

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003069
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Michael Keating
Support inspector(s):	Rachel McCarthy
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 October 2015 10:00 To: 27 October 2015 19:00

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took one day and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, health care records, accident logs and policies and procedures. The views of residents, relatives and staff members of the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The nominated person on behalf of the

provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

Generally, inspectors found that residents received a good quality of service in the centre. Staff supported residents in making decisions and choices about their lives. The centre had a warm atmosphere and inspectors found that residents were comfortable and confident in telling the inspector about their home. Residents were involved throughout this inspection and took pride in showing off their home and talking about their care plans with inspectors.

While evidence of good practice was found across all Outcomes, three Outcomes were found to be in major non compliance with the Regulations. These related to the planned closure of the centre on a regular basis, premises issues and inadequate containment and evacuation measures in the case of a fire. Four outcomes were found to be moderately non compliant related to lack of clarity within contracts of care, lack of available space for residents to meet relatives or friends in private, continuity of staffing and the annual review of social care plans. The remaining 11 Outcomes were found to be fully compliant including health care, safeguarding and safety, medication management, use of resources and communication.

The Action Plan at the end of the report identifies those areas where improvements were required in order to fully comply with the Regulations and the Authority's Standards.

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:

The inspector found that residents were consulted with and participate in, decisions about their care and about the running of the centre. Residents care plans detailed how resident's privacy and dignity was to be maintained as specific to individual wishes. However, the designated centre was closed on a regular and planned basis and this was done against the wishes of the residents. In addition, opportunities for residents to enhance independent living skills as detailed within personal plans were not always being enhanced and afforded to individuals.

The centre closed for particular weekends as well as for a two week duration during the summer. To facilitate these closures, residents were moved to other houses. Individual residents and families had expressed their dissatisfaction with this arrangement and one such complaint was recorded in the centres complaints log. This complaint had not been adequately addressed and remained open. Documentation in relation to this complaint stated an intention to reduce the number of closures in future however; this did not address the concern of residents. This practice was found not to be respecting resident's privacy and dignity as residents had to move from their own home and stay in another centre.

House meetings were held on a weekly basis where residents planned a weekly menu as well as events and activities. Minutes of these meetings were read and detailed issues such as booking holidays, health and safety issues, maintenance issues and the HIQA inspection process.

In general it was determined that the centre was not being managed in such a way as

to maximise residents' capacity to exercise personal independence in relation to everyday living skills. For example, resident's person centred care plans referred to goals to enable residents to be allowed to spend set periods of time in the centre without staff presence. However, for many of the residents, this had not been achieved due to risk assessments questioning resident's ability to safely evacuate the centre in the case of a fire. However, fire evacuation records identified no such issues.

In addition, the provider had provided a 'permission form' to residents representatives (i.e. parents or siblings) seeking permission for the provider to allow residents to be left alone in the house for assessed periods or to be left alone on the centres 'bus' for short periods. In many cases this permission was denied despite assessed wishes of residents. These decisions had led to situations where all six residents had to be taken out on the bus in order to transport individual(s) to a event such as an evening class.

There was a policy and procedures in relation to the management of residents' personal property and personal finances and possessions. Personal finance records were reviewed and inspectors found that residents' personal property including monies was kept safe through appropriate practices and record keeping.

Staff members were observed to treat residents with warmth and respect and residents spoke highly of the staff members supporting them.

Judgment:
Non Compliant - Major

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:

The inspectors found that person(s) in charge and staff had responded very effectively to the communication support needs of residents. 'Protocols' were in place for communicating with residents as required. Each individual's communication requirements were highlighted in personal plans and reflected in practice.

Key information was available throughout the centre in an accessible format. For example, the complaints policy, the residents guide and information on access to advocacy services were all available to residents in an accessible format.

One resident showed inspectors her 'speech and language folder' which included

training and teaching material to enhance her communication. The resident also led inspectors through a pictorial bereavement folder which had been developed to support this resident through a terminal illness and bereavement of her Mother.

The houses were very much part of the broader community with residents availing of many community facilities such as local clubs and public amenities. Residents also had access to televisions, music, social media, mobile phones and internet.

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, it was clear that residents were supported to develop and maintain personal relationships and families were actively encouraged to be part of the resident's life. However, residents did not have the opportunity to meet with family or friends in private due to lack of appropriate space. The opportunity for residents to receive visitors could not be afforded to many of the residents due to the use of twin-rooms and a single open plan communal area.

