

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd. |
| Centre ID: | ORG-0011620 |
| Centre county: | Dublin 16 |
| Email address: | cnm2bh.stj@docservice.ie |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Daughters of Charity Disability Support Services Ltd. |
| Provider Nominee: | Mary O'Toole |
| Person in charge: | Mary Lynch (O'Keeffe) |
| Lead inspector: | Leone Ewings |
| Support inspector(s): | Florence Farrelly |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 10 |
| 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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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|---------------------|---------------------|
| From: | To: |
| 19 March 2014 10:30 | 19 March 2014 17:30 |
| 20 March 2014 09:30 | 20 March 2014 18:00 |

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

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| 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

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). All 18 outcomes were inspected against. The centre was in compliance with 7 of the 18 outcomes.

Inspectors found the management team had made some efforts to comply with The Health Act 2007 (Care and support of residents in designated centre's for persons (Children and adults with disabilities) Regulations 2013. Improvements were required to bring the centre into full compliance.

This centre forms part of a number of diverse services to persons with disabilities delivered by the provider Daughters of Charity on the St Joseph's campus in Clonsilla Dublin. It is a standalone modern house, opened in 2001 on ground floor level, located on the campus with the other designated centres. This centre provided accommodation for ten female residents and many had lived in other long stay areas of the campus prior to transfer to this centre where the focus was primarily on end of life and convalescent care.

As part of the inspection, inspectors met with residents, relatives and staff members, the nominated person on behalf of the provider as well as other members of the management team. Inspectors also reviewed staff files, organisational policies and procedures and other relevant documentation. The inspectors visited the centre and met with residents and the staff members, observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Overall inspectors judged that while there were some areas to improve upon residents were well cared for and supported by staff who knew the residents very well. There was evidence of good practice found across all outcomes, and six outcomes were deemed to be fully compliant with the Regulations. These compliances include the areas of effective communication supports for residents, the suitability of the premises, medication management and the effective use of resources. Areas of non compliance with the Regulations included major non compliances in the areas of residents rights, contracts of care, fire safety precautions and governance and management.

There were no immediate risks to residents identified and residents' appeared well cared for and happy within the environment. Staff were providing a good standard of individualised care, based on the assessed needs of each individual. However, some of the responsibilities within the management structure was not clearly defined and therefore progress regarding compliance and governance of the centre was slow.

Improvements were required with the statement of purpose, the contract of services, insurance policy, directory of residents' and the residents' guide. The workforce allocation, provision of staff training, governance and management structure and social aspect of care also required improvement.

Action plans at the end of the report reflect the improvements required.

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 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

Judgement:

Non Compliant - Major

Findings:

Overall the inspector found that the provider had not taken adequate measures to ensure that residents' rights, dignity and consultation were upheld. There were also improvements required regarding the management system for resident finances and the management of complaints.

In general the inspector found that there was evidence that efforts were made to consult residents with and participate in decisions about their care and how the centre was run. However, improvements were required in some areas. Individual resident meetings were held on a monthly basis with the senior members of staff. Minutes of these meetings were reviewed and confirmed that all residents' attended; their views/requests were listened to and acted upon by person in charge or her deputy, the clinical nurse manager (CNM). The staff confirmed that choices were offered with regard to personal items when shopping for clothing and items could be modified to individuals using the services of the on-site sewing room where necessary.

There was a complaints policy available, the inspection team had previously identified that the policy required review and updating by the provider. The inspector was informed there were no complaints on file and a review of the complaints file confirmed this. A resident and relative spoken with were aware of the complaints procedure and residents had access to advocacy services.

Staff were observed treating each resident with dignity and respect at all times. Screening was available around each bed space in the two four bedded rooms. Staff were seen using these in addition to closing the doors to ensure residents privacy and dignity was maintained. Three private single rooms were available for use, the majority of the beds available (8) were located in a shared setting (2 four bedded rooms), space was seen to be adequate and available particularly with regard to the use of assistive

equipment. Access was via the front door which was seldom used, and appeared to be mainly from the back door and corridor which directly connected to a sun corridor adjacent to another centre on the campus and the main building with administration offices.

