractive, informative, person centred, easy-to-read communication passport in place for each resident. It was devised with significant input from the speech and language therapy department (SALT). In addition the speech and language therapist devised a communication mat for a resident who needed to be reminded about eating slowly. It was effective and sensitive to the resident's needs.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain relationships with family and friends and this was set out in the resident's notes and personal care plans. Families confirmed this via surveys, conducted by the provider, to determine their satisfaction rating with the service. Families were satisfied with the systems and structures in place for residents to maintain contact with the wider community. Residents were facilitated to make and receive phone calls, including skype calls. Staff spoke of the resident's obvious joy at receiving these phone calls and staff acknowledged the importance of them for the resident.

Much emphasis was placed on ensuring residents maintained friendships. For example, one resident visited on a daily basis, her friend who lived in a house locally. Arrangements were in place for these friends to go to the cinema together and attend the same activation workshop. Cognisance was also given to ensuring that residents' boundaries were not infringed by other residents. For example, staff closely observed interactions between residents; used distraction techniques if necessary and explained in a sensitive and respectful manner to residents how their actions impacted on others.

The majority of residents attended activation workshops. The frequency of attendance and the type of workshop attended was decided on following an individual assessment of the resident's needs and preferences. Since the last inspection, more emphasis was placed on ensuring residents engaged in community activities. A tracking record was maintained of such community engagements, such as going to the cinema, feeding the ducks, going to mass in the parish church. Staff told the inspector of how the increased presence of residents in the community meant they had built up relationships with staff in local businesses and restaurants. In particular, staff commented on how easier it had become to be in public in the company of residents and feeling part of the community.

Visitors were welcome to the centre and facilities were in place for residents to meet with visitors in private. The inspector received a warm and welcoming reception from residents on arrival to the centre and residents were aware of the purpose of the visit.

The inspector saw that a few residents were supported to visit their families and stay overnight in the family home.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and

includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

Residents' admissions were in line with the centre's statement of purpose. The admissions process considered the wishes, needs and safety of the individual and the safety of other residents living in the service. For example, new residents were given as much time as they needed to get familiar with their new environment and new routine before they moved full-time to the centre.

Staff monitored how residents adapted and settled into their new home. Residents were supported to maintain as much family contact as needed, in particular at the time the resident was adapting to their new house.

Admissions, discharges and transfers to the centre were organised through the organisation's admission, discharge and transfer team. Each resident had a written contract. The contract set out the services to be provided and the fees to be charged. All residents whose files were examined, had written documentation showing that they were informed of the revised long stay charges, which came into effect from 1st January 2017.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Each resident had a comprehensive assessment of their health, personal and social care needs. There were arrangements in place to meet any identified needs of an individual resident, for example, multidisciplinary input was sought where required. Support plans had been completed for each resident and included other specific plans, including risk assessments, behaviour intervention plans, health plans and intimate care plans. Each resident had a written personal plan, in an attractive, pictorial format. There was evidence of multidisciplinary input in the personal plan. The personal plan named the person responsible for pursuing objectives in the plan within specific timeframes.

The personal plans were reviewed annually by the multidisciplinary team and maximum participation of the resident was ensured. Review meetings were documented. Family members were given formal advance notification of the review meetings and invited to attend. Each resident had a named nurse and key worker, who attended review meetings. Review meetings included a full evaluation of the residents' needs, choices and preferences and whether goals had been met for the previous year. Goals were set for the following year at such meetings. Residents confirmed that they were consulted on all aspects relating to personal planning.

The inspector reviewed the systems in place relating to the transfer of residents within the service or to a new service and found that there were robust systems in place. Residents were consulted when moving within a service or to a new service. There were planned supports in place for any moves and discharges were planned for in a safe manner.

The person in charge and the deputy person in charge were engaged in the development of "social roles" for each person. This programme was in the process of being implemented in all centres on the campus. Its aim was to find a meaningful social expression for each resident. For example, one resident in this centre took a lead in deciding what groceries were needed, where they would go shopping, travelled to the shop in a car (as opposed to a bus) with a staff member, organised a trolley and purchased the items on the list. Prior to this activity, groceries were purchased on line. Engaging the resident in this manner fostered independence and individual identity. It displayed much insight into residents' personalities and nurtured respect for the individual.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector found that the centre was homely and well-maintained. The design and layout of the centre was in line with the statement of purpose and met the needs of the residents whilst promoting safety, dignity, independence and wellbeing. The premises had suitable heating, lighting and ventilation and overall, the premises were free from significant hazards that could cause injury.

There were sufficient furnishings, fixtures and fittings and the centre was clean and suitably decorated. There was adequate private and communal accommodation and there was access to a kitchen with sufficient cooking facilities and equipment. The centre had an adequate number of toilets, bathrooms and showers to meet the needs of the residents.

