

**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-0004433
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Sr Mary O'Toole
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

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 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: 16 October 2014 09:30 To: 16 October 2014 12:00

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

The purpose of this inspection was to assist in informing a decision regarding the registration of a new service which was not operational on the day of inspection. The application submitted to the Authority was for two residential beds for individuals who have a diagnosis of an intellectual disability.

The centre is a three bedded semi-detached two story house located in a residential estate in Dublin 15 and is operated by the Daughters of Charity Disability Support Services Ltd. Two residents have been identified for admission once registration is granted. The inspector met both residents on previous inspections of their present living environments.

The inspector interviewed the person in charge, reviewed documentation and inspected the premises to gather the evidence which reflect the findings of this report. Much work has been carried out prior to the actual visit, as the transition plan, and proposed rosters were provided to the inspector in advance along with all of the documentation as required within the application to register process. Many of the policies and procedures referred to in this report had also been provided to the inspector previously from registration inspections in other designated centres operated by the Daughters of Charity and who have the same management structures in place, including the same nominated provider.

The inspector found that considerable work had been undertaken to assist with transitioning the identified residents into the designated centre. The proposed systems were robust and promoted a safe and quality service. However, a major noncompliance was found in relation to safeguarding procedures relating to ensuring that all staff and residents are protected against the potential of injury from challenging behaviour. All other outcomes were found to be complaint.

The action plan at the end of this report identifies the failings identified by the inspector and the actions the provider/person in charge are required to take 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.

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

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

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

Findings:

There was evidence that potential resident(s) had been involved and consulted in the preparation of the opening of the designated centre and it was planned that each resident would bring their personal belongings, furniture and room decorations from their existing living environment to this centre.

Based on the needs of these residents, the person in charge stated that the intended process of consultation would include informing them of potential changes through their individual methods of communication and observing any changes that may occur with the residents to express their satisfaction or dissatisfaction with any proposed changes. Residents have access to an advocacy service in which staff can contact on their behalf.

The organisation has a policy in place regarding the management of complaints. There was a complaints log in place for the recording of both verbal and written complaints. The complaints policy outlines the time frames for response and the complainant's right to appeal. There was an easy to read pictorial version of the complaints procedure which included a photograph of the designated complaints officer. In addition, an easy to read 'charter of rights' had also been prepared for residents.

Each resident will have their own double bedroom ensuring that their privacy is respected. There is a locked cupboard available for the storage of their personal documentation.

The organisation has a policy in place on residents' personal property and possessions. All personal possessions belonging to a resident will be documented and included in a log of their belongings. Each resident will have their own banking/saving account which they can access with the support of staff. There was a clear policy in place for the

safeguarding of residents finances stating balances must be checked daily by staff and the person in charge completing an audit on a monthly basis.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

Plans were in place to assist proposed residents to communicate effectively and to ensure their support requirements were met. For example, one resident's transition plan documented that he responded well to 'written instruction'. The person in charge explained that this meant that staff would write him a letter each night outlining his plans for the next day. This was the system currently operating for this resident in his current living environment, and had been found to be the most effective way of planning his day with him, and involving him in the process.

In line with the profile of the proposed resident(s), the person in charge, highlighted the need for a consistent approach from all staff in supporting residents communication needs, and that this would form an integral part of any future staff induction programme.

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:

The organisation has a policy in place promoting visitors to the designated centre and there were no plans for there to be any restriction on visits to this centre. There was evidence that family members had been contacted and invited to visit the centre prior to residents moving in. A lunch was hosted to provide an opportunity for family to see the centre and meet staff. An advocate from a potential residents' community was also invited, and attended this event, the purpose of which was to help educate staff on customs and traditions related to this community, so that these customs could be respected and promoted for the residents. Each resident will have their own bedroom which will enable them to meet relatives in private if they so wish. There was also documentary evidence showing relatives had been invited to attend multi-disciplinary personal planning meetings related to this transition.

Plans had been initiated with the aim of creating links with the wider community. Local business and amenities had been identified and staffing has been planned to facilitate residents to actively engage and access them.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The statement of purpose and function references the organisational policy on the admissions, transfers and discharge of residents. It stated the needs that the designated centre could meet and the needs such as high physical dependency needs that the designated centre could not meet. The inspector was satisfied that potential residents' needs could be met in the designated centre.

