

**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 P
Centre ID:	OSV-0005574
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Breda Noonan
Lead inspector:	Julie Hennessy
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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: 11 January 2017 09:00 To: 11 January 2017 14:30

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

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

Summary of findings from this inspection

Background to the inspection:

This was the first inspection of this centre by the Health Information and Quality Authority (HIQA) following an application by the provider to register the centre. This centre was not actively providing residential services at the time of inspection and there were no residents living at the centre.

How we gathered our evidence:

Inspectors met with the person in charge of the centre, the representative of the provider and a clinical nurse manager. Inspectors reviewed the systems and processes in place with those staff as they related to providing a safe, quality service

for any prospective residents.

Inspectors also reviewed the physical premises and relevant documentation, including policies and procedures, risk assessment and templates.

Description of the service:

The centre is a dormer bungalow on its own site in a quiet cul de sac in a city suburb. The centre was in the process of being renovated, with some works yet to be completed at the time of inspection. It was warm, bright, spacious and accessible and there were no shared bedrooms. Residents would have access to a patio area and secure garden once the centre was occupied. Bedrooms were in the process of being personally decorated by residents due to move in to this centre.

The service provided was intended to accommodate four residents, including residents with a severe to profound intellectual disability.

Overall judgment of our findings:

The transfer of residents to this community house formed part of the provider's plan to decongregate parts of the service, commencing with older units in a campus-based setting. This was clearly an important move for residents and their families. The representative of the provider, person in charge and clinical nurse manager outlined the preparations being made by the entire team in relation to this move and how the multidisciplinary team had been involved in supporting the move. Links with community-based services, facilities and supports were being explored and in the early stages of being established. A positive approach was demonstrated in relation to ensuring the move would be a success and result in an improved quality of life for residents.

Overall, the provider had put systems and arrangements in place to meet the requirements of the regulations. Improvements were required to ensure that transport required would be available for this centre and night-time staffing arrangements had yet to be fully assessed.

The reasons for these findings are explained under each outcome in the report and the regulations that were not met at the time of the inspection are included in the action plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

Overall, there were arrangements in place in relation to promoting residents' dignity and rights and ensuring consultation with residents would take place.

The provider had a complaints policy in place and inspectors saw copies of the complaints procedure which would be displayed in the centre. This was presented in an easy to read format. The person in charge described how complaints would be addressed if they arose and a template for recording complaints was seen by inspectors. As this designated centre had yet to become operational there had been no complaints in relation to the centre.

Residents had access to advocacy service available from the provider and links with external advocacy agency had been developed by the person in charge, should any resident need to avail of independent advocacy services. The person in charge also informed inspectors that residents' meetings would commence on a monthly basis once the designated became fully operational.

A policy on residents' personal property and finances was in place and inspectors were informed that residents would have their own bedside lockers and wardrobes in which to store their possessions in their own bedrooms. In addition residents had also been consulted in relation to the decor of the designated centre and had chosen their own colour schemes for their bedrooms.

The person in charge discussed how the planned staffing arrangements would enable residents to engage in various activities both inside and outside the centre. A volunteer

had been applied for through the organisation's volunteer coordinator to assist in supporting residents for activities. The person in charge also confirmed that due to increased staffing levels made available to this centre, that participation in activities would not be reliant on securing a volunteer and that adequate staffing levels were in place to support such activities.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, there were arrangements in place to support any residents with communication needs.

There was a policy in place relating to communication with residents. The person in charge said that the assessment of needs that would be completed for any resident identified as moving into this centre would include an assessment by a speech and language therapist. The inspector reviewed a sample of assessments of need and found this to be the case. Any communication requirements would be included in residents personal plans. A sample of a communication profile, communication passport (that outlined residents' preferred communication methods) and a communication care plan was viewed.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the person in charge outlined how family relationships would be supported and how links with the community would be established.