Residents had access to appropriate equipment that promoted their independence and comfort such as electric profiling beds, hoists and mobility aids. Staff were trained to use the equipment provided. The equipment was fit for purpose and service records for equipment were available.

Attractive outdoor areas were available adjacent to the house and around the campus. Residents took pride in maintaining their outside environment with attractive flower pots, chosen by a resident, located outside the front door. A sensory garden, developed within an old walled garden was seen to be enjoyed by residents. Plants were laid out in such a manner to appeal to the senses; smell, touch, sight and sound.

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:

Overall, the inspector found that there were adequate arrangements in place in regards health, safety and risk management. The centre had policies and procedures relating to health and safety. There was a health and safety statement in place. There was a risk management policy in place and hazards within the centre had been identified and risk assessed. These risk assessments were seen by the inspector and overall were found to

be comprehensive.

A maintenance requisition book was kept in the centre and maintenance requests were logged and dealt with appropriately. There was a robust system in place for incident reporting and investigation of same. The inspector reviewed the incident logbook and found that it was completed as required and each incident signed off by a senior member of the nursing team with appropriate actions to minimise recurrence recorded. There was evidence of learning from incidents and audits were completed regularly.

There were satisfactory arrangements in place for the prevention and control of infection. Staff had received suitable training and demonstrated good knowledge of appropriate infection control practices such as hand hygiene procedures. The inspector saw there was adequate personal protective equipment available such as aprons and gloves and observed staff using them at appropriate times. Cleaning schedules were in place and these were completed on an ongoing basis.

Suitable fire equipment was provided and there was an adequate means of escape. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire and residents mobility and cognition had been accounted for in the evacuation procedure.

Daily checks were completed to ensure the fire panel was working properly, as were daily checks that fire exits were unobstructed. Staff were trained and demonstrated sound knowledge on what to do in the event of a fire. The inspector reviewed service records and found that the fire alarm had been serviced quarterly. Fire fighting equipment and emergency lighting records indicated that they were serviced annually. Fire drills were completed monthly and records shown that evacuation times were approximately three minutes. Fire drills took place both at night time and during the day.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted. Evidence was available to show that the use of restraint was regularly reviewed and had reduced in the past 12 months.

The inspector viewed training records that confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. The inspector spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspector noted from resident and relatives responses to questionnaires that residents felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse and staff were able to identify the nominated person.

The centre being registered was a nurse-led care facility. Staff had a professional qualification and considerable experience in the nursing care of residents with an intellectual disability. Core elements of the staff training included the management of behaviour that challenges including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way.

The inspector reviewed restrictive practices in relation to the use of bedrails and found that practices were in line with best practice on restraint. For example, a risk assessment had been completed for each resident, alternatives had been considered and consent been documented where practicable or family had been informed.

The inspector reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable. The inspector reviewed a sample of records and found a clear system of logging and tracking of all transactions, with two signatures on all receipts and records and an auditing system in place.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within three days of occurring. A quarterly report was provided to the Health Information and Quality Authority (HIQA) as requested by regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that the general welfare and development needs of residents were promoted. A proactive approach was taken to ensuring residents had good opportunities for new experiences. As discussed under Outcome 3, residents had been afforded the opportunity to attend various activities such as over-nights away from the centre, outings to the cinema with friends and facilitated to partake in musical events. Residents had access to a sensory garden, developed since the previous inspection, to further enhance the quality of experiences available to residents.

Some residents attended activation workshops five days per week; others attended three days and others attended on a sessional basis. There was a lot of flexibility around workshops which suited the needs of residents. Residents appeared to like to attend these workshops and it gave them an opportunity to meet new people, socialise and spend time in an environment separate to their home. The inspector also saw that residents did not always wish to attend and their choice was respected. Care plans and daily records, documented the type and range of activities that residents were involved in. Attendance at activation workshops and other social events was planned for in each residents "weekly timetable".

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

This was a nurse-led service, with nursing staff on duty to support residents at all times. Nurses were assisted in the roles by competent social care staff. Residents' health-care needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies. Individual residents' healthcare needs were appropriately assessed and met by the care provided in the centre. Residents had access to allied health services which reflected their diverse care needs. This included nutritional support from a clinical nurse specialist in nutrition, physiotherapy, dietetic services and occupational therapy. Also available to residents was psychological and psychiatric support and the support of a clinical nurse manager in health promotion.

The care delivered encouraged and enabled residents to make healthy living choices. Residents were actively encouraged to take responsibility for their own health and medical needs. End-of-life care was provided in a manner that met the needs of the resident and in line with best practice. This included staff remaining with a resident if they were admitted to an acute hospital at the end of their life. End of life care plans were sensitively written and showed respect for the residents and their families wishes. The local hospice was available to offer support when or if required. Staff described with dignity how residents and staff paid their respects to a fellow resident who had died the previous year.