There was clear documentary evidence that family members were involved in person centred planning meetings and was in contact with the person in charge and staff on a regular basis. Community access was enhanced through the person centred planning process.

Relatives were highly complementary of the service provided within the relative questionnaires provided to the authority and referred specifically to the level of community participation enjoyed by their relation.

Judgment:
Non Compliant - Moderate

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:

There was a policy in place relating to admissions, transfers and discharges and the temporary absence of residents.

Each resident had a signed contract of care in place provided to them which detailed the support, care and welfare of each resident. These contracts detailed the services provided to each resident including the fees to be charged. However, inspectors noted that updated version of the contracts had been issued to family members stating that €20 was to be returned to family for weekends that residents stayed at home. This related to the decision of the provider to close the centre on a set number of weekends per month.

This revision to the contract was not found to be in the interests of residents as while the payment made to family came from the organisations long stay charges payment, the decision of what to do with the reduction in rent to reflect the closure of the centre was not made by the resident(s). Additionally, the contracts stated that 24 hour care was provided seven days a week. This was not the case due to regular planned closures.

The contract stated that while the resident only stayed in the centre three nights per week they paid the same fees as all other residents totalling €120 euro per week, a significant portion of their weekly disability allowance of €188. Staff members spoken to stated this resident paid a reduced fee, although this was not reflected within the contract.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The Inspectors found that the wellbeing and welfare provided to the residents was to a high standard. Each resident was actively involved the development of their personal plan and in outlining their own social goals. The Inspectors reviewed four personal plans including reviewing some plans with residents themselves. However, while there was evidence that the plans were reviewed on a regular basis, the person centred planning (PCP) meeting between multi-disciplinary team members, staff members, relatives and the resident themselves were not always taking place annually as stated with the care plans. Management stated that this was because there were so many PCP's taking place across the service that management were struggling to attend them all and therefore, annual reviews were often not taking place.

The annual review where goals achieved are celebrated and new goals set is a big event in each resident's life with formal invitations sent out and the review usually taking place in a hotel of the residents choosing. The need to coordinate the attendance of so many members of management was reducing the opportunity for these reviews to take place.

Each resident had both long term and short term goals identified within their plan. The Inspector spoke to residents and they were clear on what their specific goals were and discussed their progress in achieving these goals. Residents' described their progress in relation to many goals including self administration of medication, attending cookery classes, meal preparation, work experience, having their own front door key and use of an ATM. Many of these tasks had been broken down in to smaller steps to support and encourage the accomplishment of tasks using a process of systematic instruction and task analysis. Some aspirations and preferences were restricted due to risk adverse procedures which has been detailed and actioned previously within Outcome 1; residents' rights, dignity and consultation.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

In general it was found that the design and layout of the centre was not suitable for its stated purpose and did not meet residents' individual and collective needs in a comfortable way. As has been previously referred to, many residents did not have the opportunity to receive visitors in private due to shared bedrooms and lack of adequate communal space. In addition one twin room was found not to be of a suitable size or layout to meet the needs of its occupants. There was limited access to beds, and there was only two feet between the beds in this room. There had been no efforts to provide any form of privacy screening, and there was limited space to do so.

One resident had logged a number of complaints in relation to this sharing arrangement, making reference to being kept awake at night time and interference with their personal belongings. This room specifically mentioned within the statement of purpose measured 11 Sq meters.

The inspectors also noted that the report on the safety and quality of care and support provided in the centre written following the last unannounced visit by the person nominate on behalf of the provider on 13 October 2015 stated that this room 'appeared small' and required review. The report contained an action plan detailing that this issue was to be addressed within one month.

The other shared room was noticeably larger measuring 12.5 Sq meters. There was access to both sides of beds, and residents expressed satisfaction with the arrangement. However, adequate measures had not been implemented to provide for any form of privacy screening for the occupants of this room.

Residents who smoke were observed standing in the rain to have their cigarette. There was no shelter available within the outside space to protect residents from the elements.

One resident was accommodated in a self-contained apartment connected by an internal door with the main house. This resident took great pride in showing their home to inspectors and was nicely designed and decorated to meet their needs.

In general the house was clean, suitably decorated and well maintained.

