

**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-0003058
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):	Jim Kee;
Type of inspection	Announced
Number of residents on the date of inspection:	12
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 April 2015 09:30	09 April 2015 18:00
10 April 2015 09:30	10 April 2015 15:00

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 place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents 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.

The designated centre is operated by the Daughters of Charity Services Ltd and comprises two community based houses in close proximity to each other. Each house is home to 6 residents' and both houses were managed by the same person in charge.

A number of relatives' questionnaires were received by the Authority subsequent to the inspection. The opinions expressed through the questionnaires were complimentary of the services and facilities provided. In particular relatives spoke about communication from staff and family involvement in care planning meetings as being a particular strong point of the centre.

Evidence of good practice was found across all outcomes, with 7 outcomes judged to be fully compliant including safeguarding and safety, medication management, communication, and family and personal relationships. Four outcomes were also found to be in substantial compliance which were admissions and contract for the provision of services, safe and suitable premises, healthcare and records and documentation. However, 7 outcomes were found to be moderately noncompliant and these included residents' rights, dignity and consultation, social care needs, health safety and risk management, general welfare and development, use of resources and workforce.

The Action Plan at the end of the report identifies those areas where improvements were required in order to 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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' rights, dignity and consultation were supported by the provider and staff. Residents were also consulted in how the centre was planned and run and participated in decisions about their care. However, the practice around the recording of and management of concerns and complaints was found to be inadequate. In addition the policy on the managing service users' monies was not found to be appropriately protecting resident's interests in the expenditure of their finances.

There was a complaints policy in place which had been recently revised and this policy along with information on an independent advocacy service was provided in an accessible format for all residents. There were separate complaints logs in each of the houses comprising the designated centre. One concern from a parent of a resident was recorded in one of these logs. This concern related to a question relating to the welfare and care of a resident. The concern was documented, and after the discussion, the parent was asked 'if they wanted to make a complaint' the contemporaneous notes then stated that the parent 'declined and apologised'. There was no evidence that this concern was then reported to the complaints officer. Therefore it was not treated as a complaint or followed up on or recognised as a valid concern or complaint although it was logged within the complaints folder.

There were policies in place relating to residents' personal property and finances. However, the finances policy guideline revised and published in December 2014 was not found to be providing adequate reassurance that residents finances were adequately protected. The policy entitled 'guidelines for CRS (Community Residential Services) staff on managing service users monies' stated 'a service user can request to pay towards staff salary to facilitate a holiday for them where the service could not provide the

resources for the holiday'. Staff on duty as well as the person in charge confirmed that this had never occurred within this centre to date.

However, this direction was not found to be protection the welfare of residents as they were not in control over this decision as they cannot determine if the service has the resources to pay for staff, and the circumstances in which a resident might 'request to pay for a staff salary' were not clear. In addition the guideline aims to set out how staff expenses are met in supporting residents in activities outside of the centre, such as meals out, holidays or cinema trips. In effect it states that the expense of staff must be met by the resident or residents involved in the activity. Appendix 4 of this policy provides a guide to the approximate charges or costs to residents for a list of activities. For example, the guide states that the cost to a resident should be €5 to €6 for lunch out and €10 - €15 for dinner out. However, it did not indicate anywhere that this was the actual estimated cost for the staff member's meal, and did not include the cost of their own meal. The additional charges imposed on residents were not contained within each residents contract of care which is further detailed and actioned under Outcome 4. It was also noted that these additional charges were not imposed consistently as residents financial records showed that some staff had chosen not to implement this charge and had met the expense personally.

Residents were consulted with on the day to day running of the centre. There were weekly house meetings where residents were supported to make decisions on areas such as menu planning and activities. Residents were also provided with information at these meetings. The agenda items read by the inspectors at recent meetings included complaints, rights and money management.

Residents were had a competency assessment in place to identify the supports they required to manage their own monies. Some residents were encouraged and supported to be involved in the management of their own monies and those whose monies were managed for them were safeguarded by robust practices. One resident was also being trained in the use of a debit card.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that the person 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, some residents used a pictorial schedule to support them to anticipate what is happening next and provide predictability to residents with nonverbal communication. In addition, a group had been established within the broader organisation called 'information transformation' and they focused on providing key policy documents in a more accessible format for residents.

