

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Vincent's Residential Services Group C
Centre ID:	OSV-0003926
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:	5
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:
30 August 2017 09:45	30 August 2017 17:30
31 August 2017 10:00	31 August 2017 17:00

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 monitor compliance with the regulations and standards and to follow up on matters from the previous inspection. The last inspection was carried out in January 2017.

How evidence was gathered:

As part of the inspection, the inspector met with five of the six residents living in the centre. One resident was at home at the time of inspection. Overall, residents appeared satisfied with the care provided, the facilities made available to them and

the approach of staff who assisted them. The inspector noted that since the November 2014 and January 2017 inspections, a number of improvements had been made in relation to residents' access to the small sitting room, access to occupational therapy, the variety in the activities programme and the use of assistive devices and technology in enhancing residents communications. Contracts had been amended to reflect what extra fees a resident was likely to incur, medication management charts documented the maximum amount of medicine and the statement of purpose was updated to reflect the matters set out in Schedule 1 of the Care and Welfare regulations.

The inspector spoke with staff who shared their views about the care provided in the centre. The inspector spoke with both the outgoing person in charge and the incoming person in charge. This gave the inspector an insight into how their roles operated in the centre. The outgoing person in charge worked full time in the centre and was due to take up a new temporary post in the week following inspection. The person taking over was already a person in charge for another centre which was registered with the Health Information and Quality Authority (HIQA). Extra staff were employed to support the incoming person in charge to cover both centres. This was a temporary management arrangement with the provider providing assurance that the oversight of the arrangements would be closely monitored. The expectation was the outgoing person in charge would return to the post in December 2017 or if not, the post would be filled by another person assigned solely to this centre. The provider and the person in charge were present for the inspector's feedback at the end of the inspection.

Documentation such as care plans, risk assessments and medication records were examined.

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 provide a homely environment' where residents can live 'with respect and dignity, express their individuality and be integrated in the local community'. The inspector found these aims had been achieved.

Accommodation was in a six-bedded bungalow located in a cul de sac on a campus based services on the outskirts of a city. The house had two sitting areas, a kitchen, two shower rooms, an office and a garden. The house was well maintained. However, two of the bedrooms were small in size. There was a plan in place to reduce the number of residents in the house and increase the bedroom size but the availability of resources had impacted on this coming to fruition. It was expected this would be now achieved in 2018.

Both male and female residents were accommodated in this service. Residents were able to get out and about on the campus grounds on a daily basis. Transport was available to support residents avail of trips to local shops and other local amenities.

Overall judgment of our findings:

The flexibility around care practices helped to ensure that residents retained their

independence yet obtained the support they required as their needs dictated. Some of these needs were complex and included the management of behaviours that challenge. Staff and the person in charge were aware of these complex needs and were committed to supporting each resident to achieve a good quality of life.

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 out to activities, enjoying 1:1 engagement with staff and taking long walks around the spacious grounds. Residents had opportunities to spend leisure time together, develop friendships and in particular be involved in visits to the family home.

The inspector found the service to be in compliance with 16 of the 18 outcomes inspected. Improvements were identified as being required under Outcome 6 (Premises) and Outcome 16 (Resources). Funding was not available to fulfil the action plan response to the 2014 and January 2017 inspection report. However, a plan was in place to have this addressed by October 2018. This plan proposed for some residents to move to alternative accommodation, resulting in residents not having to occupy small bedrooms. This is discussed under Outcome 16.

The inspection findings are detailed in the body of this report and required actions outlined in an action plan at the end of this 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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' rights and dignity were respected and that residents were consulted about how the house was run. Feedback was sought and informed practice. Residents had access to advocacy services and information about their rights. For example, a discussion on advocacy was a standard agenda item at all house meetings. The advocacy group organised a very successful tea party in which residents and relatives gathered, enjoyed the entertainment and built relationships.

There were policies and procedures for the management of complaints. The complaints process was displayed in the hallway and was also discussed at house meetings.

Staff members displayed a respectful approach to care in the tone of voice and in the words they used when speaking. The ethos throughout was dignified, calm and attentive. The environment was arranged to maintain each resident's dignity. For example, magnets were put on the toilet door which allowed it to be inaccessible to others when it was in use, yet easy to open by those using it. This was put in place as some residents tended not to lock the door when using the toilet. Staff were seen to give each resident time and private space when attending to personal care. For example, the inspector noted how staff waited outside the bedroom door or the bathroom door while residents were washing or dressing and yet were nearby when or if they needed assistance. These measures facilitated residents to maintain their own privacy, dignity and independence.