There was a policy in place in the centre for the management of residents' personal possessions and property. Each resident had a mental capacity assessment completed to determine their capacity to manage their own finances; the inspector was informed by the person in charge that none of the residents in the centre had capacity to do this. The residents' petty cash was managed and fully documented by the clinical nurse managers. The inspector reviewed in detail the process in place to manage resident finances and found that they were robust and in line with the centres policy. Receipts for all purchases were available and records of credit and debits were clear, concise and accurate. Balance of residents petty cash held in safe keeping tallied with cash available belonging to each resident. The inspector confirmed that the remainder of resident finances were managed by the provider in a central account and the person in charge informed the inspector that residents were not involved in managing these finances in any way, and had no knowledge of how much money they have on account. The person in charge also had no knowledge of how much money any resident held on account and did not know how much each resident was charged for their stay by the provider organisation.

Staff spoken with reported that some residents had contributed to the decoration of general areas within the centre. Residents were also being charged to cover staff costs such as meals while on duty and outings. These practices were not clearly stated in any form of contract of care and it was not clear if residents were aware that they were paying for staff expenses. Also, when a resident went on holiday trips, staff costs were included in the amount charged to residents. Residents or their representatives were not clearly informed of this, or the amount being included to cover such staff costs. Schedule 4 of the regulations seeks a record of the designated centre's charges to residents, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each resident. This record was not available to inspectors, and had not been made available to residents or their representatives.

Each resident had designated storage space for their personal possessions; there was some variation in the personalisation of each resident's space although efforts had been made to have familiar items and pictures, photographs in these areas. A resident recent admitted for convalescence from another centre on the campus had familiar items and all her own personal clothing. Staff and residents from the other centre were observed visiting and the resident told the inspector she was looking forward to their visits.

There was a good variety of activities available to residents on the grounds of the centre. Residents were involved in activities to meet their needs. These staff told the inspector they went off campus with volunteers or friends, for example shopping and drinks, they appeared to be engaging in activities that interested them. Residents who were more dependant or described as having a severe intellectual disability had access to holistic therapies, massage, and meditation sessions held in a four bedded room at the centre. Many residents left the unit to attend music sessions and other activities on

the onsite day care centre. The communal day dining space was calm and used by many residents during the inspection. A review of two of these residents' activity records showed that one resident was unable to attend swimming activity as the hydrotherapy pool on site had been closed for a few months and alternatives had not been explored to continue this and there was no indication when this activity could be recommenced. Clinical nurse managers confirmed this was the case.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspector found that the person in charge and staff had responded effectively to the communication support needs of the residents. Residents' were assisted and supported by staff to communicate at all times. Staff demonstrated that they knew how to communicate with each individual resident either verbally, by use of gestures, touch or by use of sign language. Practice observed, reflected the residents' communication needs recorded in their personal plan. Staff demonstrated a high standard of knowledge with regard to recognising the non-verbal cues of each resident and acting appropriately on this. Detailed verbal handover took place on each resident during the day and an established key worker system was in place to facilitate each resident achieving their short and long term goals.

Televisions, radios and knowledge of local events were available to residents'. However, residents' did not have access to the internet within their home; access was available to independent residents in the computer department only. Residents had access to a telephone, in the office which was accessible to wheelchair dependant residents'. Staff confirmed they did had access to pictorial aids which related to food choices available.

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

Judgement:

Compliant

Findings:

Overall, the inspector determined that residents were supported to develop and maintain personal relationships and that families were encouraged to get involved in the lives of the residents.

The visiting arrangements in place were clearly outlined in the statement of purpose. The inspector met with visitors to the centre and all were welcomed by staff and facilitated to spend time with their relatives and friends. The person in charge showed the inspector the visitors book which was in place on a table near the back entrance and disinfectant hand gels were also in place. Residents were observed receiving visitors and one resident who was on convalescent stay had frequent visitors facilitated by the person in charge. There was evidence that next of kin were consulted and involved with the care planning process. One resident with no next of kin had been nominated a senior manager in the service as their representative.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspector found that while there was good evidence surrounding the admission of the current residents there was no overall admissions policy setting out the arrangements for admitting new residents in line with determined criteria to be set out in the centres statement of purpose.