Each resident has a written agreement between the provider and the resident. The written agreement clearly outlines the services to be offered, the fees to be paid and any additional charges which may be incurred by the resident.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

As there were no residents residing in the designated centre it was not possible for the inspector to review personal plans of residents. However, the person in charge confirmed that they were aware of the statutory responsibility to complete a personal plan within 28 days after the resident is admitted to the designated centre. There was evidence that work had commenced on adapting current personal plans operating for the potential residents, to reflect their move into a more community based environment.

The person in charge outlined the process involved in the creation and review of the personal plans. The person in charge stated that assessments would be conducted regarding the social and health care needs of residents and following these initial assessments personal planning meetings would be held with the resident, their representative if they choose to, the relevant staff and the relevant allied health professionals. The purpose of these meetings would be to identify long and short term goals, the interventions required to achieve these goals and the person responsible for supporting the resident to achieve the goals. The person in charge would oversee the progress towards achievement through monthly audits and staff supervision meetings.

Plans were in place which included a combination of formal day services and residential supports to meet residents' recreational and occupational needs.

The inspector reviewed the transition plans for the proposed new residents which evidenced the process in place to support the transition to the designated centre for example the potential residents had commenced visiting the centre and had been involved in the decoration of same. Risk assessments had commenced to support residents to develop life skills they may require for living in the new environment.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The inspector was satisfied that the design and layout of the premises was such to meet the needs of the two proposed residents.

The building is a three bed roomed, semi-detached two story house located in an estate in Dublin 15. There is a side garden with access through a side gate and sliding doors in the living room. There was also a private garden area.

Upstairs there is a bathroom and three bedrooms, 1 double ensuite room and two other rooms. Downstairs there is a living room, kitchen/dining area and toilet. Each of the residents will have their own bedroom and the third smaller bedroom is utilised as a staff office and for staff completing sleepover shifts. The en suite consists of a toilet, hand basin and shower. The bathroom consists of a toilet, hand basin and bath.

The inspector determined that on the day of inspection the house had suitable heat, light and ventilation. The centre was also decorated and well maintained with the communal areas reflecting that this will be the home of the potential residents. There was sufficient furniture and fittings in each of the rooms, with bedrooms containing a bed, wardrobe, bedside locker and chest of drawers.

The kitchen contained all of the necessary equipment required for it to be an operational kitchen.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The centre had policies and procedures in place relating to health and safety. There was a centre specific statement which outlined the roles and responsibilities of management, staff and visitors. There was also a risk management policy in place. Efforts had been made to commence a risk register which addressed both the communal hazards within the designated centre and hazards which could affect individual residents. The assessments included the measures in place to control the risks. There was also a system in place for regular health and safety audits to be completed by the person in charge.

The organisation had policies and procedures in place regarding the prevention and control of infection. The safety statement stated who the relevant professional in the organisation who staff could contact for advice and support pertaining to infection prevention and control.

As part of the application to register the provider was required to submit confirmation from a suitably qualified person with experience in fire safety design and management to confirm that the designated centre was substantially compliant with all of the statutory requirements relating to fire safety and building control. These documents were received and deemed satisfactory.

The inspector reviewed the systems in place for the management and prevention of fire. There was a fire panel which consisted of two fire zones, which had been serviced at appropriate intervals. All fire equipment was maintained and serviced at appropriate intervals. There were two fire exits which were identified with appropriate signage and there was emergency lighting. There was a fire assembly point which was easily accessed. The designated centre had emergency plans in place that addressed the actions to be taken in the event of fire, flooding and electrical failure. Staff had received training in fire safety and the two proposed new residents had personal evacuation plans in place.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was an organisational policy and procedure in place regarding the protection of vulnerable adults which was dated May 2014. The policy demonstrated the types of abuse and the actions to be taken by staff. It also referenced the statutory requirement for the organisation to notify the Authority of any allegations or suspicions of abuse within three working days. The policy referenced the designated officer responsible for investigating any allegations or suspicions of abuse. In addition, there was also a new policy published in recent days entitled 'restrictive practices for adults and children - a person centred approach'.