Residents were facilitated to have private contact with friends, family and significant others. For example, going out to the family home or meeting in a small sitting room.

Residents' personal communications were respected. For example, residents' gestures were interpreted to good effect as were residents' ritualistic behaviours. Staff knew when a resident wanted staff to go for a walk, have something to eat or be left alone. Staff had received training in communicating with residents who were non-verbal and one staff member undertook specialised training in understanding autism. This was particularly important in this house in helping to understand residents' needs.

The centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice in their daily lives. For example, in so far as practicable, residents choose what time they got up and went to bed, where they went shopping and who they met.

Residents were enabled to take risks within their day-to-day lives. For example, go for walks, go for drives in the car or dine out.

There was a policy on residents' personal property and possessions. Residents' personal property, including money, was kept safe through appropriate practices and record keeping. Residents retained control over their own possessions. Residents were facilitated to assist with laundry duties if they wished.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. For example, using the trampoline in the secure well maintained back garden, go swimming weekly or partake in art therapy. Residents' art work was tastefully displayed in the centre. The inspector noted how staff asked residents if they would like to go for a walk as opposed to directing them towards a walk. Residents were seen to decline, accept or complete their ritual before walking. All this was well facilitated by staff.

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:
Residents were assisted and supported to communicate. Staff were aware of the different communication needs of residents, including non-verbal communication. There were systems in place including external professional input where necessary, to meet the diverse communication needs of residents. This external professional input included

speech and language therapy, audiology screening and behavioural psychologist support.

Much work had been undertaken by staff in developing a vocabulary list for residents. This resulted in improved communication between residents and staff. It also resulted in less issues of behaviours that challenge because the staff had improved skills in interpreting each resident's unique communication style. The inspector observed how communication took place between staff and residents to indicate when a resident wanted to go for a walk, use the bathroom or connect with staff.

The centre, its residents and staff availed of clinical nurse specialist support in information technology to enhance communications. For example, one resident used an iPad and this helped immensely in facilitating the resident research their interest in cars. Staff were seen to order books in relation to the resident's interest and as the resident requested. The resident showed the inspector their library collection which they clearly took pleasure in.

The centre was part of the local community. Residents used local facilities such as shops, restaurants, parks and cinema.

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):

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

Findings:

The inspector reviewed a number of care plans and noted that family contacts were laid out. Some residents went home overnight or for a few days at a time. One resident visited their parent in a nursing home. Where immediate family members were ill or in declining health, every effort was made to ensure the resident established contact with other relations such as cousins. This was to ensure family contact would remain in the event of the death of a resident's next of kin. Family photos were displayed in resident bedrooms.

Residents regularly went on outings such as shopping trips, the cinema, concerts and meals in a restaurant or bar. Birthdays and other special occasions were celebrated and family members were part of such celebrations.

The advocacy group organised annual tea parties for residents and their families. This was a social event which had very positive feedback from all involved.

Cognisance was 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.

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. Details of additional charges were also included.

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:

Residents or their representatives were involved in an assessment to identify their individual needs and choices. Assessments had multidisciplinary input. Care plans were implemented, regularly reviewed and resulted in improved outcomes for residents. For example, one resident was provided with specific suitable areas where they could go for walks. This helped the resident to relax. Providing such an activity for this resident supported the resident with their specific behavioural challenges. The inspector was satisfied from her observations and from discussions with staff, that staff had much tacit knowledge of each resident's individual needs. Staff were particularly skilled at facilitating each resident express their sometimes compulsive type behaviours in a safe and calm way. Staff's calm demeanour helped residents feel comfortable in their home environment and minimised the frequency of incidents of behaviours that challenge. This was a good outcome for all residents in the house.

Staff and management placed emphasis on promoting residents independence. For example, one resident watered the plants, another assisted at mass and one resident made their own tea. Residents went swimming, to the cinema, attended workshops and partook in art therapy.

Residents were facilitated to express their individuality, in so far as practicable. For example, all residents were well groomed and well dressed. It was clear residents were involved in choosing their own clothes and that staff took pride in ensuring each resident was well groomed. Residents decorated their bedrooms according to their taste and preferences.

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):

No actions were required from the previous inspection.

Findings:

The centre was purpose built to facilitate long term residents. The centre was located on a large campus adjacent to other properties managed by the provider. Access to the centre was indirectly off the main road and ample car parking was provided. Paved pathways and walking routes provided access for residents to all areas of the campus. External gardens and mature trees enhanced the setting. However, two of the six residents' bedrooms were small in size and the high location of the windows in these rooms did not allow the occupying residents an external view.