Food was nutritious, appetising varied and available in sufficient quantities. It was available at times suitable to residents. Snacks were available throughout the day. Residents were offered support and enabled to eat and drink in a sensitive and appropriate manner. The inspector saw that meal times were positive social events. Care was taken to ensure residents' weight was monitored, residents nutritional status was assessed and advice was sought for from the clinical nurse manager in nutrition, speech and language therapy and dietician.

Regular health checks were accessed by residents and included, medication review, blood levels profiling and routine health screening. The psychiatry team offered support in a timely manner.

Much emphasis was placed on health promotion. Regular national health screening tests were organised and facilitated. These included breast checks, bowel screening and diabetic testing. Residents were offered vaccinations and a record was maintained of vaccines administered.

The centre had access to good quality equipment such as hoists, pressure relieving mattresses and walking aids. These were regularly serviced and records of such services were available for inspection.

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):

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. In general, staff adhered to appropriate medication management practices. However, the inspector noted that the date of opening was not recorded on a tube of cream.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. No residents were self-medicating at the time of inspection.

A system was in place for reviewing and monitoring safe medication management practices. The person in charge conducted regular unannounced audits of nurse administering practices. The pharmacist also carried out medication management audits. Issues that arose on these audits were dealt with in a timely manner and any learning was disseminated throughout the campus.

From the documentation and medication charts inspected, there was evidence that the chemical restraint and anti-depressant use was regularly reviewed by medical teams.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the

manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which were to be provided for residents. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

It was kept under review and any changes which affected the purpose and function of the centre were communicated to the Chief Inspector in writing. It was available in a format that was accessible to residents. Staff were familiar with the statement of purpose.

The statement of purpose was implemented in practice.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was an annual review of the quality and safety of care in the centre. It incorporated the views of residents and their families. Unannounced six monthly visits were carried out by the provider or her delegate. A report of these visits was compiled and provided to the

person in charge with action plans if required.

Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services that they were delivering through staff meeting and the regular one to one supervision staff had with their line manager.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre.

The person in charge could demonstrate knowledge of the legislation and her statutory responsibilities. The person in charge provided good leadership and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She was committed to her own professional development and at the time of inspection was undertaking a course in clinical leadership. Residents could identify the person in charge.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the centre for more than 28 days at any one time. The provider was aware of the need to notify HIQA one month in advance if such an absence was expected. In the case of an emergency absence the provider knew to notify HIQA within three days of its occurrence. In the event of the person in charge being absent, appropriate deputising arrangements were in place.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were sufficient resources to support residents achieving their individual personal plans. There was transparency in the planning and deployment of resources in the centre. For example, staffing levels were adjusted as needs dictated, equipment was provided and regularly serviced, the premises were well maintained and the vehicles in use were in good working order. The facilities and services in the centre reflected the statement of purpose.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. Staff and residents confirmed that in their opinion, staffing levels were generally satisfactory. Staffing levels took into account the statement of purpose and size and layout of the buildings.</p> <p>There was an actual and planned staff rota. It was displayed in the house.</p> <p>The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.</p> <p>The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. For example, staff had received training in care planning, infection control and wheelchair safety in vehicles. Such training was in addition to mandatory training in safeguarding, fire safety and moving and handling.</p>

Education and training provided reflected the statement of purpose. For example, the statement of purpose stated care was delivered to residents with an intellectual disability. Staff were trained and qualified in intellectual disability. Staff stated they were satisfied with the ongoing schedule of training made available to them.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. A copy of the regulations and standards were available in the centre.

Staff were supervised appropriate to their role. The supervision provided was good quality and improved practice and accountability. For example, staff reported they were facilitated to fulfil their expressed educational interests such as their interest in developing social role valorisation.

There were effective recruitment procedures that included checking and recording required information. Nursing staff had an up-to-date registration with the relevant professional body.

Volunteers received supervision and vetting appropriate to their role and level of involvement in the centre.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Complete records were maintained in the centre. Records were accurate and up-to-date. Records were kept secure and easily retrievable. Residents to whom records referred to could access them.

Residents' records and general records were kept for not less than seven years after the resident to whom they related, ceased to be a resident in the centre.

There were centre-specific policies which reflected the centre's practice. Staff indicated they understood policies by signing once they had read them. Policies were seen to be implemented in practice.

Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

The centre was insured against accidents or injury to residents, staff and visitors.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003925
Date of Inspection:	29 May 2017 and 30 May 2017
Date of response:	04 July 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 12. Medication Management

Theme: Health and Development

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

One tube of medicine in use did not have a date of opening recorded.

1. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable

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

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:

The person in charge has met with all the staff team regarding ensuring that dates of opening are recorded on all medicine tubes. This action has been included as part of the medication audit tool to ensure compliance.

Proposed Timescale: 22/06/2017