

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group J - St. Anne's Residential Services
Centre ID:	OSV-0005158
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Michelle Doyle
Lead inspector:	Geraldine Ryan
Support inspector(s):	Conor Dennehy
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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 March 2017 09:30 To: 29 March 2017 16:30

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

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

Summary of findings from this inspection

Background to the inspection:

This announced inspection was undertaken in response to the provider's application to register this designated centre. It was carried out over one day and the inspectors also assessed if the provider had addressed the actions from the previous inspection undertaken in July 2016.

Description of service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. It was found that the service was being provided as it was described in that document.

The designated centre had been reconfigured since that last inspection and now comprised one house. The centre accommodated five residents and provided a service for residents with a moderate to severe intellectual disability, autism, a physical or sensory disability and with behaviors that challenge. The designated centre was located in a residential community on the outskirts of a large town.

How we gathered our evidence:

Inspectors met and spent time with three residents; sought permission to be in their home and to access their documentation. The following was reviewed: residents' risk assessments, a sample of residents' files, personal care plans, medication management, fire safety documentation, policies and procedure, staff rosters, audits and the premises was viewed.

Practices and interactions between residents and staff were observed. Staff engaged with residents in a warm and respectful manner. Residents welcomed the inspectors into their home. Residents spoke in a very positive manner about the staff, the day service, activities on offer, access to the community and activities. Staff spoken with demonstrated their knowledge of the residents and of regulatory matters such as safeguarding, medication management, management of risks and fire safety.

The person representing the provider was available throughout the inspection. The person representing the provider, the person in charge and the house manager attended the feedback meeting held at the close of the inspection.

Overall judgment of our findings:

On this inspection the inspector noted that 29 of the 31 actions generated from the inspection undertaken on July 2016 were completed in a satisfactory manner. There was evidence that progress was being made in the outstanding two actions in relation to transitioning of residents to a home of their choice. However, a timeframe for the completion of this matter was not in place.

Inspectors concluded that residents were cared for in a safe, comfortable, well maintained, homely environment. Residents enjoyed a rich and varied social life; had access to their local community and engaged in community based social activities. Residents also had access to learning opportunities.

Of the 18 Outcomes inspected against 13 were judged to be compliant, one outcome was judged as a moderate non compliance (outcome five) and four outcomes were substantially compliant.

Improvements were required in the following areas:

- detail of fees in the residents' contracts of care (Outcome 4)
- a timeframe for the transitioning of a resident to a home of their choice (Outcome 5)
- provision of private space (Outcome 6)
- detail in the statement of purpose (Outcome 13)
- review of policy on missing persons (Outcome 18).

The reasons for these findings are explained under each outcome in the report and the regulations which 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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that residents were involved in how the centre was planned and run and their privacy and dignity was respected. They also had access to an advocacy service.

There was robust evidence that residents were consulted about and participated in decisions about their care and the organisation of the centre. Regular residents' meetings were convened and matters discussed included décor of the centre, menu planning and there was evidence that matters were actioned. There was evidence that the meetings were used as opportunities to discuss issues of importance with residents, for example; fire safety and emergency evacuation, hand hygiene and infection control.

Residents confirmed that they had opportunities to do the things they wanted to do, including social activities, community involvement or visiting their families.

An advocacy service was available to residents and details of the confidential recipient were available.

The complaints procedure was displayed in the house and accessible to both residents and their families. Residents understood the complaints process and told the inspector that they would talk to staff if they had any complaints or worries. There was a complaints policy which provided guidance on the management of complaints. The complaints officer and an appeals process were identified in the policy. No complaints were under investigation at the time of inspection and there was a system in place for recording complaints if required. Any earlier complaints had been addressed or were in

the process of being addressed. There was evidence that the complainant was satisfied with the outcome.

The privacy and dignity of residents was respected. Staff spoke with residents in a caring and respectful manner. All residents had their own bedroom and had the option of personalising their room, if they wished. Residents were supported to do their own laundry and adequate laundry facilities were available.

Residents were supported to attend to their own personal care; intimate care plans had been developed to ensure that suitable and appropriate supports were given by staff as required.

Residents were supported, where necessary, to manage their finances and some residents retained full control of their own money. Records reviewed reflected that all financial transactions involving staff, were co-signed and dated.

The person in charge confirmed that any resident who wished to attend religious services would be supported by staff to do so. Residents were facilitated to exercise their civil and political rights and were supported to vote.

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:

There were suitable communication systems in place to support residents. Appropriate signage was evident. The centre had an up to date policy on communication for staff to follow when communicating with residents.

