

**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 J
Centre ID:	OSV-0003935
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:	Mary Moore
Support inspector(s):	Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	1

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:
25 July 2017 09:15	25 July 2017 18:00
26 July 2017 09:00	26 July 2017 15:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was the third inspection of this centre by The Health Information and Quality Authority (HIQA); the last inspection was undertaken in November 2016. This current inspection was undertaken further to the provider's application for the renewal of registration of the centre.

How we gathered our evidence:

Prior to the inspection inspectors reviewed the information held by HIQA in relation to this centre. This included documents submitted by the provider with the application for registration renewal, previous inspection findings and action plans, and any notice received of any incidents that had occurred in the centre. Feedback was also received from residents and resident representatives (four) in questionnaires provided by HIQA. The feedback received was consistently positive in relation to staff and the quality and safety of the care, supports and services provided to residents.

The inspection was facilitated by the person in charge; the services manager who was also the provider's nominated representative and the frontline staff on duty over the two days of the inspection. Inspectors conducted the inspection across the three houses that comprised this designated centre, spent time observing and discussing the supports and services provided to residents, and, reviewed and discussed with staff records including fire and health and safety related records, records of complaints received and records pertaining to residents, their assessed needs and required supports.

Over the two days inspectors met with all of the residents living in the centre; this engagement with residents was guided by each resident and their choices and needs. Residents communicated their general well-being and demeanour either through verbal expression, by gesture and facial expression, and their general response to both inspectors and the staff on duty. Inspectors' observations were positive; there was a relaxed atmosphere in the houses with positive engagement noted between residents and staff.

Description of the service:

The centre comprised three adjacent single storey buildings located on the provider's main campus. Residential services were provided to a maximum of 18 residents who presented with a diverse range of needs some of which were complex and required a high level of staff support to meet their assessed needs and to maintain their health, well-being and safety.

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors were satisfied that the document was an accurate reflection of the services and supports provided.

Overall Findings:

The inspection findings were satisfactory. Inspectors were satisfied that there were management systems and appropriate persons in post to ensure the effective governance of the service. Staff spoken with articulated the knowledge, competency and commitment required to support residents. Having observed practice, spoken with staff and reviewed records there was evidence of consistent good practice, for example in meeting healthcare needs, in medicines management, in managing risk and in promoting resident choice and the social dimension of life notwithstanding the complexity of needs so that residents had the best possible quality of life experience.

A recurring theme on speaking with staff was respect for and the protection of each resident's inherent individuality. Supports and services delivered reflected this such as meals and mealtimes and opportunities for social engagement and activities be that on the main campus or in the general community.

There was evidence of good practice in supporting residents to manage behaviours of concern or of risk to themselves or others. However, improvement was required in some of the systems and processes in place as inconsistency was noted by inspectors as to the risk and the rationale for a restrictive practice, the clear and consistent identification of what constituted a restrictive practice, what the exact intervention was, and, ensuring that the records in place clearly attested to the

functional analysis of behaviours, the exploration of alternatives and the use of a restrictive practice only as a last resort.

Of the eleven Outcomes reviewed by inspectors the provider was judged to be fully compliant with eight and in substantial compliance with two; one, Outcome 8 was judged to be in moderate non-compliance.

The evidence for these findings is explained under each outcome in the report; the regulations that are not being met are included in the Action Plan at the end.

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

Outcome 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:

A sample of residents' personal plans was reviewed. An assessment of the health, personal, social care and support needs of the resident was completed annually and the information recorded as part of the assessment was individualised and person centred. The assessment formed the basis of an individual plan of care. A plan of care had been developed for each resident. The plan of care outlined residents' needs in many areas including communication, comprehension and decision making, eating and drinking, mobility, personal care, safe environment, sensory needs, spirituality and relationships. The resident and representatives were consulted with and participated in the development of the plan of care.

Goals and objectives were clearly outlined. There was evidence of resident involvement in agreeing/setting these goals. There was also evidence that individual goals were achieved. The goals outlined would have a positive impact on residents' personal development such as overnight trips away, concerts, using services locally, meals out for special occasions and attending family weddings. A tracking sheet was used to ensure progress against the achieved goals. The person responsible for supporting the resident in pursuing these goals and the timeframe were clearly identified. A white board in each resident's bedroom listed the goals for the year ahead and displayed pictures of residents or souvenirs gathered when achieving their goals. Inspectors noted that residents with complex and challenging needs continued to be positively supported by staff to have and achieve individual goals and priorities.