Judgment:

Non Compliant - Major

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 it was found that the health and safety of residents, visitors and staff was promoted however, Inadequate consideration had been given to containing a fire within kitchen areas (downstairs open plan communal space) from bedrooms. In addition suitable containment measures were not in place to prevent the spread of fire between the main house and the apartment, as a standard internal door was used to separate the premises.

Personal Emergency Evacuation Plans had been developed for each resident. Many residents and staff discussed the evacuation procedures with the inspector and the records of drills reviewed in all houses indicated all residents were evacuating in a safe and timely manner. However, the centres evacuation plan referred to the evacuation of the centre through the back door and using the side gate to get to the assembly point.

The inspector noted there was no side gate and should residents evacuate to the back garden no consideration was given as to how to could then be evacuated from the garden which had no access or egress points other than back through the centre.

The centre was found to have adequate infection control procedures in place including access to a nurse on a 24/7 basis to provide guidance to staff on infection control or outbreak of infection or illness guidance. The centre was found to be clean and cleaning records were maintained. However, the use of cloth towels in the main bathroom was not promoting best practice in relation to infection control. Disposable paper towels were available for use in the downstairs toilet.

There was an up to date risk register in place incorporating a safety statement.

The centre had access to vehicles to provide transport to residents. Up to date driving licenses were maintained on file to ensure all staff were suitably qualified to drive the vehicles.

Judgment:

Non Compliant - Major

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:

There were measures in place to protect residents from abuse and keep them safe. All staff had received training in safeguarding vulnerable adults and were knowledgeable on what constituted abuse and on reporting procedures.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff. Residents spoken with said they felt safe and could tell the inspector who they would speak to if they felt unsafe or needed particular support. Restrictive interventions listed on previous quarterly returns to the Authority had been completely removed as this related only to the use of a lock and alarm on a wardrobe that was no longer required.

Personal and intimate care plans were also in place and provided comprehensive guidance to staff ensuring a consistency in the personal care provided to residents. Generally it was found these plans focused very much on supporting residents to be as independent as possible in this area, while distinguishing between subtle supports required by individual residents such as support to recognise between different toiletries.

Systems were in place to that there were no barriers to staff or residents disclosing abuse or highlighting inappropriate care practices.

Residents were also provided with comprehensive positive behavioural support policies and plans (if required). These plans clearly identified triggers or 'flags' to staff to help them identify times of stress for residents, as well as outlining things residents liked to speak about.

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:

The inspector found that a record of all incidents occurring in the designated centre is

maintained and, where required notified to the Chief Inspector.

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:

Residents' opportunities for new experiences, social participation and skill maintenance and enhancement were monitored closely and formed a key part of residents' care plans. Most residents' personal plans identified opportunities for residents to develop their skills and maintain levels of independence appropriate to the assessed needs and requests of residents. Some barriers to development of living skills has been referred to and actioned elsewhere within this report.

Day services provided to all residents had been reviewed within the broader organisation in line with national policy to better fit the needs of individuals. Residents clearly communicated their satisfaction with these new arrangements and discussed these with the inspector.

Residents were engaged in many social activities external to the centre, as referred to under Outcome 5: Social Care Needs. Three residents also attended an evening cookery class.

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 the inspector found that residents were supported on an individual basis to achieve and enjoy best possible health.

The inspector reviewed a number of residents' health care plans, records and documentation and found that residents had good and frequent access to allied health professionals. The inspector noted access to a general practitioner (GP), psychology, social work, occupational therapy, chiropody, physiotherapy, ophthalmology and dental care.

Specific health screening for age and gender related issues had also been documented such as dementia screening and mammograms. Health promotion in areas such as mental wellness, exercise and health eating were also a feature of the plans.

Residents were responsible for choosing the weekly menu in the centre. The inspector reviewed the menu and the food was seen to be varied and nutritious. The inspector observed meal preparation with residents in the centre, which was a positive social experience with lots of conversation.

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 the inspector found that residents were protected by safe medication management policies and practices. All residents were supported in the administration of their medication by social care staff that had been appropriately trained in the safe administration of medication. Staff were supported by being able to call upon the advice of a nurse 'on call' at all times.

The receipt of medication was being recorded and medication was being stored in a locked press in the centre. The prescribing and administration of all medication was in compliance with the Regulations and in line with best practice guidelines. Drug errors were recorded and reported using the organisation incident reporting sheets

mechanism.