Residents could articulate their views verbally. Information for residents was displayed in an accessible format, including information on the complaints and advocacy procedures, a weekly meal planner and local events. The person in charge confirmed that the organisation had the service of a speech and language therapist (SALT), who was available to review any resident with a speech or communication difficulty. Residents had comprehensive communication plans which captured the advice from the SALT.

All residents had access to televisions, radio, newspapers, a postal service, visual aids, a

computer and printer, internet and reading material.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain relationships with their families and friends and were encouraged and supported to interact with the local community.

Residents said that they were supported to attend social events, participate in local choirs, go on outings and dine out in local restaurants. Residents frequently visited the shops and facilities in the local town.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of the contracts for the provision of services. It was noted that the contracts contained the required information such as the services to be provided and had been signed by residents and/or their representatives. However it was observed that information relating to the fees to be charged required review to ensure accuracy. A representative of the provider informed inspectors that the provider was

looking to address this.

Since the previous inspection there had been no admissions to the designated centre but policies and procedures around admissions were in place.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that each resident's social wellbeing was maintained by a high standard of care and support. Residents had opportunities to pursue activities appropriate to their own preferences both in the centre, at the day centre and in the community. There was robust evidence of multidisciplinary team involvement and a multidisciplinary review, as required by the regulations, had been undertaken. However, an action generated from the inspection undertaken in July 2016 concerned lack of progress in a plan for residents to discharge to another service and home of their choice. While there was evidence of significant progress on this matter, no timeframe had been stipulated by the provider as to when residents' discharge was to be completed by.

Each resident had a comprehensive personal plan which contained important personal information about the residents' background, family members and persons important to them. Plans set out each resident's individual needs and identified life goals; for example; travel and holidays, to visit a place of historical significance, cooking, going out on their own and management of health care issues. Residents took part in annual support meetings, which set out a plan for the year including any multidisciplinary team inputs - as well as residents' aspirational goals. There was evidence that residents' goals were tracked regularly.

There was evidence of multidisciplinary team involvement for all residents, in line with

their needs, including physiotherapy, occupational therapy, speech and language therapy and specialist medical, surgical services. A multidisciplinary review, as required by the regulations, had been undertaken. Recommendations from allied services were incorporated to the residents' personal plan.

Each resident had a hospital passport outlining pertinent information and there was a system in place to ensure that relevant and important information was communicated in the event of a resident being transferred to hospital.

Residents were supported to interact in the local community. Residents told the inspector that they were supported to go out to the local towns if they wished to attend an event. One resident informed inspectors that they were a member of the local residents' committee.

There were vehicles available to transport residents to day services or other activities they wished to participate in.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The design and layout of the centre suited the needs of residents. The centre was very clean, comfortable, maintained and suitably furnished. The premises was equipped with necessary aids to support residents. However, the requirements as set out in Schedule 6 of the regulations were not fully complied with; residents access to private space was very limited. The person in charge concurred with this and stated that when the planned relocation of one resident to another service was completed, this bedroom would then be converted to another quiet or sitting room.

All residents had their own bedrooms. Residents' bedrooms were bright and furnished and had adequate personal storage space and wardrobes. One bedroom had en-suite toilet and shower facilities. Residents had access to a wheelchair accessible shower, toilet and hand washing facilities and another bathroom.

Communal space included an open plan kitchen, a dining area and a sitting room. The kitchen was well equipped and clean. There were laundry facilities in the house and residents were supported to do their own laundry. The centre had a staff office which was also used as a staff bedroom. Staff had access to an adjoining ensuite.

Suitable arrangements were in place for the disposal of general waste. There was no clinical waste generated in the centre.

The centre was surrounded by a spacious garden area with an external patio furnished with outdoor seating; and a bird table constructed by a resident. External car parking was available.

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):

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

Findings:

Inspectors found that systems were in place to protect the health and safety of residents, visitors and staff. The documentation in relation to the promotion of health and safety was found to be in place; for example; a health and safety statement, a risk management policy, a risk register which identified measures in place to control identified risks (clinical and environmental), a fire register and infection control guidelines.

Risks specific to each resident were identified and control measures documented in residents' personal plans.

The inspector reviewed fire safety procedures. There were up-to-date servicing records for fire fighting extinguishers, emergency lighting and the fire alarm system.

All staff had received formal fire safety training and staff who spoke with the inspector knew the evacuation procedure. Personal emergency evacuation plans had been developed for each resident. Each plan included pertinent information in relation to the level of support required by each resident. Regular fire evacuation drills involving residents and staff took place in 2017. Records of fire drills were maintained and indicated that all drills had been completed in a timely manner. The procedures to be followed in the event of fire were displayed.

Staff carried out a range of monthly health and safety checks in the centre, such as checks of fridge temperatures, accessibility of all exits and alarms. A monthly health and safety summary was completed by the person in charge or the health and safety officer, which recorded fire drills, evacuations, incidents, training and outstanding issues. Minutes reviewed evidenced that regularly health and safety meetings were convened to review health and safety arrangements in the centre.