The plan of care was subject to a review on an annual basis or more frequently if circumstances changed. There was evidence to demonstrate that the review was carried

out with the maximum participation of the resident, the resident's representatives and the multi-disciplinary team. The review did assess the effectiveness of the plan and reviewed the goals and aspirations that had been identified.

Changes in circumstances and new developments were included in the personal plan and inspectors saw that amendments were made as appropriate. The inspector saw that plans of care were made available in an accessible format in line with residents needs.

When residents moved between services, a clear transition plan was developed in consultation with the resident and their representative. The transition plan was based on a multidisciplinary assessment of need and recommendations made in the transition plan were seen to be implemented, where appropriate. Residents were supported to visit the centre prior to the move. The transition was overseen by the multidisciplinary team and meetings took place to ensure the transition was safe and did not impact negatively on residents.

A booklet ('hospital passport') was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The hospital passport was completed in advance and contained comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

Residents were afforded the opportunity to participate in meaningful activities, appropriate to their individual interests and preferences. Staff outlined that the majority of residents attended a day service on campus for a number of hours each week while others enjoyed a more relaxed pace of life and routine in line with their needs or age. A number of activities were provided including swimming, music, arts and crafts, relaxation, table top activities and social outings. Residents were supported to participate in a range of activities both on the main campus and in the local and wider community including meals out, walks at local amenities, cinema and trips to the beach. Residents were encouraged to shop and use services locally.

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:

Each house provided accommodation for six residents. However, the provider was requested to ensure that the suitability of rooms to individual resident needs was kept under review.

Inspectors saw that each house was bright and welcoming, visibly clean and well-maintained. Each resident was provided with their own bedroom. Generally bedrooms provided sufficient space to meet resident's needs; the available floor space was maximised in some bedrooms by the provision of ceiling mounted hoists. However, given the high physical needs of some residents and in view of increasing needs the provider was requested to ensure that the suitability of rooms to individual resident needs was kept under review. The person in charge confirmed that manual handling assessments had been completed for one room, noted by inspectors to offer limited space.

Each house had a well-equipped kitchen and utility area; there was a dedicated room for the completion of general and personal laundry.

There was a spacious communal area that also incorporated the dining area and access to a garden with seating. Access doorways and circulation areas were seen to support universal accessibility.

Adequate sanitary facilities were provided; each house had a bathroom and a shower room both of which were equipped to meet the needs of residents. Previous inspections had however found that the available space and layout in these rooms did not promote privacy for residents. Inspectors saw that work to address this had commenced but was not yet complete in two houses as per the previous action plan timescale provided. The provider representative confirmed that the required funds had not been available to facilitate the works but funding was now in place and works were due to be complete by the end of August 2017.

External storage had been provided; staff confirmed that it was utilised by them and was of great benefit in terms of providing suitable storage.

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:

There were measures to promote and protect the health and safety of residents, staff and other persons. However, it was difficult to verify the adequacy of control measures as there was inconsistency in the recording of the residual risk; that is the level of risk that remained following the implementation of the controls.

Inspectors saw and up-to-date safety statement.

The person in charge maintained a register of risks in each house; the register was seen to contain a broad range of environmental and work related risk assessments, the assessment of risks as specifically prescribed by Regulation 26, for example the unexpected absence of any resident, and risks as they pertained to individual residents. However, it was difficult to verify the adequacy of control measures as there was inconsistency in the recording of the residual risk; that is the level of risk that remained following the implementation of the controls.

Inspectors saw that each house was fitted with an automated fire detection system, emergency lighting and fire fighting equipment. Fire resistant doors were provided and fitted with self closing devices. Certificates were in place attesting to the inspection and maintenance of fire safety equipment to the required standard and at the prescribed intervals, most recently in April 2017. Staff maintained records of the in-house inspection by them of these measures and the weekly test of the fire detection systems.

Escape routes and final exits were clearly indicated; fire action notices and a diagrammatic evacuation plan were displayed.

Staff spoken with confirmed that they had completed fire safety training and participated in simulated evacuation drills; each resident had a current personal emergency evacuation plan (PEEP). Records of these drills indicated that notwithstanding the high needs of residents good evacuation times were achieved.

There were procedures for the recording and review of accidents, incidents and adverse events. Inspectors followed a particular line of enquiry and found that the actions identified as required in response to one serious incident had been followed through on.

Inspectors saw that equipment such as floor based and ceiling mounted hoists were inspected and serviced in line with legislative requirements.