The person in charge discussed preparations to support residents to participate in and integrate into the local community. A sample of residents assessments of need identified community activities, such as visits to shops, meals out, going to the cinema, local pub, hairdresser or beautician, for walks or visits to the park or for day trips.

In line with the provider's own visiting policy, the person in charge said that visitors to the centre would be encouraged at any time. The person in charge also outlined that a house warming party would be held once residents moved into the centre, if residents wished for same.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the person in charge and provider representative outlined the arrangements in place to ensure that admissions take place in a planned and safe manner in line with the organisation's policy and the statement of purpose. Written contracts of care for prospective residents required review and revision to reflect any changes in terms, services or charges.

The organisation had a policy in place relating to admissions, transfers and discharge of residents, which outlined the criteria for admission. An inspector saw that the protection of residents from behaviours that may challenge by their peers and compatibility of residents due to move to this centre had been considered as part of the assessment of needs. For the separate apartment, the provider outlined how such considerations had been included in the design and layout of that apartment.

As works in the centre were not yet completed at the time of inspection, residents had not yet visited the centre. However, both residents and their families had seen pictures

of the centre and had seen the house from the outside. Plans were underway for residents and their families to visit the centre as soon as works were fully completed.

An individualised transition plan had been developed for any prospective residents, which considered elements required to support a successful transition. The plan was based on a multi-disciplinary assessment of needs. The transition plan included information about the centre, an orientation programme and community activities that may be of interest to residents. The plan details outlined how each resident would be introduced to their new home in a gradual manner, commencing with short visits and building up to longer stays over a four-week period.

Three of the four residents moving to this centre had been identified and those residents would be transferring from another centre within the same service. As a result, contracts of care required review and revision to reflect any changes in terms, services or charges on admission to this centre.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the person in charge demonstrated that there were arrangements in place for assessing residents' needs and developing a personal plan.

A process was underway to ensure that a comprehensive assessment of the health, personal, social care and support needs of the resident prior to admission. Sample assessments of needs were viewed, which had been completed by the multi-disciplinary team. The assessment of needs outlined any supports that residents would require following their admission to the centre, including in relation to intimate care, communication, positive behaviour support and accessing the community. The person in charge outlined that these assessments would inform residents' personal plans. The person in charge outlined that an annual review of residents' personal plans would take

place, which would involve input from members of the multi-disciplinary team involved in the care and support of residents.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The inspector reviewed a template for the booklet and saw that the template recorded comprehensive information in relation to the needs of the resident including any communication supports and any support required during mealtimes or to take medication.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the design and layout of the premises was suitable for its stated purpose.

The designated centre was comprised of a detached dormer bungalow with an adjoining apartment capable of providing one resident with a self-contained unit. The main area of the premises contained three bedrooms, one of which was ensuite, a wet room, a kitchen/dining area, living room, utility and staff rooms. The apartment consisted of a bedroom, kitchen, toilet and living area. The apartment was linked to the main area of the centre but had its own entry and exit. Residents in both the main house and separate apartment would have access to their own patio area. There was also access to a small garden area to the rear of the premises and ample parking space to the front of the property.

Bedrooms were of a suitable size and layout. Residents and their relatives had already selected bedrooms, which would be personalised over the coming weeks. Residents had been supported to chose the colour schemes for their bedrooms. Built-in storage space was provided for residents' personal use.

There were adequate sanitary facilities provided with an accessible shower and bath.

There was suitable heating, lighting and ventilation. Furnishings, fixtures and fittings would be brought from another centres when residents moved or purchased with

resident's involvement.

A separate staff office and staff bedrooms were available upstairs. There was suitable storage to lock away any hazardous items.

The centre had a separate kitchen and dining area that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided for residents to launder their own clothes if they so wish.

The representative of the provider told inspectors that an engineer and members of the multidisciplinary team had viewed the house and suggested alterations or adaptations to improve fire safety, accessibility and use of the premises by prospective residents. These included reconfiguration of the kitchen and dining space, installation of an accessible shower, widening of doors, installation of grab rails and the creation of ramps. While a written plan of required works was not available for review at the time of inspection, this was submitted the day after the inspection, along with a completion date for installation of hand rails.