Access to the centre was via a secure front door leading to a reception area. A nurses' office; medication room was located off the reception office. A large sitting room was placed off the reception area. The main kitchen was situated off the dining room. The large sitting room was a bright and spacious room and was appropriately furnished with seating. Access to the secure garden was via double doors leading off the sitting room. A smaller sitting room was located in the reception area.

Located to the left of the reception area was the residents' bedroom accommodation, toilets, a bathroom, a shower room, the laundry and sluice room. Administrative offices including an office for the person in charge was located off a secured corridor.

The design and layout of the residents' accommodation ensured provision of furnishings to store personal belongings by means of bedside lockers and wardrobes. Residents decided if they wished to have his or her own television and or radio in their bedroom.

Each bedroom door had an open and close viewing panel. A magnetic locking system on residents' bedroom doors enabled the residents to open the doors while in their room. Two of the six residents' bedrooms were small in size and the high location of the windows in these rooms did not allow the occupying residents an external view. The person in charge concurred with this and outlined plans to reduce the occupancy of the centre.

There was appropriate equipment for use by residents or staff and evidence that equipment was regularly serviced and maintained. The premises was clean, maintained with suitable heating, lighting and ventilation. There was evidence of a continuous programme of general upkeep and décor renewal.

Judgment:

Substantially 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 centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement and an up-to-date risk management policy. Both were comprehensive and well written.

The number of accidents and incidents in the centre was not excessive. There were no significant hazards identified. When accidents and incidents occurred they were documented in a duplicate book and a copy given to senior management staff. The control measures taken or planned, to reduce the likelihood or impact of a reoccurrence was documented. Staff were very observant and this facilitated residents maintaining their independence and yet being facilitated to take risks in their lives. For example, going for walks on the grounds, spending time in the garden, being free to move around the house unrestricted.

Health and safety checks were carried out. Defects were noted, reported and addressed. Suitable fire equipment was provided. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. The mobility and cognitive understanding of residents was accounted for in the evacuation procedure. Staff were trained and knew what to do in the event of a fire.

The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at six monthly intervals and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment. Emergency lighting was in place.

There were satisfactory procedures in place for the prevention and control of infection.

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:

There were measures in place to safeguard residents and protect them from abuse. Staff members treated residents with respect and warmth. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensure that there were no barriers to staff or residents disclosing abuse. From what the inspector observed, residents in the centre appeared to feel safe in their home. Any incidents, allegations or suspicions of abuse had been recorded and these incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

Efforts were made to identify and alleviate the underlying causes of behaviours that challenge for each individual resident. Specialist therapeutic interventions were implemented in consultation with the resident and their family member through their personal plans. Interventions were regularly reviewed to assess their impact on improving behaviours that challenge and improving the lives of the resident. There was a low use and need for, psychotropic medication to manage behaviours of concern.

Staff were trained in managing behaviours that challenged. All residents had multi-element intervention plans which were regularly reviewed with the multidisciplinary team. The number of incidents of challenging behaviour had reduced and the inspector concluded this was primarily due to the warmth, respect and awareness of residents needs that staff demonstrated.

The rights of residents were protected in the use of restrictive procedures. Alternative measures were considered before a restrictive procedure was carried out. The use of restrictive procedures was carefully monitored to prevent abuse or overuse. Family members were informed of the use of restrictive procedures.

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.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>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 HIQA to notify the Chief Inspector of any incident which occurred in the centre.</p>
<p>Judgment: Compliant</p>

<p>Outcome 10. General Welfare and Development <i>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.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The educational achievement of residents was valued and proactively supported by practices in the centre. There was a robust assessment process to establish each resident's educational, employment or training goals. Residents were engaged in social activities internal and external to the centre such as swimming, going to the cinema, and going for walks.</p> <p>Residents attended workshops tailored to meet their needs. One resident was provided with Wi-Fi connection as the resident liked researching a particular interest they had.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>

Theme:

Health and Development

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

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

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 social care staff. Residents' healthcare needs were met through timely access to general practitioner (GP) services and appropriate treatment and therapies.

Individual residents' healthcare needs were appropriately assessed and these needs were met by the care provided in the centre. Residents had access to allied health care services which reflected their complex care needs. This included nutritional support from a clinical nurse specialist in nutrition, physiotherapy, dietetic support and occupational therapy. Also available to residents was psychological and psychiatric support.