In the event of an emergency, a safe place was identified to where residents would be evacuated to.

An inspector reviewed a sample of incident forms and saw that accidents and incidents were recorded, addressed with arrangements in place for investigating and learning from accidents. There was evidence that where improvements were identified, these were implemented in a timely fashion; for example, safe placement of external bins, replacement of light bulbs and safe access to hot water. However, incidents concerning persons living in another dwelling were also recorded in this centre's accident and incident record. The person in charge gave assurances that this practice would cease.

The person in charge had comprehensive guidance for staff in all matters pertaining to the prevention of infection and cleaning of the centre.

Adequate hand sanitising dispensers and washing facilities for residents, staff and visitors were provided. Personal protective equipment such as gloves and aprons were available. The training matrix confirmed that infection prevention and control training had been completed by all relevant staff. In addition, the person in charge had arranged for a clinical nurse specialist in the prevention of infection to visit the centre on the 4 March 2017.

The person in charge had a comprehensive training matrix which evidenced the training completed by staff including manual handling.

The centre's vehicles were serviced and maintained.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Systems were in place to protect residents and ensure that there were no barriers to residents or staff disclosing abuse. Restrictive practices were in use in the centre and it was evident that multidisciplinary input had been sought when planning and reviewing residents' individual restrictive interventions.

Residents confirmed that they felt safe in the centre and that they knew who to talk to if they had any concerns. Staff were knowledgeable of what constitutes abuse and how to follow up on an incident, suspicion or allegation of abuse. Training records confirmed that all staff had received training in this matter. There was a safeguarding policy in place. There had been no allegations of abuse in the centre. Residents spoke warmly about the person in charge and staff. Staff were observed engaging with residents in a positive and caring manner.

A policy, reviewed and updated in 2016, was in place to support residents with behaviour that challenges. A review of training records indicated that staff had attended training in the management of behaviour that is challenging including de-escalation and intervention techniques. Personal care plans reviewed captured clear guidance to staff on how to manage an incident where a resident may exhibit a behaviour that challenges.

A restraint policy was available to guide and inform staff. The use of restrictive practices was assessed using an accredited risk tool with less restrictive alternatives considered first. Signed consent from residents was secured where possible. It was evident that multidisciplinary input had been sought when planning and reviewing residents' individual restrictive interventions and where possible in consultation with the resident.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

Inspectors reviewed a record of accidents and incidents in the designated centre and any incident which required notification to the Office of the Chief Inspector had been submitted in a timely manner.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents were supported and encouraged to develop further skills. Residents confirmed that they participated in activities suitable to their interests. For example, residents had participated in computer courses, art and life skills training in the day service. Skills such as cookery and gardening were developed in the day service.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

Findings:

Inspectors found that residents' health care needs were met and they had access to appropriate medical and healthcare services.

Residents also had access to a range of healthcare professionals; a general practitioner (GP) and an associated out of hours service, physiotherapy, occupational therapy,

speech and language, specialist behaviour support, psychology, psychiatry, specialist medical, surgical services and counselling. There was evidence that residents' right to refuse medical treatment was respected.

The care and support plans viewed by the inspectors contained comprehensive information around residents' healthcare needs, assessments, medical history and support required from staff.

Residents' nutritional needs were well met. All residents were supported and encouraged by staff to eat healthy balanced diets and participate in exercise. Residents confirmed that they enjoyed their meals, had access to snacks at any time and could dine out whenever they chose. Residents had access to dietitian services and speech and language therapy as required. There was evidence of assessments completed in relation to residents' swallow reflex which were included in their plans of care.

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):

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

Findings:

The inspector found that there were safe medication management practices in place. An updated medication policy was in place which included procedures relating to the ordering, prescribing, storing and administering of medicines in the centre. Prescription and administration records were maintained in accordance with legislative requirements.

There were appropriate systems in place for the ordering, storage and return of medications. Medication was suitably stored and there was a secure system for the return of unused and out-of-date medication to the pharmacist.

Training records indicated, and staff confirmed, that all staff involved in administration of medication had received medication management training.

A system was in place for reviewing and monitoring safe medicines management practices. There was evidence of regular audit of medication practices and evidence that findings were addressed in a satisfactory manner. Learning from incidents was documented and discussed at team meetings.

No resident participated in the self administration of medication. At the time of inspection, no resident required medication requiring strict control.

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 was reviewed during the course of inspection. While the document did contain most of the required information it was noted that the procedures for emergency admissions and the arrangements around complaints were not clear.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

This designated centre was now a stand-alone centre. There were systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and kept under review.