The criteria for admission to the centre was clearly outlined within the statement of purpose, with a clear focus on end of life care and a convalescent service provision for persons with intellectual disability. Many of the residents had lived at other locations on the St Joseph's campus for many years and had been transferred to this centre further to a multidisciplinary review for a number reasons including changing and increasing care needs.

The inspector saw that the decision to admit a resident to the centre was clearly based on a multi-disciplinary team review of the residents needs. Records reviewed demonstrated that one resident who's home was not suitable for temporary additional nursing and social care needs was recently transferred to the centre for convalescence. The inspector noted there was a plan in place to transfer back to the residents home and there had been ongoing consultation with the resident, The inspector confirmed that this was a temporary transfer during this convalescence period.

Residents' did not have a written contract of care in place dealing with the support, care and welfare of the resident and included details of the services to be provided for the resident and the fees to be charged.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspector reviewed two resident records reflecting their assessments and personal plans. The inspector found that there were comprehensive written assessments completed which clearly identified their individual level of participation, individual needs, preferences and preferred routines. In relation to day 'activation' activity, inspectors determined that some improvements were required to ensure that activation plans for residents were outcome focused rather than solely activity based. Day 'activation' activity was provided on campus as opposed to residents attending off-site day services. The inspector noted that residents were brought to the day services centre for a music session during the inspection, and a variety of volunteers and staff facilitated this activity.

The person in charge informed the inspector that shopping trips and drives took place and were organised where possible. The inspector observed that activities were brought to the small number of residents who were in bed at various points of the day and opportunities to engage with close personal contact with visitors and staff was evident throughout the inspection.

The centres' vision as communicated by the person in charge strongly related to end of life care needs and provision of individualised supports to each resident. Whilst the personal plans in place were detailed they focused mainly on the health and emotional needs of the resident and they were updated when there was a change in the plan of care.

The social aspect of the residents' personal plan did not include detailed information about the residents goals and aspirations. Therefore, staff did not have a specific goal to assist the resident to work towards achieving. For example, one personal plan stated: loves swimming and aim was evaluated in March as increasing to two per month.

However, the review did not include details of how this would be implemented owing to the non-availability of the hydrotherapy pool on site or alternative measures explored. It had not been meaningfully evaluated so the inspector was unable to determine if the resident was achieving their aim each month or if it was improving the life of the resident.

Personal plans were not available in a format accessible to the resident or their representative.

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

Judgement:

Compliant

Findings:

The centre was found to be warm, clean and tidy and the physical design and layout was suitable to meet the needs of the 11 residents. There was personal private space available to each resident in single rooms and a four bedded room was observed to be used interactively as communal space when a meditation session was organised. The communal spaces accessible to residents were adequate they included a large sitting/dining room furnished in a homely manner. All areas contained all necessary equipment including electric adjustable bed frames, lockers, wardrobes, tables and appropriate individual seating. The person in charge confirmed that two hydraulic hoists were kept on the unit to meet the needs of the residents and this was adequate, one hoist had an in-built weighing function which allowed staff to monitor residents weight at the same time as moving and handling took place. The nursing office was centrally located and accessible to visitors and residents alike, and was adequate for the size and storage needs for all resident documentation. All rooms were freshly decorated in a homely manner with colours which were restful to the eyes.

The storage space for residents' private personal possessions was adequate, storage of assistive equipment took place in the two multi-occupancy bathrooms, this allowed staff to keep this in a safe space and as such reduce the hazard of it being on corridors. Whilst not negatively impacting on the access of residents to toilet and shower facilities as there was adequate provision for 11 residents. A new assisted wet room had been completed and was appropriate to the needs of the resident group and well used. There was no bath in the centre, the person in charge confirmed that the current shower facilities were adequate to meet the hygiene needs for the current resident profiles. Two of the single rooms had access to private en-suite shower rooms. The two single bedrooms allowed for a little more personal space.