Financial 'passports' had been developed to transform the finance policies into individual formats, focusing upon individual capability in relation to money management. The inspectors were provided with a list of policies at various stages of development being currently worked on by this group including safeguarding of vulnerable adults and personal and intimate care.

The houses were part of the broader community and residents were observed availing of community facilities such as shopping centres. Residents also had access to televisions, music, social media and internet with assistive technologies and software used to assist residents to use and develop their IT skills.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Overall, it was clear that residents were supported to develop and maintain personal relationships and families and friends were actively encouraged to be part of the resident's life. The centre had an open door policy and families were encouraged to visit if they choose to.

There was clear documentary evidence that family members were involved in person centred planning meetings and had also been accommodated to meet with senior management up to provider level to discuss additional support requirements for their relative.

Relatives were highly complementary of the service provided within the relative questionnaires provided to the authority and referred to the high level of communication and contact from staff members and how residents were well supported by staff at all times.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

An admissions and transfer policy which set out the arrangements for admitting new residents and/or transferring residents to or from other parts of the service was currently under review. However, the admissions criteria was set out within the statement of purpose. There had been no new admissions to the centre in recent years, with the last admission taking place in 2009.

Residents had all been provided with a 'contract for residential services' as required in the Regulations. This agreement sets out the services provided; it also had a addendum which outlined information in relation to the weekly long stay charges and identified the income that remained from their social welfare payment. However, as referred to under Outcome 1: Residents' Rights, Dignity and Consultation, this contract did not refer specifically to regular additional charges imposed on residents to meet the costs of staff supporting them to access community facilities for entertainment or dining purposes.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Overall it was judged residents' wellbeing and welfare was being maintained by a good standard of care and support. Each resident's health care supports had been fully assessed and documented within each residents care plan. In addition, an effective 'traffic light guide to support me' section had been introduced to each care plan which provided an comprehensive summary of the support requirements for each resident, which then referred to the reader to the corresponding support plan. However, residents personal and social care supports were found to be limited in some cases as opportunities for some residents to engage in meaningful activity external to the centre was infrequent and not as per their assessed need.

Each resident had a personal plan and inspectors reviewed a number of these plans. There was evidence that residents had been involved in their plans. The previous inspection had identified the need for improvement to ensure that goals identified considered how they would impact upon the lives of residents. However, in many cases personal plan reviews had only taken place in the weeks prior to this inspection and therefore in these cases, the impact of the goals on the lives of these residents could not be assessed.

In some cases these residents had went without a personal plan review for up to two years, prior to the very recent goal setting and planning meetings. For other residents whose plans were read by inspectors there was evidence of constant review and goal setting and these goals were assessed as contributing positively to the lives of the residents concerned. Many of these goals were outcome focused, with systematic instruction and task analysis used to break down goals into smaller tasks in order to support and encourage success. Some examples of this included money management skills, baking skills, and other independent living skills such as making tea, setting the table and meal preparation specific to the abilities of the residents concerned.

Social goals and activities such as horse riding, dog walking and massage were also a feature of residents plans. Social goals and activities relating to the external environment were not taking place for all residents as per there assessed need. For example a 'quality of life experiences and records' were used to document social outings. One residents assessed needs in this regard was identified as loving to go for walks, for a drive, to the cinema or to restaurants. The records indicated that in 2015 she had been for a drive eleven times, and went for a walk once. In addition there was no reference to her attending the cinema or visiting a restaurant. The inspector also reviewed her financial transactions to try to establish if these had in fact happened more

frequently for this resident. These records suggested she had gone out for lunch on one occasion in 2015 and on four other occasions between May 2014 and December 2014. There was no record of her having attended the cinema within the financial records reviewed from May 2014.

Questionnaires provided from some family members to the Authority also questioned why social activities previously enjoyed by residents were no longer available to them. Examples referred to by family members included swimming and horse riding.

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):

No actions were required from the previous inspection.

Findings:

In general it was found that the design and layout of the centre were suitable for its stated purpose and meets residents' collective needs in a homely way. The centre comprised of two separate houses within a short distance of each other.