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. Sensitively written plans of care were in place for resident around their end- of-life needs and these plans had been discussed with the resident family.

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 when necessary in a sensitive and appropriate manner. The inspector observed that meal times were positive social events. All residents enjoyed a take away meal weekly.

Regular health checks were accessed by residents and included, medication review, blood levels profiling and routine health screening. The psychiatry team offered support to residents in managing behavioural issues.

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. Staff adhered to appropriate medication management practices and signed a recording sheet once they administered medicine. However, it was a challenge to readily read and interpret this recording sheet as the space provided for signatures was very limited.

There were appropriate procedures for the handling and disposal for unused and out-of-date medicines. At the time of this inspection no residents were in a position to be responsible for their own medication.

A system was in place for reviewing and monitoring safe medication management practices. Medication errors were recorded and learning took place from adverse incidents and near misses which had occurred. A drugs and therapeutic committee was in place.

Judgment:

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):

No actions were required from the previous inspection.

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. 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. Overall, these systems worked well.

There was an annual review of the quality and safety of care in the centre. 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.

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

The inspector spoke with both the outgoing person in charge and the incoming person in charge. This gave the inspector an insight into how their roles operated in the centre. The outgoing person in charge worked full time in the centre and was due to take up a new temporary post in the week following inspection. The person taking over was already a person in charge for another centre which was registered with HIQA. Extra staff were employed to support the incoming person in charge to cover both centres. This was a temporary management arrangement with the provider providing assurance that the oversight of the arrangements would be closely monitored. The expectation was that the outgoing person in charge would return to the post in December 2017 or if not the post would be filled by another person assigned solely to this centre.

The incoming person in charge could demonstrate sufficient knowledge of the legislation and his statutory responsibilities. The person in charge provided good leadership and arrangements were in place to facilitate their engagement in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge was known to residents.

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 provider was aware of the need to notify HIQA one month in advance if the person in charge was to be absent for more than 28 days. In the case of an emergency absence the provider knew to notify HIQA within three days of its occurrence.

If the person in charge was absent there are suitable deputising arrangements 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.

Theme:
Use of Resources

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

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

Findings:

Funding was not available to fulfil the action plan response to the 2014 and January 2017 inspection reports in relation to vacating the two small bedrooms and developing an apartment for one of the residents. The inspector was informed that the impact of limited resources in the provision of enhanced care for residents was regularly discussed with the Health Services Executive who funded this service. A plan was in place to have this addressed by October 2018.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. Staffing levels took into account the statement of purpose and size and layout of the building. There was an actual and planned staff rota.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner.

The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. For example, staff received training in infection control, medication management and nutritional assessment. This was in addition to the mandatory training requirements.

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. Overall, staff were competent to deliver care and support to residents because their learning and development needs had been met.

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 there were regular staff meetings and that these meetings were well attended and provided for open discussion.

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):

No actions were required from the previous inspection.

Findings:

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

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 adequately 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-0003926
Date of Inspection:	30 & 31 August 2017
Date of response:	16 October 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 06: Safe and suitable premises

Theme: Effective Services

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

Two of the six residents' bedrooms were small in size and the high location of the windows in these rooms did not allow the occupying residents an external view.

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 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The service has funding allocated through the service reform process to purchase three community based houses, the service, estates and the health service executive are working in partnership to source and purchase these properties. When purchased and renovations completed two service users from this centre will transfer to a community based setting. The service has a plan in relation to vacating the two small bedrooms and developing an apartment for one of the remaining residents. This action will address the two smaller bedrooms and the window and viewing issues. The purchase and renovation of these three houses is planned to be completed by the end of October 2018.

Proposed Timescale: 31/10/2018

Outcome 16: Use of Resources

Theme: Use of Resources

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

Funding was not available to fulfil the action plan response to the 2014 and January 2017 reports in relation to vacating the two small bedrooms and developing an apartment for one of the residents.

2. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The service has funding allocated through the service reform process to purchase three community based houses, the service, estates and the health service executive are working in partnership to source and purchase these properties. When purchased and renovations completed two service users from this centre will transfer to a community based setting. There is a plan for two service users to transfer from the centre to alternate accommodation. This alternate accommodation is planned to be in place by the end of October 2018. Transition plans and building of friendships with new potential peer groups have commenced and how same is developing will be reviewed by the full multi-disciplinary team and staff on the 07/12/2017.

Proposed Timescale: 31/10/2018