Overall the standard of household hygiene in the centre was found to be good, and hand washing opportunities observed and taken by staff members.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Major

Findings:

While there were arrangements in place to manage risk with appropriate risk management arrangements, non compliances were identified in the emergency planning, fire safety precautions and infection prevention and control measures in place.

The inspector read the Health and Safety statement which was in need of review in relation to reflect changes in the fire safety procedures that had been introduced in the centre in recent weeks. Detailed personal evacuation plans were not in place, and not all staff had been trained in the use of the ski pad which had been identified as necessary for evacuating a resident from a single room. Staff spoken with felt that they had been provided with guidance on what to do in relation to a fire alarm, however the details required further review particularly relating to the dependency and mobility difficulties of each resident at this centre.

Not all staff had been provided with fire safety training, with some staff not having completed training in excess of ten years. However, the provider confirmed that there was a training plan in place to ensure all staff in the centre had been provided with up to date fire safety training and would participate in a fire evacuation drill by the end of June 2014. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. Fire evacuation notices were posted clearly at each main exit.

Generally the inspector found that the provider had put sufficient risk measure in place in other areas such as environmental and individual risks. Risk assessments of the environment and work practices had been undertaken in the centre and had been reviewed by appropriate organisational committees such as the health and safety committee or the aids and appliances committee, which was the committee responsible for reviewing all restrictive practices. In addition individual assessments had been carried out for each resident to ensure that any risks were identified and proportionately managed. The inspector reviewed a number of these which were being updated regularly with the support of a multi-disciplinary team reflecting ongoing change. For example, each resident had a personal moving and handling profile which provided clear guidance to staff on individual support needs in the area of manual handling.

Accidents, incidents and near misses were being recorded in detail and a copy of the reports were submitted to and reviewed by the provider. Incidents were being discussed at regular health and safety committee meetings with a view to learning from adverse events and reducing the risk of recurrence.

There was one sluice room in the centre, which was only accessible through the laundry room. One staff member completed all household and laundry work for the unit and was knowledgeable regarding infection prevention and control. There was a separate cleaning room and chemicals were kept in a locked space. The inspector was informed that a number of the residents' required bedpan on occasion and disposal of continence products, therefore an increased standard of sluicing facilities was found to be required. The location of the sluice room within the confines of the laundry posed a potential infection prevention and control risk which requires review by the provider.

Arrangements were in place for household staff to access a washing machine in another part of the campus for laundry which required sluicing as the washing machine in the centre did not have this function.

There was no emergency plan available to guide staff in the event of such emergencies as power outages or flooding. Staff spoken to said they were not aware if one existed.

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

Judgement:

Non Compliant - Moderate

Findings:

Arrangements in place to safeguard residents and protect them from the risk of abuse. Some improvements were required in the policy and while staff were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse, staff had not been provided with training in service user welfare and protection in recent years, with some staff spoken to not having received training since 2004.

The policy on protecting residents from abuse was currently under review, and was being updated in line with the revision of the national (HSE) safeguarding policy. Staff said they were aware of the importance of promoting the safety and respect for each resident. The inspector observed staff interacting with residents in a respectful and friendly manner. Staff also spoke passionately about residents they supported, and this passion was evidenced in the fact that a number of staff had been working with the

residents for a number of years.

There were no intimate care plans in place to promote self-care and protection for residents who were receiving a high level of support in the area of personal care from male and female staff members. There was a draft version provided to the inspector which was an organisational document, and there was a 'personal hygiene and dressing' document provided within personal files which provided some limited information in this regard. However, clear plans which outline the assistance and support that was required by residents which promoted and developed skills of self care and protection were not in place.

A small number of restrictive practices were in operation within the centre. Individual behavioural support plans highlighted these restrictions and in most cases, plans to remove the restriction, as well as the progress to date in relation to removing the restriction completely. For example, one resident had modified clothing in place to assist with continence management and promote personal dignity when mobilising. Documentation showed that this restriction had been regularly reassessed indicative of the residents' recent behaviour to the point where the resident had a less restrictive version clothing in place, and the person in charge confirmed this was working well. All behavioural support plans viewed by the inspector had been reviewed by the organisations multi-disciplinary review committee, and residents and staff had access to a behavioural support specialist.