Both houses had large rear gardens, and one of the gardens contained a small sensory area with raised flower beds. There was also a large swing, which was used regularly (and at times during the inspection) by one of the residents.

Ten of the twelve residents had their own bedroom. One house had a twin room that had been occupied for the past five years by the same two residents. Personal care practices for the residents sharing the twin room considered each residents privacy and dignity, by ensuring that personal care was provided at separate times in the room. However, additional improvement was required that privacy and dignity could be further protected at all times by providing some privacy screening as required between beds. In addition, there was no privacy lock on the bathroom used by these and other residents.

The centre was found to be clean and suitably decorated. Bedrooms seen by inspectors were found to be individualised and generally met the needs of residents. There was an adequate number of bathrooms and showers to meet the needs of residents. There was suitable communal space within each house, with a large kitchen/dining room and separate sitting room.

There was suitable equipment and aids available for the use of residents such as a shower chair, and wheelchair(s) as required.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall it was found that the health and safety of residents, visitors and staff was promoted and protected. There were arrangements in place to manage risk. There was a health and safety statement in place which had recently been reviewed and updated by the provider. There was also a detailed risk management policy and associated risk register identifying environmental and individual risk for residents. Individual risk assessment were also being used to promote the independence of residents and allow them pursue activities of choice such as assisting with cooking and in areas of personal care.

A significant issue was identified during a previous inspection relating to one residents refusal to evacuate the premises during a fire drill, and staff were at that time unsure of what to do as a result. Significant work was done in this area including liaising with Dublin Fire Brigade, introducing more frequent drills, developing a reinforcement programme (to reward compliance with a drill), providing refresher training to staff, and revising the residents personal evacuation plan. In addition, the organisations health and safety committee had decided to provide training to all staff in the use of a ski-sheet and this was scheduled to take place the week after the inspection.

However, despite all of these interventions to date, the resident remained non-responsive to drills. The directions from Dublin Fire Brigade were to leave the resident in the centre in the event of a fire occurring, for them to evacuate. In this regard, it was found that there were no internal fire doors in place to provide protection to this resident (and others) in the event of a fire. Of particular concern was the door leading from the kitchen area, to the rest of the house, which was a domestic door with 12 small glass panels. When these concerns were raised with the person in charge and the person representing the provider, they confirmed that their own fire consultant had identified this as a risk during his recent inspection. The inspectors read a copy of this report, and the consultant had stated that he would not be providing the centre with a fire clearance certificate until this issue had been addressed.

Accidents, incidents and near misses were being recorded in detail and copies of the reports were submitted to the organisation quality and safety officer for review as well as to the community residential services health and safety committee. A member of staff had recently been nominated health and safety officer in the centre. There was also an emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

There were suitable procedures in place for the prevention and control of infection, and there were policies and procedure in place relating to the outbreak of infection.

Clinical audits were in place with multi-disciplinary input into areas such as the monitoring of falls and related control measures and quarterly reviews of accident and incident report forms.

The centre had the use of its own vehicles to transport residents. There was a daily, weekly and monthly checks carried out on vehicles and records of staff driving licenses were maintained by the organisations transport department.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Generally, there were arrangements in place to safeguard residents and protect them from abuse. The policy on the protection of vulnerable adults had been recently updated. Training had been provided to staff in safeguarding vulnerable adults. In addition, staff members spoken with were knowledgeable in relation to what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

Actions identified within the previous inspection report highlighted a need to review the restrictive procedures operating within the centre. This review while ongoing had

provided a significant reduction in the numbers of restrictive practices and procedures in operation. For example CCTV was no longer deemed necessary for the monitoring of a resident, locks had been removed from kitchen presses and a tracking device that had been used for one resident was no longer used.

A multi-disciplinary support team (MDT) was now reviewing all restrictive practices every three months. The most recent review in March 2015 supported replacing of the lock on the front door with a key pad, which was considered necessary for both rights, safeguarding and health and safety reasons. This had been done. Members of the MDT team included a psychiatrist, the person in charge, a staff member, and a clinical nurse manager (III).