The transitional plans for both planned residents referenced the need for staff who were familiar to the residents'. In addition, one potential residents' transition plan referenced a incident during a previous transition that led to 'assaultive and aggressive behaviour, resulting in unplanned physical restraint'. As a result, the person in charge in conjunction with a multi-disciplinary support team had developed a crisis intervention support plan.

The planned staffing requirements for the centre included the use of a single staff member on sleepover duty, who works alone from 21:00hrs to 08:00hrs the following morning. During this time the protocol in place for staff was to phone for assistance to another local designated centre, where a staff member could be freed up to provide support and assistance at any time however, the inspector noted that it would take at least fifteen minute for support to arrive.

Currently, the roster indicated that there was a heavy reliance upon agency staff, and that unknown agency staff would be covering some sleepover shifts. While the person in charge stated that the nominee provider and himself were doing their best to try to source familiar staff (who may be agency staff) and offer them contracts, this was not yet in place. In this regard, the inspector determined, that the plan in place regarding staffing did not ensure that proposed residents and staff members were adequately protected.

All proposed staff identified to work in the designated centre have received training in the protection of vulnerable adults.

Judgment:

Non Compliant - Major

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:

There was an accident/incident log in place. The person in charge informed the inspector of the statutory notifications to be notified to the Chief Inspector and the appropriate time frame for same.

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:

As stated previously, the inspector reviewed assessments which had commenced regarding the social participation, education and employment needs of residents. There was also evidence that the person in charge had commenced sourcing the opportunities available within the local community to commence meeting the needs of the residents.

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:

Each of the proposed residents currently has a general practitioner (GP) and the person in charge verbally assured the inspector that the residents would continue to have access to their GP. It was proposed that each resident would have an annual review or sooner if the need arises with their GP to ensure that they maintain the best possible health. Their GP or other relevant clinicians would be involved in the personal plans of residents and relevant interventions would be documented to inform staff of the supports that residents required to have their health needs met on a daily basis.

Proposed residents also had access to relevant allied health professionals. It was proposed that these supports would remain in place.

It was proposed that the menu would be decided by residents on a weekly basis. The proposed resident(s) likes and dislikes were well known to the person in charge and he stated that the proposed residents were also capable of communication their own choice and preferences in relation to menu choices. The person in charge stated that snacks would be freely available and residents would be supported to make healthy choices. Residents would be supported to complete the weekly shop with staff, and to be involved in food preparation.

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):

Findings:

The organisation had written operational policies and procedures relating to the ordering, prescribing, storing and administration of medication to residents. Medication will be stored in a secure location with one member of staff holding the keys on each shift. The policy outlines the procedures in place for returning any unused or out of date medication to the pharmacy.

There were no prescription or administration records available as of the day of inspection as no residents were residing in the designated centre. The policy stated that prescription sheets should be legible, indelible and contain the date of prescription, the signature of the prescriber and have the name, date of birth, gender, weight and any known allergies of residents. It further states that the name of the medication, the route of administration, the dosage and the times of administration should be clearly stated and records of administration should correlate with the prescription sheet.

One of the proposed residents requires the support of staff to manage his medication. The person in charge stated that there was a plan in place to ensure all non-nursing staff working in the centre receives training in the safe administration of medication.

Medication audits will be conducted on a monthly basis by the person in charge. The policy also stated the process involved in reporting a medication error and the learning that could occur following same.

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 inspector reviewed the Statement of Purpose and Function that was submitted as part of the registration application and determined that it did not meet the requirements as set out by the Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, on inspection the person in charge provided the inspector with an updated version which was in compliance. The inspector requested that this be subsequently submitted to the Authority and this was submitted later the same day.

The Inspector was satisfied that the information contained in the Statement of Purpose and Function was reflective of the information provided by the person in charge to the inspector on inspection, including the needs that the designated centre could meet.

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:

As stated previously the person in charge facilitated the inspection. The inspector was assured that the systems the person in charge proposed utilising to monitor the consistency and effectiveness of the service offered would be robust. The process of monthly audits and regular staff supervision were proposed to identify any factors which may inhibit the positive experience of residents and the safety and quality of service.