The policy and procedures also catered for the additional complexity of transporting medication to and from the centre; while adhering to the best practice guidance and Regulations. In addition the medication management strategy focused upon the level of involvement of residents in administering their medication with a comprehensive assessment in place to ascertain individual capacity to self administer or determine the minimal level of support required.

Medication was delivered to the centre on a weekly basis using a pre-packed system of administration. This reduced the amount of stock stored in the centre at any one time. A clear auditing and checking procedure was in place to ensure the medication as delivered was accurate.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

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

Findings:

The updated statement of purpose contained all of information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013. The statement of purpose was found to accurately describe the service that was provided in the centre.

The statement of purpose was found to be under regular review. Efforts were made to provide the statement of purpose in an accessible format to all residents. For example; it was also available to residents and their representatives in an easy to read format.

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:

The quality of care and experience of the residents was being monitored and developed on an ongoing basis. Overall it was found that the centre was governed by effective management systems. Clear reporting systems were in place and there were adequate governance structures in the absence of the person in charge.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was involved in the governance, operational management and administration of the centre on a regular basis.

She had worked in the centre and with the residents for many years and had an intimate knowledge of each residents support requirements. During the inspection the person in charge demonstrated a good knowledge of her statutory responsibilities under the legislation. She demonstrated knowledge of notifications and informed the inspectors she kept a copy for reference.

Governance reporting structures in practice were as per the matters set out in the statement of purpose for the centre. Social care workers reported directly to the person in charge, who in-turn reported to the person participating in management (PPIM) or CNM 2/3. They in turn reported to the nominee provider. The person in charge was well supported by a number of senior management whom she reported actively supported her to carry out her role through regular supervision and management meetings.

The nominee provider had carried out unannounced inspections of the centre as required within the Regulations and these reports were maintained in the centre. This report identified areas for improvement, areas identified as requiring improvement had a plan in place with time lines and persons responsible identified.

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 Authority had been notified that person in charge in place at the commencement of the registration of designated centres had not been absent for a prolonged period, who's absence commenced in early 2015. This absence remained during this inspection. However, inspectors found that suitable arrangements were in place with a person carrying out the role of person in charge as referred to under Outcome 14: governance and management.

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:

The centre was suitably resourced to meet the needs of residents'. Staffing resources and skill mix were based on the assessed needs of residents.

Maintenance issues were addressed promptly and the centre was suitably resourced with equipment and furnishing to meet the needs of the residents that lived there.

Judgment:

Compliant

Outcome 17: Workforce

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

recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

The staff numbers and skill mix available were found to be appropriate to meet the assessed needs of the residents. All staff had received up to date mandatory training including in the areas of safeguarding and fire safety. However, a review of recent rota's identified an ongoing reliance upon relief and agency staff to fulfil the staffing requirements within the centre. The staffing numbers identified in the statement of purpose as whole time equivalents were not adequate to provide for the assessed staffing requirements.

A number of staff files were reviewed, and all of them contained the documents 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. This process was carried out on a date prior to the inspection within the company's central management office.

The inspector found robust recruitment process in place and the nominee provider and persons in charge took responsibility for interviewing and recruiting staff.

Staff members were all aware of their responsibilities and were aware of all policies and procedures related to the general welfare and protection of residents. They were also familiar with legislation including the Health Act 2007, the Regulations and the associated Standards.

There was a working alone policy in place, as staff worked alone in each of the houses on sleepover at night-time. This policy was supplemented with training for all staff which focused upon the additional risks of lone working, what to do in the event of an emergency and the supports in place for staff while working alone.

Each resident had a key worker, although, all staff showed detailed knowledge of all the residents living in the centre and were clearly passionate about their roles. Through observation and discussion with residents it was found that residents receive assistance and care in a respectful, timely and safe manner.

Arrangements for the supervision of staff occurred through regular staff meetings. Individual supervision meetings between the person in charge and staff members occurred on a regular basis. Staff confirmed they felt well supported in their roles.

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:

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 were maintained 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 had all of the written operational policies as required by Schedule 5 of the Regulations.

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:

Michael Keating
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-0003069
Date of Inspection:	27 October 2015
Date of response:	27 November 2015

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The practice of closing parts of the centre on a regular basis and moving residents to other centres was not protecting resident's privacy and dignity in relation to their personal and private living space.