Risk assessments had been developed by this team for all practices which could be deemed restrictive within the centre. The assessments included information on consultation with family members and considered changes to existing control measures, changes in circumstances/needs of the resident, the risks or hazards that the restrictive was intended to limit and to consider if those risks were still present. They also limited the use of the restrictive practice in relation to duration and frequency. All restrictive practices identified referred to environmental restraints, such as the use of bed-rails for one resident and the use of a sound monitor at night time for two residents with frequent seizure activity.

Physical or chemical restraint was not used in the centre as clearly distinguished in the policy on the use of restrictive practices. In this regard it was determined by the inspector that restrictive practices operating were in compliance with evidence based practice, as a last resort and in line with Regulations.

At the time of this inspection the inspector found there were no PRN (as required) medications used or prescribed for behaviour management for any residents. Positive behaviour support plans were in place as required. These plans detailed the significant effort made to identify and alleviate the underlying causes of behaviour that may be challenging for each individual resident. Training had been provided to all staff in relevant areas such as manual handling and safeguarding vulnerable adults and managing challenging behaviour.

Residents were provided with comprehensive intimate care support plans which provided comprehensive assessment of need as well as clear supports required in order to provide intimate care as independently as possible. These intimate care plans also considered the residents capacity in relation to developing knowledge, self-awareness, understanding and skills needed for self care and protection.

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):

No actions were required from the previous inspection.

Findings:

This outcome was not inspected during the last monitoring inspection. The staff were maintaining detailed records of all accidents and incidents in the centre. These were reviewed by the person in charge, the quality and safety manager and the nominee provider.

All incidents that required notification to the Authority as required by the Regulations had been provided. This included the submission of quarterly returns.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against during the previous inspection. Overall, there was limited evidence that residents had opportunities for new experiences and social participation as per their assessed need. Limited community access has already been detailed as a feature of Outcome 5 within this report.

Considering the profile of residents, opportunities for education or employment was not considered a priority for residents and for this reason, emphasis was placed upon community and social participation as well as maintaining and enhancing daily living skills.

These plans were not adequately developed or provided for many residents. 'Activation'

or day services was provided to most residents. However, separate day services was not available to all residents, and there were therefore reliant solely on the centre to provide opportunity for new and stimulating experiences, as well as providing access to the social participation identified as important to residents.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The Inspector found that the residents were supported to access health care services relevant to their needs.

From reviewing personal plans of residents the Inspector found that residents' health care needs were met with regular access to a general practitioner (GP) as well as allied healthcare specialists such as ophthalmology, speech and language, physiotherapy, occupational therapy, orthopaedics and hospital consultants as required.

For example, care plans provided of recent visits to a dental hospital and neurology appointments for residents. One such neurological appointment which took place in January 2015 was not recorded in a residents medical notes. Evidence that this appointment had take place was provided within daily nursing notes. When inspectors identified this discrepancy on day 1, a letter which had been sent to the organisations medical department post the appointment was provided to inspectors.

However, the information contained within the letter, and the information documented in the residents daily nursing notes differed. The consultant had requested an increase in the resident's anticonvulsant medication which was changed. The daily notes recorded this request from the consultant, but also states that the residents 'status epileptics protocol be changed from 3 minutes to 5 minutes'; this was not done, and was not referred to in the consultants letter. There was no follow up in relation to the discrepancy in this information. It was also noted by inspectors that the resident had not required the use of the status epileptics protocol medication since the hospital appointment.

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. All residents were

supported to aid in the preparation of meals to some degree. Specific cutlery was used by one resident enabling him to be more independent at mealtimes. Healthy eating and exercise and maintaining positive mental health was a focus of many care plans for residents within the centre.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Overall it was judged that each resident was protected by the centre's policies and procedures for medication management. All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices.

All staff who administers medication were registered nurses who must follow Bord Altranais agus Cnáimhseachais na hÉireann safe medication practices or were social care workers who had been provided with specific training and competency assessment relating to the safe administration of medication.

Regular audits had identified an increased number of drug errors within both houses comprising the designated centre during late 2014 and early 2015. These generally related to discrepancies in drug counts with individual tablets unaccounted for. A common reason for the increased numbers of these types of drug errors was recorded within clinical audits as the use of relief and agency staff. Additional measures were put in place to try and address this issue, such as increased drug counts and audits and the use of pre-packed medication in one of the two houses.