Contract cleaners were completing a deep clean the day of the inspection.

At the time of inspection as the renovation works were not fully completed, a snag list and final health and safety inspection were yet to take place but these had been scheduled.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Overall, the provider was committed to protecting and promoting the health and safety of all in the centre.

An organisational risk management policy was in place along with a centre specific safety statement and risk register. The risk register contained risk assessments for generic risks such as manual handling, slips, trips and falls and medication administration. The person in charge discussed how this would be updated as residents transitioned into the centre and how health and safety issues would be monitored once the centre became operational.

The person in charge outlined that fire drills would take place during the transition period and at regular intervals thereafter, in accordance with the organisation's policy.

A template of an incident book was in the centre. There were arrangements in place for the review of any incidents and learning from incidents with incidents reviewed at local level every three months and at management meetings every six months.

A fire alarm system, emergency lighting and fire fighting equipment including fire blankets and fire extinguishers had been installed in the centre and inspectors saw certificates of installation carried out by external bodies. Emergency lighting was seen to be operational on the day of inspection while fire exits were also seen to be unobstructed and clearly marked. Fire doors were present throughout the centre and the fire evacuation procedure was also seen by inspectors.

Inspectors reviewed training records and noted that all identified staff for the centre had undergone training in manual handling and fire safety. As this centre was not operational at the time of inspection no fire drills had been carried out but a drill was planned during the transition period, prior to the centre being occupied.

An infection control policy was in place and had been recently updated. Food safety and infection control training would be provided for all staff working in this centre.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Overall, there were systems and arrangements in place to promote a positive approach to behaviour that may challenge and to protect residents from abuse.

The person in charge and care staff demonstrated knowledge and understanding in relation to the recording and appropriate investigation of incidents, allegations and

suspicious of abuse in line with national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, the protection of vulnerable adults and in relation to restrictive practices.

The person in charge told the inspector that access to psychology and psychiatry would be arranged for any resident requiring such support. Any multi-element behaviour support plans would be developed in conjunction with the multidisciplinary team.

A training schedule had been developed that identified staff training needs in this area.

There were systems in place in relation to the oversight of restrictive practices and a service-wide restrictive practices committee would review and approve any practices in use. The inspector reviewed the template that was used for making referrals to that committee.

Oversight of chemical restraint and any PRN ("as required") medicines used, as it related to behaviour support, was by a drugs and therapeutics committee at organisational level.

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):

This was the centre's first inspection by the Authority.

Findings:

As this designated centre was not operational there had been no notifiable events at the time of inspection. However the Person in Charge was aware as to what constituted such events and the associated timeframes for submitting notifications.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were informed of the arrangements in place to ensure that residents' opportunities to develop life skills and their involvement in day services would be maintained upon transitioning to their new home.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, arrangements were in place to assess and meet residents' healthcare needs.

Arrangements were in place to meet residents' healthcare needs through timely access to health care services and appropriate treatment and therapies.

The person in charge confirmed that, where treatment was recommended and agreed by residents, this treatment would be facilitated. Residents' right to refuse medical treatment would be respected. The statement of purpose outlined that residents would have access to medical, nursing and allied healthcare professionals including psychiatry, psychology, speech and language, occupational therapy and dietetics.

As previously mentioned under outcome 5, a comprehensive multi-disciplinary assessment of residents' healthcare needs had been completed for residents due to move into this centre. This assessment would form the basis for healthcare plans where required and templates for completing healthcare plans were reviewed.

The person in charge outlined how arrangements would be put in place to ensure that residents receive support at times of illness and at the end of their lives which meets

their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes. Such arrangements would be identified and outlined through the healthcare planning process.