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

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

This house was originally funded as a 5 day house and gradually we have increased it to be open three weekends out of four.

The provider and PIC will work with the service users and families to ensure that any closures suit them.

The Provider will liaise with our funders the HSE to seek additional funding to ensure that the house is open full time in the future to meet the changing needs of service users and their families.

Proposed Timescale: 30/06/2016

Theme: Individualised Supports and Care

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

Residents' freedom to exercise choice and control over daily decision making was limited due to over-zealous risk assessment procedures and the policy of seeking permission from family members in order to facilitate the wishes of residents.

2. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

All risk assessments will be reviewed keeping in mind risk benefit analysis and ensuring that residents have the freedom to exercise choice and control over their daily lives.

The policy to seek permission from family members in relation to their relative will be reviewed.

Proposed Timescale: 31/03/2016

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

Theme: Individualised Supports and Care

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

Residents do not have the opportunity to meet with visitors in private.

3. Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which

is not the resident's room, to a resident in which to receive visitors, if required.

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

The Nominee Provider will consult with the Logistics officer re installing a sliding door between the dining area and the sitting room to provide privacy for residents. This will be costed and fitted by March 2016.

Proposed Timescale: 31/03/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The written agreement stated that fees charged were for the provision of services on a full time, permanent basis. This was not being provided due to the regular planned closure of the centre.

4. Action Required:

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

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

The contracts of care will be revised to reflect the service currently being provided by the designated centre.

Proposed Timescale: 31/01/2016

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:

Review meetings were not taking place on an annual basis due to the unavailability of senior management.

5. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Annual review meetings will take place whether senior management are available to attend or not.

Proposed Timescale: 31/03/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The centre was not providing enough private accommodation with one bedroom being used as a twin room which was unsuitable. Space in this bedroom was restricted and did not allow for free movement around of residents and staff around all furniture in the room.

6. Action Required:

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

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

The nominee provider, PIC and social worker will consult with service users and their families in relation to the current accommodation in the house. Service users will be offered the opportunity to move to another designated centre. If one of them chooses to move they will be supported to do this. Then the Provider will review the capacity of the centre. In the event of no one choosing to move at this time the provider is committed to reducing the capacity the next time a resident has to move from the centre due to changing needs or they chose to move to another designated centre.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

Residents who smoke were not provided with adequate shelter.

7. Action Required:

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

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

The Nominee Provider has consult with the Logistics Officer in relation to providing adequate shelter for the resident who smokes outside the house.

A suitable shelter will be purchased.

Proposed Timescale: 15/01/2016

Theme: Effective Services

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

Adequate private and communal accommodation was not available to residents. There was only one communal space available to residents which combined the kitchen, dining and sitting rooms.

8. Action Required:

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

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

The Nominee Provider will consult with the Logistics officer re installing a sliding door between the dining area and the sitting room to provide privacy for residents. This will be costed and fitted by the 31st March 2016.

Proposed Timescale: 31/03/2016

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:

Disposable hand towels were not available in the main bathroom to minimise the spread of infection.

9. 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:

A hand towel dispenser will be fitted in the main bathroom to minimise the spread of infection.

Proposed Timescale: 31/12/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Inadequate consideration had been given to containing a fire within kitchen areas from bedrooms and between the main house and the apartment.

10. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The Nominee Provider will consult with the Logistics Officer and Fire Consultants in relation to containing a fire between the main house, kitchen area and the apartment. The recommended work will be costed and fitted by the end of March 2016.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

The centres evacuation plan detailed the use of the back door and side gate to evacuate residents to a safe location. The plan was not centre specific and did not consider how residents could move from an enclosed back garden to a safe location.

11. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

A centre specific evacuation plan is now in place taking in to consideration the safest location to evacuate to in the event of a fire.

Proposed Timescale: 18/11/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff members as identified within the statement of purpose (whole time equivalent) was not sufficient to provide adequate cover as per the staffing needs assessment. This led to regular use of agency/relief staff and uncertainty in relation to the actual number of staff required within the centre to provide a continuity of care and to meet the support requirements of residents.

12. 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:

The whole time equivalent staffing levels in the Statement of Purpose will be revised to reflect the actual number of staff required to provide continuity of care and meet the support requirement of residents.

A temporary manager has been appointed to the centre and this will reduce the reliance on agency and relief staff.

Proposed Timescale: 15/12/2015