There were dedicated household staff. The environment was visibly clean; staff were seen to have ready access to personal protective equipment, sanitising hand-gel and disposable hand-towels; bins were closed and foot-pedal operated; staff spoken with had completed infection prevention and control training.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were measures in place the objective of which was to protect residents from harm and abuse; these measures included protective policies and procedures and a programme of staff training. Training records outlined that all staff had received training in relation to recognising and responding to incidents, suspicions or allegations of abuse. Staff spoken with articulated a solid understanding of practice or actions that might constitute abuse and their obligations to report any such concerns. Inspectors were advised that there were no incidents, suspicions or allegations of abuse. However, inconsistency was noted at times by inspectors as to the risk and the rationale for a restrictive practice and the administration of 'as required' medicines was not sufficiently addressed in residents' behaviour support plan to guide staff.

Records seen such as risk assessments and minutes of multidisciplinary reviews reflected the provider's responsibility to ensure that residents were protected from harm and abuse by their peers.

Residents did at times present with behaviours of concern that required intervention as they posed a risk to themselves, to other residents or to staff; at times the required interventions included practice that could be defined as restrictive practice. Overall the practice observed, records seen and staff spoken with reflected an individualised and therapeutic approach and a clear objective to promote and protect resident safety, well-being and dignity. Residents were seen to be facilitated to have regular and consistent access to psychiatry and psychology. Training records recorded that all staff had completed training in managing behaviour that was challenging, including de-escalation and intervention techniques; some staff had received focussed instruction on the implementation of a specific physical intervention. However, inconsistency was noted at times by inspectors as to the risk and the rationale for a restrictive practice, the clear and consistent identification of what constituted a restrictive practice, what the exact intervention was, and, ensuring that the records in place clearly attested to the functional analysis of behaviours, the exploration of alternatives and the use of a restrictive practice only as a last resort.

For example, staff demonstrated an intervention that was documented as used on three occasions in June 2017 and on one occasion in July 2017. The description to inspectors of the intervention was inconsistent. The intervention was not outlined in the resident's

behaviour support plan and had not been referred to the restrictive practices committee. Two differing rationale were provided for the use of an individualised communal room, an alarmed door and the use of modified clothing. Where a multidisciplinary review of a behaviour support plan was required and convened further to an adverse event in April 2017, the outcome of that review was not clear; the plan seen by inspectors was still described as an interim plan.

Inspectors noted that some residents were prescribed 'as required' medicines to be used to relieve severe agitation. Records indicated that these medicines were administered as prescribed. Improvements had been made, following the most recent medicines management audit, and records reviewed clearly documented that all other alternatives had been trialled and possible underlying causes were considered and explored, for example pain. The continual monitoring of the resident and effect of the medicine was documented. The psychiatrist reviewed the use of the medicines at each consultation. However, inspectors noted that the administration of 'as required' medicines was not sufficiently addressed in residents' behaviour support plan to guide staff. Where more than one medicine was prescribed, clear guidance was not available to guide staff in the appropriate medicine to administer. Based on records seen this had led to an inconsistent approach to the use of these medicines. In addition, further clarification was required in line with guidance issued by HIQA in relation to the identification of what constituted chemical restraint in the centre.

Judgment:

Non Compliant - Moderate

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:

Residents were supported on an individual basis to achieve and enjoy best possible health. Residents' healthcare needs were met to a high standard.

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Access to a medical practitioner was facilitated regularly. Clinical deterioration was promptly identified and access to appropriate medical care was facilitated quickly. There was clear evidence that where treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry, psychology, dietetics, speech and language therapy, occupational therapy, physiotherapy, dental and optical.

A sample of residents' healthcare plans was reviewed. Plans of care had been developed in line with residents' individual healthcare needs such as epilepsy, mobility, oral care, continence, mental health, skin care and nutrition. Staff were knowledgeable about the implementation of the plans of care and plans of care were clearly implemented in practice.

The management of epilepsy was in line with evidence-based practice. Residents were supported to attend regular reviews in relation to epilepsy management. Staff who spoke with inspectors knew how to manage epilepsy and seizures. Where 'rescue medicine' was prescribed to be used in the event of a seizure, the medicine was available at all times and relevant staff had been trained in the administration of this medicine. Individualised epilepsy care plans had been developed for all residents with a diagnosis of epilepsy which outlined type of epilepsy, description of seizures, identified triggers, medicines prescribed, frequency of review, 'rescue' medicines prescribed and management of seizures. A comprehensive seizure log was maintained for each resident. Residents accessed a specialist neurology outreach service from the local acute hospital.

End-of-life care was provided. Records reviewed confirmed that resident's physical, emotional, social, physiological and spiritual needs had been met. Resident's dignity, autonomy, rights and wishes had been respected at all times. The input of specialist palliative care services had been sought. Family and friends were suitably informed and facilitated to be with the resident at end of life. The inspector noted that practices after death respected the remains of the deceased person and the resident's wishes were respected in relation to funeral arrangements.