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

Judgement:

Compliant

Findings:

The staff were maintaining detailed records of all accidents and incidents in the centre. These were reviewed by the person in charge, as well as the provider and relevant supporting committees. At the time of inspection, the centre had notified the Authority of incidents as required by the regulations. The person in charge had a list of all notifiable events provided in the office to inform all staff with the details of these requirements.

The inspector reviewed the most recent notification which related to the admission of a temporary resident from another part of the campus to meet additional support needs and the review of the information submitted was confirmed.

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

Judgement:

Compliant

Findings:

The inspector found that efforts were being made to improve residents' general welfare and development. As this centre offers palliative care, high dependency nursing and convalescence, understandably the focus of care was not on education, training or employment opportunities and this is not a priority for residents as evidenced within their care plans.

Day or 'activation' services were provided on the campus and residents were being supported to pursue interests such as walks, swimming, a ladies club and a knitting club.

The person in charge and staff were trying to enhance opportunities in many areas, and spoke about the vision for the centre to become more engaged in palliative and end of life care. This area had not yet been fully developed, with plans established in this area, and staff and residents were not fully supported with an up to date end of life policy to inform and guide practice. However, for the current group of residents many were actively involved with activities that were judged to be important to them.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

The inspector found that residents were supported to access health care services relative to their needs. The inspector reviewed the personal plans and medical plans for three residents and found that they had access to a general practitioner (GP) who visited the campus each weekday and was present on the day of the inspection. There was evidence that residents accessed other health professionals such as podiatry, speech and language therapy, dietetics, psychiatry, psychology, clinical behavioural

specialists and other multi-disciplinary supports. An outreach service was described by the person in charge for neurology and epilepsy management. Close links and supports were evident with palliative care services from St Francis Hospice care. Records were well maintained of all referrals and follow ups. The standard of medical review was found to be good and links with the multidisciplinary team evident.

Residents had access to qualified nursing staff at all times. There were individual health care plans in place for specific needs such as in the area of mobility, skin care and pressure ulcer prevention.

Residents' dietary and nutritional needs, as well as food preferences were also detailed in their health care plans. These were used to inform the catering staff of dietary and menu requirements. Residents were provided with a choice of meals and residents could have snacks at any time. The majority of the residents were provided with a modified consistency diet which staff served on trays. Staff demonstrated good practices relating to food hygiene and took opportunities to hand wash as appropriate. A large dining table was available in the day space but not used by all residents at mealtimes. Each resident's individual dining preferences were respected and assistance provided in a sensitive and appropriate manner. Some residents ate in their rooms with assistance, a one resident had a percutaneous gastrostomy feeding tube in place and staff were competent in the management of this. Dietetic review and management advice and guidance was available, and no resident had significant weight loss which had not been identified through full screening and referral.

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Judgement:

Compliant

Findings:

Overall the inspector found that residents were protected by safe medication management policies and practices. The provider had developed a very detailed and informative policy on the management of medication. All residents were supported in the administration of medication by qualified nursing staff. The last audit took place in January 2014.

The receipt of medication was being recorded and medication was being stored in a locked trolley in the staff office. The GP had signed off on all medication prescribed and the administration sheet provided clear guidance to staff on the dose, route and times that medication should be administered. The inspector recommends that medication that requires crushing is clearly documented by the prescriber. The pharmacist visited the centre to audit and stock take medication monthly, and these records were available

and read by the inspector. Resident medication reviews and further information about possible drug interactions were fully noted in the resident review. Records of drug error or omission, recorded as clinical incident forms were also read by the inspector, these incidents were being monitored for improvement by the person in charge.

Health care plans of residents also provided details of individual medication information sessions that took place between the pharmacist and each resident. A number of these were reviewed by the inspector and issues covered included possible reactions to medications as well as information in relation to health promotion and awareness in areas such as skin exposure to sun. An example of a recent change related to a special requirement for a resident on anti-convulsive medication, an up to date medication was changed by the GP to facilitate use for a resident in the centre in the centre.