The organisation has a clearly defined management structure in place which identifies the individuals responsible to ensure that the statutory requirements were met. The person in charge demonstrated sufficient knowledge of their statutory responsibilities and of legislation.

The person in charge has the relevant experience and qualifications as required by the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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:

As the designated centre is not yet operational there has been no period for longer than 28 days in which the person in charge was absent. The person in charge demonstrated knowledge of the requirement to notify the Chief Inspector in the event of this occurring.

One individual participating in management of the centre was identified to the inspector as the person who would deputise as the persons in charge in the event of the person in charge being absent.

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 inspector reviewed sample rosters for the designated centre and was satisfied that the relevant number of staff would be available to support residents achieving their personal plans based on the information provided in the Statement of Purpose of the designated centre.

It was planned that each of the proposed residents would receive one to one care from staff during the hours of 08:00hrs to 21:00hrs, to meet their assessed needs. In addition, the person in charge provided assurances that he had the autonomy and authority to change the roster to reflect changing need. For example; there was a plan in place to switch to waking night staff for a period of time, should it be assessed as required following the opening of the centre.

There was a clear system in place regarding the financial resourcing of the designated centre and the responsibility of the service provider and the resident. There was no evidence to suggest that the designated centre would not be resourced effectively once operational.

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:

As stated previously the inspector reviewed a sample roster and was satisfied that there would be sufficient staff available as per the Statement of Purpose of the designated centre. However, not all of the staff have as of yet been identified, and this has been assessed by the organisation and person in charge as an essential element in successfully meeting the needs of the proposed residents. The person in charge also spoke of the need to carry out detailed individualised induction programmes with any new staff, before he could judge their ability to be left alone in the centre. This noncompliance has been actioned under Outcome 8: Safeguarding and Safety.

The inspector had previously reviewed staff files, relating to staff from this centre during the previous two months and was satisfied that all staff had the requirements as set out in Schedule 2 of the regulations. Staff due to commence work in the designated centre had received the relevant statutory training and additional training in managing challenging behaviour including de-escalation and intervention techniques. The person in charge stated that any additional training needs required would be identified through the monthly audits and staff supervision meetings.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspector confirmed that all of policies and procedures as stipulated in Schedule 5 of the Health Act 207 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were present in the designated centre. It was not possible for the inspector to determine their effectiveness in practice as the designated centre was not yet operational.

The person in charge was aware of the requirements of Schedule 3 and the inspector reviewed the sample directory of residents. There were systems in place to ensure that records as required by Schedule 4 would be maintained and the person in charge was aware of the requirement to maintain a record of all incidents requiring notification to the Authority.

As part of the process of registration, the centre was required to submit evidence that it is adequately insured against accidents and injury to residents, staff and visitors

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-0004433
Date of Inspection:	16 October 2014
Date of response:	20 October 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.

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 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 use of unfamiliar staff does not ensure that staff were appropriately trained and knowledgeable in relation to dealing with challenging behaviour.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date

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

knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Due to the specialised care required by the service users, all staff prior to working on their own in the centre will have completed training in the Therapeutic management of Aggression and Violence (TMAV) and completed a local induction which will include supporting the service users under supervision until such time as the person in Charge (PIC) is satisfied that the staff member has the experience and skill to support and manage the service users in the area of behaviours that challenge.

Proposed Timescale: 15/11/2014

Theme: Safe Services

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

The transition plan, and the crisis intervention plan highlighted the necessity of having all staff trained in the use of de-escalation and intervention techniques, however, the proposed use of unknown agency staff who are not inducted into the centre cannot guarantee this need will be met.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The Transition plan and the crisis intervention plan have been updated to include the following .All staff prior to working in the centre will have completed training in the Therapeutic management of Aggression and Violence (TMAV). Agency staff will be used provided they have completed TMAV training, the induction process and that the service provider and the person in Charge is confident they can work alone. This is reflected in the updated Crisis Intervention plan and the transition plans for the service users.

Proposed Timescale: 15/11/2014