A comprehensive and sensitive discussion had taken place with residents and their representatives to ascertain residents' views in relation to end of life and support at times of illness. A plan of care for end of life was developed based on this discussion. Therefore, information was available to guide staff in meeting residents' needs at end of life and times of illness while respecting resident dignity, autonomy, rights and wishes.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents had access to a speech and language therapist, clinical nurse specialist in nutrition and dietician, in line with their needs. A robust system was in place to ensure that recommendations were implemented. Residents were encouraged to be active through activities such as swimming and walking.

Breakfast and snacks were prepared in the residents' home whilst dinner and the evening meal were prepared in the main kitchen. Staff outlined that residents were encouraged to participate in baking. The inspector saw that a meaningful choice of food was provided to residents for all meals. The menu plan demonstrated that meals were

nutritious and varied. Meals were unhurried and dignified; mealtimes were seen to be flexible. Assistance was observed to be provided in a respectful manner.

There were ample supplies and choice of fresh food available for preparing meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks. Residents were regularly offered a choice of hot or cold beverages. Residents could easily store food in hygienic conditions.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy-to-read format.

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:

Each resident was protected by the designated centre's policies and procedures for medicines management. This outcome was examined by a specialist medicines management inspector.

Medicines for residents were supplied by a local community pharmacy. The pharmacist was facilitated to meet obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a medicines management policy which detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines.

The inspector observed the administration of medicines to some residents. Nursing staff demonstrated an understanding of medicines management and adherence to guidelines and regulatory requirements. Medicines were stored securely throughout. Medicines requiring refrigeration and those requiring additional controls were not in use at the time of the inspection. A process was in place to ensure the safe and appropriate management and storage of these medicines, if required. There was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records.

An individualised medicines management plan of care was developed for each resident.

The information contained within the plan of care was individualised, comprehensive and person centred. The plan of care demonstrated that patterns of refusal or non compliance with medicines were identified and a practical approach was taken by the multidisciplinary team which included changes to formulations, simplification of regimen and reducing frequency of administration.

A sample of residents' prescription and medication administration records was reviewed. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. The medication administration records indicated that medicines were administered as prescribed. Prescriptions, at the time of the inspection, were clear and legible and the management team confirmed that this was to be kept under continual review to ensure safe medicines management practices.

The medicines management policy outlined that residents were encouraged to take responsibility for their medicines, in line with their wishes and preferences. A comprehensive and individualised risk assessment had been completed for all residents which took into account cognition, communication, reception and dexterity. At the time of the inspection, the inspector saw and staff confirmed that no resident was taking responsibility for her own medicines. Appropriate controls were outlined in the policy to ensure that the practice when facilitated, was safe.

Nursing staff outlined the manner in which medicines, which are out of date or dispensed to a resident but are no longer needed, were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

There was a system in place to review and monitor safe medicines management practices through regular internal and external audits. The audits examined the aspects of the medicines management cycle including administration, documentation, storage and disposal of medicines. The audits identified pertinent deficiencies and actions were completed in a timely fashion.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident or their representative. This record was signed by staff and the resident or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

Training had been provided to nursing staff in relation to medicines management. A system was in place to assess the competency of nursing staff who administer medicines.

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 contained most of the information required by the regulations, for example, the specific care needs that were met and the criteria for admission; however, the room sizes were not included. An amended and complete statement was submitted to HIQA based on the verbal feedback received from inspectors.

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 centre was effectively governed and the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre; staff spoken with clear on their respective roles, responsibilities and reporting relationships.

The person in charge was employed fulltime and was suitably qualified and experienced. The person in charge held core qualifications in both mental health and intellectual disability nursing and had recently completed a clinical leadership and development programme. On a day to day basis the person in charge had the practical support of a clinical nurse manager 1 (CNM1).

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. Each staff spoken with confirmed the accessibility and proactive response of the relevant line manager in response to queries, concerns or adverse events.

There was daily contact between staff and management including the director of services who operated an "open door" policy; structured formal meetings were convened at regular intervals.

A 24 hour management presence was maintained on campus.

There was a system of audit and review within the centre itself, for example health and safety checks, medicines management audits and the monthly review of accidents and incidents. Arrangements were also in place for the completion of the annual review of the quality and safety of the care and supports provided and the six monthly unannounced visits as required by Regulation 23.

The annual review incorporated feedback from residents and their representatives. The providers own reviews as Required by Regulation 23 reported good practice, positive feedback and a satisfactory level of compliance with the lines of enquiry used; these internal findings would concur with these and previous HIQA inspection findings.