An unannounced six monthly review of the service had been carried out on behalf of the provider as required by the regulations and a copy was available in the centre. Some of the actions identified in the report had been addressed, while others were in progress. An annual report, produced in February 2017, was available for review and analysed the quality and safety of care provided in the designated centre.

The person in charge was supported by the organisational structure. She reported to a clinical nurse manager who reported to the person representing the provider. The person representing the provider was available throughout the inspection.

The person in charge worked full-time, was appropriately skilled and demonstrated the necessary experience to manage the service. She was knowledgeable with regard to the requirements of the regulations and had a very good overview of the health and support requirements of residents. The person in charge had responsibility for the overall management of the centre and two other designated centres. Her role included oversight of the quality of care delivered to residents and for supervision of the staff team. There was evidence that audits were being undertaken; for example, care plan documentation, accidents and incidents, medication management, hand hygiene and the prevention of infection.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person representing the provider and person in charge were aware of the requirement to notify HIQA of the absence of the person in charge. Arrangements were in place to cover the absence of the person in charge.

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):

No actions were required from the previous inspection.

Findings:

The centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

There was transport available to bring residents to day services or other activities they wished to participate in. The centre was suitably furnished, equipped and maintained. Staffing levels were appropriate to the assessed needs of residents.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

Inspectors found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had received a range of training appropriate to their roles. Inspectors noted that 20 hours of the overall complement of staff hours were directed to the care of people in another dwelling. The person in charge and the person representing the provider gave an undertaking, and assurances, that this practice would cease with immediate effect. There was no impact of a negative nature noted on this inspection as the staffing arrangement met the assessed needs of the residents at this time.

Regular staff meetings were convened and agenda items included medicines management, the roster, documentation, update on residents, fire safety, hand hygiene

and activities.

Staff were able to articulate the centre's management structure and reporting relationships. Copies of both the regulations and the standards had been made available to staff and staff demonstrated adequate knowledge of these.

There was evidence of a planned roster and this was updated as required to reflect the actual roster. The staff rota was arranged around the assessed needs of residents and their social life. During the day, three staff worked in the centre providing support to residents. One staff slept in the centre overnight and was available to provide support to residents if required. Additional staff were rostered to support residents who wished to socialise. Residents confirmed that staff accompanied them when they wanted to attend social outings such as going to the cinema, shopping or for meals.

Staff recruitment files were not reviewed on this inspection as all files relating to staff were held in the provider's central office.

Training records indicated, that staff had received training in safeguarding vulnerable persons, manual handling, first aid, medication management, epilepsy awareness, prevention of infection, fire prevention, fire safety and food safety.

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:

Inspectors reviewed the directory of residents which contained all of the information required by the regulations. A residents' guide was also in place which information such as the procedures respecting complaints and the arrangements for visits. Inspectors reviewed the list of policies required under the regulations and found that these policies were all in place. However such policies are required to be reviewed at three year

intervals and it was observed that the policy on missing persons had not been reviewed since 2013.

All other documents requested by inspectors were in place in the centre.

Judgment:

Substantially 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:

Geraldine Ryan
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-0005158
Date of Inspection:	29 March 2017
Date of response:	28 April 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The stated fees to be charged contained in the contracts for the provision of services required review to ensure accuracy.

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

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

The nominee provider has reviewed the fees to be charged in the contract with the Director of Finance to ensure accuracy and assessments have been completed in respect of residents. Any adjustments required will be reflected in new contracts.

Proposed Timescale: 31/07/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

A timeframe had not been stipulated by the provider as to when residents' discharge to a home of their choice was to be completed by.

2. Action Required:

Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

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

The nominee provider has communicated with the HSE in respect of the transfer of one resident. This case was on the agenda to be discussed on the 26th April 2017 at the CHO 8 Residential Executive Committee Meeting to approve funding however the A/Manager of Disability Services has spoken to the ACEO indicating that while the meeting went ahead this case was not discussed. Therefore the service has no further agreement on a date to transfer this resident at this time. The service will continue to communicate with the HSE in respect of this case and update HIQA and the resident as soon as any new information is provided.

Proposed Timescale: 30/11/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Residents access to private space was very limited.

3. Action Required:

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 planned reduction in numbers of residents from five to four will provide additional opportunities for private space.

Proposed Timescale: 30/11/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The procedures for emergency admissions and the arrangements for complaints were not clear.

4. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose has been updated and submitted to HIQA

Proposed Timescale:
Completed

Proposed Timescale: 09/05/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on missing persons required review.

5. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The Quality & Risk officer has reviewed the service policy on missing persons and this

was approved on the 6/04/17

Proposed Timescale:
Complete.

Proposed Timescale: 09/05/2017