The person in charge outlined that breakfast and supper would be prepared in the house while the main meal would continue to be provided from the centralised campus kitchen. A discussion in relation to how this practice fitted into a community-based model took place. The provider representative and person in charge said that the provision of the main meal from the centralised kitchen during the transition period would aid a smooth transition for all and they would be reviewing the practice thereafter.

Suitable facilities were provided for meal preparation with a well-equipped kitchen and dining area in each house. Residents would be supported to participate in meal preparation, in accordance with their preferences and abilities. The person in charge and care staff outlined how any dietary needs would be met and reviewed as required.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, there were policies and procedures in place in relation to medication management. Locked facilities to ensure safe storage of medicines had yet to be installed.

The organisation's medication management policy was dated 29 July 2015 and outlined specific arrangements for the monthly ordering, receipt, recording, making requests between monthly orders and the return of used or out-of-date medicines.

The person in charge and staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. However, locked facilities to ensure safe storage of medicines had yet to be installed. The person in charge was aware of the regulatory requirements in the event of storing any medicines that required additional controls. Provisions were in place for any medicines that required refrigeration.

A pharmacy requisition book was available in the centre along with a template for a PRN ("as required") protocol. The template for medication prescription and administration records was reviewed. Medication administration records identified the medicines on the prescription and allowed space to record comments on withholding or refusing medications.

The manner in which medications which are out-of-date or dispensed to a resident but are no longer needed was managed was outlined in the medicines management policy. These medicines would be stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A template of the returns form was available which allowed for an itemised, verifiable audit trail.

There were systems in place for checking that medicines received from the pharmacy correspond with the medication prescription records, for ordering of medicines, checking stock levels and returning used or out-of-date medicines to the pharmacy. A system was in place to ensure that training in relation to medication management would be delivered to relevant staff every two years (or more frequently if required). The person in charge told an inspector that she would complete medication audits in this centre and annual competency assessments of nursing staff.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose required review as it did not accurately describe the services to be provided in the centre. For example, clarity was required in relation to the total staffing compliment in whole time equivalent, the gender of residents for whom it is intended that accommodation should be provided and the supports to be provided to meet residents' needs (in particular, nursing supports).

An updated version of the statement of purpose was submitted the day after the inspection that contained the outstanding information.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, there were systems and arrangements in place to ensure the effective oversight and operation of the designated centre.

There was evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. Healthcare assistants and household staff reported to the clinical nurse manager (CNM1), staff nurses and the CNM1 reported to the person in charge (CNM2) and the person in charge reported to a CNM3, who in turn reported to the representative of the provider. The representative of the provider met with clinical nurse managers at scheduled management meetings.

The person in charge worked full-time and was the person in charge of two designated centres. While the person in charge was not in this centre, the CNM1 was in charge. The person in charge and CNM1 generally worked opposite each other to ensure effective management of the centres and also demonstrated that there were systems in place for communication and handover to ensure continuity of care.

The person in charge met the requirements of the regulations in terms of skills, experience and qualifications. She was dual qualified in general and intellectual disability nursing and held a certificate in management. The person in charge provided evidence of continuous professional development, for example, she had completed a masters in palliative care and a clinical supervision course and attended a research innovation conference within the previous 12 months.

The person in charge outlined audits of quality and safety of care that would take place

in the centre and templates or samples of these audits were viewed. These included medication management, infection control, health and safety, mealtimes and personal plans.

The representative of the provider was aware of the requirements of the regulations to carry out two unannounced visits to the centre each year and produce a report on the safety and quality of care and support in the centre. The representative of the provider was aware of the requirements of the regulations to complete an annual review of the quality and safety of care in the centre. There were processes within the organisation to ensure that unannounced visits and an annual review were completed.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider was aware of the obligation to submit a notification in the event of any proposed absence of the person in charge and the arrangements to cover for any absence of a period of 28 days or more.

There were adequate arrangements in place for the management of the centre when the person in charge is absent. A person participating in the management of the centre (clinical nurse manager) was identified to deputise for the person in charge in their absence.