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:

There were suitable arrangements in place for the management of the centre in the absence of the person in charge. On a day-to-day basis the person in charge was supported by the clinical nurse manager 1 (CNM1) in the operational management and administration of the centre. There was a structured system of management operated on the campus that offered supervision, support and advice on a 24 hour basis.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

Based on their observations, staff spoken with and these inspection findings, inspectors were satisfied that staffing numbers, skill-mix and arrangements were appropriate to the number and current assessed needs of the residents.

The centre was comprised of three separate units; an individual and collective approach was taken to staffing. Staff spoken with told inspectors that the person in charge and the provider's representative were flexible and proactive in response to any staffing issues.

Given the assessed needs of the residents and the stated purpose and function of the centre there was a requirement for nursing care; there was a registered nurse on duty at all times.

There was a centralised training department and staff training needs were discussed at the clinical nurse manager meetings. Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. The programme of training and development reflected the needs of residents. Training records were reviewed and it was noted that training in areas such as safeguarding, fire safety, responding to behaviour of concern, infection prevention and control, people handling and medication management had been provided. Staff spoken with confirmed their attendance at training.

In addition to the training provided staff also had access to knowledge and support from clinical nurse specialists, for example in nutrition and dementia. Staff spoken with were knowledgeable of residents, their needs and abilities and their required supports.

Families surveyed said that they were satisfied with the current staffing arrangements and described staff as competent, caring and positive in their attitude and approach; respectful of both ability and disability.

Regular staff meetings were held. Records reviewed of these meetings included discussion of incidents, general maintenance, audits, resident's social roles and goals, infection prevention and control and recommendations from the multidisciplinary team.

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:

Overall, inspectors were satisfied that 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 were in place and were retrieved by the person in charge and other staff as requested by inspectors.

The person in charge maintained a quick reference log of where each record and or document was maintained. The records reviewed by inspectors were well-maintained and inspectors retrieved with ease, the information they required.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection 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-0003935
Date of Inspection:	25 & 26 July 2017
Date of response:	23 August 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:

The available space and layout in the sanitary facilities did not promote privacy for residents. Inspectors saw that work to address this had commenced but was not complete in two houses as per the previous action plan timescale provided.

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

1. Action Required:

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

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

The works on the remaining two sanitary facilities is currently in progress and will be completed by the end of September.

Proposed Timescale: 30/09/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

It was difficult to verify the adequacy of control measures as there was inconsistency in the recording of the residual risk; that is the level of risk that remained following the implementation of the controls.

2. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The Health and Safety officer will deliver input and training to all staff in the centre on the completion of risk assessments. This will include input on the calculation of the initial and residual risk rating, and indicating the impact that control measures have on calculating the residual risk rating. This training will be completed by the end of September 2017. As part of the training process, the health and safety officer and the person in charge will review the risk assessments with the staff team and ensure that all risk ratings are accurate and give consideration to the control measures implemented.

Proposed Timescale: 30/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Inconsistency was noted at times by inspectors as to the risk and the rationale for a restrictive practice, the clear and consistent identification of what constituted a restrictive practice, what the exact intervention was, and, ensuring that the records in place clearly attested to the functional analysis of behaviours, the exploration of

alternatives and the use of a restrictive practice only as a last resort.

3. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The multi disciplinary team involved in supporting each resident who has restrictions in place will meet and review these restrictive practices. Where restrictions are in place to support a residents behaviour support needs, the function of the behaviour will be analysed and practices reviewed to ensure that the least restrictive measures are in place or if alternatives to support the resident can be implemented, they will be. The resident's plans of care will be reviewed to ensure that they include clear rationale and instruction for staff around the use of all restrictive practices.

Proposed Timescale: 31/10/2017

Theme: Safe Services

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

The administration of 'as required' medicines and an intervention were not sufficiently included in residents' behaviour support plan to guide staff.

Where more than one medicine was prescribed, clear guidance was not available to guide staff in the appropriate medicine to administer.

Further clarification was required in relation to the identification and use of chemical restraint in the centre.

4. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The person in charge and key worker of a resident will meet with the consultant psychiatrist. The "as required" medication protocols will be reviewed and recommendations for use will be documented in the residents plan of care to ensure that all staff have clear guidance on rationale and occasions if or when they are to be administered. A clinical nurse manager 3 who is a registered nurse prescriber will deliver training to all staff and the person in charge in the centre around the documentation to be recorded around PRN medication, guidance for use and the importance of clearly documenting its effects post administration.

Proposed Timescale: 15/09/2017