The inspector noted that pain was well managed and pain relief for residents was assessed and considered at all times, and non verbal cues watched for and communicated by staff. Staff explained that some residents had their own ways of taking their medication and time was allowed to promote and maintain their independence in this area.

The person in charge discussed the current drug documentation system in use and noted that it did not allow for the prescription or recording of medication for use of in syringe driver continuous medication which was frequently used in palliative care, she confirmed that this was being discussed and would follow up on this relating to the updating of the end of life policy and procedures.

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

Judgement:

Non Compliant - Minor

Findings:

There was a written statement of purpose that generally reflected the service provided in the centre. However, it did not contain some of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

Elements to be addressed within the statement of purpose include:

- 2.(a) the specific care and support needs that the designated centre is intended to meet

- 2.(d) criteria used for emergency admission to the designated centre, including the designated centre's policy and procedures (if any) .
- 4. a description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function.
- 7. the organisational structure of the designated centre (did not include reporting structure for all staff)
- 9. details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.
- 11. the arrangements for residents to access education, training and employment.

Personal information such as names and dates of birth must also be removed from the document in line with data protection guidelines. This information should be stored separately within the directory of residents.

In addition, the inspector found that all residents and their representatives had not been provided with a copy of the statement of purpose.

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

Judgement:

Non Compliant - Major

Findings:

The designated centre formed part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability. These lines of accountability were not clear to inspectors. Additionally, the person in charge and nominee provider referred to many people with responsibility for clinical governance that they report to or relied upon for support.

The provider and the person in charge had a comprehensive knowledge about the centre. However, these persons did not provide evidence of their complete understanding of their roles and legal responsibilities in relation to the overall governance and management of the centre in line with the Regulations. For example, practices impacting upon the rights and dignity of residents were reported to inspectors

to have been made by other members of the management team in areas such as supervision of residents at night time and staffing resources. The inspectors discussed the roles and responsibilities of the provider and person in charge during the feedback meeting and requested that a full review of the residents needs be undertaken to ensure the best outcome for the resident.

The person in charge was interviewed by the inspector and deemed to be suitably qualified and experienced and provided support and leadership to her staff team. She was supportive and knowledgeable about residents and demonstrated a high standard of nursing leadership. Residents could clearly identify with her, and were very relaxed and comfortable in her company. The person in charge refers to the overall plan for the centre but this was not documented as a formal or strategic plan to allow the quality of care and experience of residents to be monitored and developed on an ongoing basis.

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

Judgement:

Compliant

Findings:

The inspector found that satisfactory arrangements were in place through the employment of a deputy clinical nurse manager. Further to this the clinical nurse manager was on duty on the days of the inspection and had completed a post graduate qualification in palliative care. She was also responsible for the management of the designated centre in the absence of the person in charge, and was familiar with notifiable events to the Authority. Staff also identified with the person in charge and the deputising manager as being in charge.

The person in charge had not been absent for a prolonged period since commencement and there had been no requirement to notify the Authority of any such absence.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

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

Judgement:

Compliant

Findings:

The inspector found that sufficient resources were provided to meet the needs of residents. There were sufficient staff rostered for duty throughout the two week rota reviewed by the inspector. The person in charge discussed the staffing arrangements and on the day of the inspection a care assistant was moved from another area to cover unanticipated leave. Overall the residents' dependency and assessed needs of all residents was seen to be met.

The centre was nicely furnished and equipped, and was also well maintained. The centre had been purpose built to meet the needs of residents and considerations such as access to light and wider corridors to meets the needs of residents with convalescent or end of life care and those with mobility issues. Assistive equipment was provided as required to meet specific identified support needs such as free standing hoists and assisted shower rooms. Further improvements had been planned with regard to storage and development of the family room.

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

Judgement:

Non Compliant - Moderate

Findings:

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults. The inspector read a number of staff training records which showed non compliance in the area of mandatory training requirements. Training in the areas of safeguarding and protection of vulnerable adults and fire safety had not been provided to all staff, although there was a plan in place to address these training needs, with training in the area of fire safety having already commenced. Additionally training in the areas of First Aid and Food Safety had not been provided to any staff in the centre. Staff spoken with by the inspector confirmed that they had not been provided with training in these areas. There was no plan in place to address this training need.