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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the use of resources had been assessed and identified for the safe and successful operation of this centre.

The facilities and premises reflected the statement of purpose.

The provider had arranged for the centre to be cleaned and for a final snag list and health and safety assessment to take place to ensure that it would be in a good state of repair both internally and externally prior to residents moving in.

There was a system in place for the identification of any maintenance issues or equipment requiring replacement on an emergency basis.

The statement of purpose identified that dedicated transport would be made available to this centre. This was confirmed by the representative of the provider, who said that a people carrier would be purchased by 12 February 2017. The representative of the provider was requested to confirm this action had been completed as part of their action plan response.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

Overall, the skill mix of staff required for this centre once operational had been assessed and identified. A staff training programme was in place to meet residents' support requirements. However, it was not demonstrated that staffing arrangements at night had been fully assessed.

The residents who would be living in this centre would be transitioning from another designated centre where they currently resided. To ensure continuity of care and support the provider had identified staff members who would also transition into this new centre with the residents while provision had also been made for nursing care. Some additional staff members would also be assigned to the centre before it would become operational.

However, the staffing arrangements at night had yet to be clarified as being adequate. The representative of the provider and the person in charge both said that one waking night-staff would be allocated to this centre for the three residents already identified as moving to this centre. However, the person in charge said that they would need to arrange for a fire drill to take place and complete a risk assessment following that drill in order to ensure that the planned staffing arrangements were adequate. The person in charge said that such a drill would take place prior to residents occupying this centre.

The person in charge outlined that a training prospectus was available in relation to any required training for staff working in this centre. Any new staff hired for the centre would undergo an induction training course on commencement which would include topics such as fire safety, infection control, safeguarding, the protection of vulnerable adults and information on the provider's policies.

The person in charge told inspectors that the majority of the staff team would be transitioning with prospective residents from their current place of residence, to allow for continuity of care and to support a successful transition.

A robust induction process was in place which included job shadowing, policies and procedures, residents' personal plans, safeguarding, incident reporting, complaints management, notifications and documentation.

Staff files of a sample of staff members who would be transitioning with the residents had been reviewed during previous inspections and so were not reviewed during this inspection. Evidence of up-to-date registration of nursing staff was available for review.

The person in charge outlined the supervision arrangements in place, which involve formal annual supervision and appraisal.

At the time of inspection there were no volunteers involved with the designated centre however the person in charge was hopeful of recruiting some once the centre became operational.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors read a copy of the residents' guide which contained all of the information as required by the regulations. Inspectors also reviewed the list of policies required under the regulations and noted that these policies had been reviewed within the last three years. All other documents requested by inspectors were provided in a timely manner.

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:

Julie Hennessy
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 Ltd
Centre ID:	OSV-0005574
Date of Inspection:	11 January 2017
Date of response:	16 January 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:

Written contracts of care required review and revision to reflect any changes in terms, services or charges on admission to this centre.

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 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The revised contracts of care will be in place prior to transfer to the new centre.

Proposed Timescale: 10/02/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Locked facilities to ensure safe storage of medicines had yet to be installed.

2. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

: There will be a locked press within a locked press in the staff office to safely store medication.

Proposed Timescale: 30/01/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

The statement of purpose identified that dedicated transport would be made available to this centre. This was confirmed by the representative of the provider, who said that a people carrier would be purchased by 12 February 2017. The representative of the provider was requested to confirm this action had been completed as part of their action plan response.

3. Action Required:

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

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

The tendering process has commenced for the purchase of the vehicle.

Proposed Timescale: 10/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

It was not demonstrated that staffing requirements at night had been fully assessed.

4. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

: A night time simulated fire evacuation drill from the centre with night time staffing levels will be completed to establish if the identified night staffing levels are sufficient, and staffing will be revised and addressed if necessary.

Proposed Timescale: 30/01/2017