Four staff files, including members the maintenance and catering support services files, and Tús staff were reviewed and contained all of the documents as required by

Schedule 2 of the Health Act 2007 (Care and support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, not all staff working in the centre were listed on the proposed or actual roster. Staff employed to provide 'twilight' cover were not named on rosters. There was also a lack of clarity in relation to numbers of staff during this time which was identified to the inspector as being between 8pm and 11pm.

All staff spoken with had an in depth knowledge of the residents they worked with. Residents were supported by two key working staff; usually a nurse and a care assistant, and key workers spoken with were familiar with the personal plans and goals for their resident. A number of staff spoke with the inspector and some of the staff group were in the centre since May 2013, and a number of changes in management had taken place, all agreed that improvements had taken place over this transitional time. The provider had supported staff in a meaningful way with regard to how post-bereavement support of residents and staff and the individual needs were considered.

Continuity of care was seen to be provided, and staff worked in a meaningful way and communicated subtle changes in health and behavioural cues. The roster reviewed demonstrated that staffing levels were flexible and the centre was staffed to meet the needs of all residents. For example, a member of staff had been provided a short notice to support a resident who was admitted to an acute hospital throughout the days of inspection.

While there were supervision arrangements in place such as regular meetings between the provider and the person in charge, and the person in charge and staff, some of these arrangements were informal and were not being fully documented.

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

Judgement:

Non Compliant - Moderate

Findings:

The provider had developed and implemented a range of policies and procedures to guide staff in the delivery of services to residents and the running of the centre. However, not all of the policies and procedures required by Schedule 5 of the Regulation

had been fully developed or implemented. For example, a number of policies were under review or in draft format and were not available to staff.

The policies that were not in place or required review included:

- end of life care
- safeguarding
- the provision of personal intimate care
- residents personal property and finances
- food safety guidelines
- emergency planning
- access to education, training and development

In addition, some of the policies that were in place did not provide sufficient direction to staff. For example, the policy on communication refers to arrangements for staff communication, and did not reflect the good practice that had been implemented in relation to the communication needs of residents such as the use of photographic prompts for residents, Lámh signs, or the provision of policies in pictorial or easy to read format.

The registered provider had not established a directory of residents. There was a list of residents in the centre, and much of the information required in the directory of residents was available in residents' files. However, there was no directory of Residents as specified in the Regulations.

The inspector viewed an insurance certificate which confirmed that there was up to date insurance cover in the centre.

The provider and person in charge were maintaining records in a safe and secure manner. Residents' records were kept in a locked cabinet in the staff office in the centre. However, limited effort was being made to support residents to whom records refer to access them, or to inform residents of what information is held in relation to them.

Records were made available to the inspector as required during the inspection, in a timely manner.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Leone Ewings
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: | ORG-0011620 |
| Date of Inspection: | 19 March 2014 |
| Date of response: | 30 April 2014 |

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

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

The inspector found the Providers' procedures regarding the management of residents finances did not meet the Regulations.

Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

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

Capacity Assessments in relation to managing Personal Finances has been completed for each service user.

The Nominee Provider in conjunction with the Person in Charge is responsible for safe keeping of monies for Service Users personal accounts.

All staff have read Service Policy relating to Private patients Property Accounts.

Proposed Timescale: 30/04/2014

Theme: DCAD10 Individualised Supports and Care

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

The increased use of the hydrotherapy pool identified as a resident goal on a residents care plan was not available for use since early January 2014 and alternatives had not been sought for this resident.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

The hydrotherapy pool is out of action due to structural damage. Alternatives have been sourced in the community and are reflected in personal plan.

Proposed Timescale: 30/04/2014

Theme: DCAD10 Individualised Supports and Care

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

The complaints policy required updating to include all details as described in Regulation 34.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

Complaints policy for residents available on the unit. A member of staff is nominated as a complaints officer for the centre for the Service Users, a photograph of the staff is in policy.

Proposed Timescale: 30/04/2014

Outcome 02: Communication

Theme: DCAD10 Individualised Supports and Care

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

Dependent residents did not have access to internet facilities.

Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Cordless phone is available for Service Users. We also have internet and Skype facilities available in the day service for service users and families at their request. Letter sent to families informing them of same.

Proposed Timescale: 30/04/2014

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:

Residents at the centre did not have a written contract for the provision of services inclusive of any additional charges payable.

Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

A written contract for the provision of services is available, and in each Service Users personal plan. Letter sent to families informing them of same, available upon request.

Proposed Timescale: 30/04/2014

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:

The personal care plan was not made available in an appropriate format.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

We have commenced making personal plans available in a format that meets the needs of the service users and where appropriate available to their representatives. These plans will be specific to each persons needs.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The personal plans reviewed were activity focused rather than outcome based and reviews were not fully reflective of changes or barriers to full implementation of the personal plan.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Personal plans are evaluated regularly to reflect changing circumstances in health, social needs. Personal plans are reflective of goals and aspirations specific to each service user.

Proposed Timescale: 30/04/2014

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:

An emergency evacuation plan was not in place within the centre.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

All staff are aware of the current emergency evacuation plan, sign in sheet in front of policy for all staff, staff made aware of this policy in the communication book. The emergency plan has been updated with contact phone numbers for maintenance and response personnel.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

The arrangements for sluicing of laundry were inadequate and the sluice room and sluicing facilities were not found to be sufficiently equipped for the dependency and assessed needs of the residents in the centre.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The structural design of the current laundry and sluice area has been review, works to commence on same. We have sourced disposable bedpans to minimise risk of potential infection.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

All staff had not been trained in the fire safety and use of appropriate measures/equipment to facilitate an evacuation of the centre.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff will be trained in Fire Safety by 11th of June.

Proposed Timescale: 11/06/2014

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:

The personal plan and policy and procedures in place did not guide and inform staff providing personal intimate care to residents in a manner that respects the resident's dignity and bodily integrity.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

Intimate care guidelines, policy document is in place. Intimate care guidelines are currently being reflected in personal plans by key workers in collaboration with the service users preferences utilising the policy document appendices as a template for specific intimate care approaches required for each service user.

Proposed Timescale: 30/09/2014

Theme: Safe Services

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

Not all staff had received appropriate training in relation to safeguarding residents.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Two staff requiring training in Protection and Welfare of Service Users.
Training to take place on 11.06.2014 and training due again in September, 2014.

Proposed Timescale: 30/09/2014

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 statement of purpose did not contain all of the information as required 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. The information that was not provided is listed under Outcome 13.

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:

Statement of Purpose updated by the person in charge and sent to Families.

Proposed Timescale: 30/04/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The roles and responsibilities at a strategic and operational level were not clear to the inspector.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

Currently the Centre has an organisational structure chart, and a service organisational structure chart. At centre level the roster for the person participating in management for day/night duty, the nominee provider and CNM3 on campus and the person in charge is circulated each week. The roles and responsibilities of the persons participating in management are clearly outlined in their job description.

Proposed Timescale: 30/04/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff working twilight shifts between 8pm and 11pm were not identifiable on the rota.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Off duties now reflect this, all staff are on the off duty, day and night and twilight shifts.

Proposed Timescale: 30/04/2014

Theme: Responsive Workforce

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

The training in place is not up to date for some staff, and some staff have not received mandatory training.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

End of life care. Currently working with other health care professionals in developing end of life care. (September 2014)

Safeguarding. The Service policy is currently under review policy DOC/020(September 2014)

Food Safety Guidelines – training scheduled June 2014

Proposed Timescale: 31/12/2014

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 provider had not developed or implemented all of the policies and procedures set out in Schedule 5 of the Regulations.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

End of life care. Currently working with other health care professionals in developing end of life care. (September 2014)

Safeguarding. The Service policy is currently under review policy DOC/020(September 2014)

Food Safety Guidelines – training scheduled June 2014

Proposed Timescale: 31/12/2014**Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

While there was a list of residents available in the centre it was not a directory of residents containing the relevant information in line with legislative requirements.

Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

Directory of residents is available in the designated centre.

Proposed Timescale: 30/04/2014