Records indicated that the number of drug errors had decreased significantly since these additional control measures were put in place. However, the existing and additional training provided to permanent and relief staff was not provided to agency staff. Many drug error recording forms read by inspectors referred to agency staff. This reliance on the use of agency staff is further discussed and actioned under Outcome 14: Governance and Management and Outcome 17: Workforce.

The inspector found that each resident's medication was reviewed regularly by the medical team and records demonstrated reduction in medication levels in line with

changing needs of residents. Staff were clear on what each medication had been prescribed for. Guidance was also available to all staff from a nurse manager at all times, as well as from the pharmacist. All medication was appropriately stored. Unused or out of date medication was returned promptly to the pharmacist.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against during the previous inspection. A revised statement of purpose was provided to the inspectors during the inspection and submitted to the Authority which met the requirements of 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 also available to residents and their representatives. Efforts were ongoing to provide the statement of purpose in a more accessible format for residents.

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):

No actions were required from the previous inspection.

Findings:

There was a clearly identified management structure in place and staff were familiar with the reporting mechanisms. 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. The provider had applied to register two 'house leaders' as persons participating in management, recognising their positions of responsibility as leader of each of house comprising the designated centre.

The inspector observed that the person in charge and house leaders were involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, regular meetings took place between the nominee provider the person in charge and the house leads. The person in charge had been working with the residents for a number of years and was well known to them.

It was reported by the person in charge and staff that the provider or others in senior management positions visited the centre regularly, unannounced and at various times. There was documentary evidence that four such visits had occurred during the last 12 months. Reports of these visits considered the quality of care and support provided in the centre as required within the Regulations. These reports also identified areas for improvement, but consecutive reports did not identify why actions previously requested were not completed.

For example, a review of personal planning documents in January 2015 stated that some goals were not reviewed since in almost two years and further stated that this 'was an outstanding action from the last provider visit'. A subsequent visit on 30 March 2015 following the announcement of this inspection found some reviews had still not taken place. As referred to under Outcome 5: Social Care Needs, some of these reviews only took place in the days preceding this inspection.

The inspectors met with a number of staff members during the inspection. They were knowledgeable in relation to the needs of residents, and were clear on all of the key policies and procedures within the centre.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

This outcome was not reviewed on the previous inspection. The person in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

The provider had decided to appoint individual houses team leaders as persons participating in management (PPIM), who also deputised for the person in charge in her absence. Both PPIM's were met with and interviewed during the course of the inspection, and were found to clear on their role, and were recognised as being in positions of authority by other staff members. The roster identified a staff member as in charge at all times in the event that the person in charge or PPIM were not on duty.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

This outcome was not inspected against during previous inspection. While it was reported the efforts had been made by the provider to link the assessments of residents needs to the staffing requirements for the centre, these assessment were not available to the person in charge or inspector at the time of inspection.

Evidence was provided elsewhere within this report identifying areas where the assessed needs of residents were not being met, specifically within Outcomes 5, 10 and 17. Plans and activity logs for many residents recorded minimal opportunity for external activity for residents. However, it was determined by inspectors that there were adequate resources available but they were not being appropriately managed to meet identified outcomes for residents.

For example, there were examples of increased staffing support provided during times

of unexpected or emergency situations such as to support a residents frequent but unexpected hospital visits due to a recurring medical problem. In addition a review of the rota covering both houses suggested that staffing levels have been maintained, and that staff on annual or sick leave were replaced.

The numbers of staff on duty also suggested that there were adequate supports including nursing and social care staff to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. The rota provides for 5 staff to be on duty during the day and the provision of a waking night staff in each location as well as the support of an additional staff member who sleeps over in one of the locations who is available to provide support should it be required.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with adults with disabilities.

Overall it was found that there were appropriate staff numbers to meet the assessed needs of residents. However, the current and previous rotas identified an over-reliance on the use of relief and agency staff members, and this was found to be impacting upon the quality of care provided to residents. For example, the use of increased relief and agency staff members had been identified by management as a cause of an increased number of drug errors.

Recruitment had been sanctioned by the provider in order to provide a greater continuity of care. However, the person in charge and persons representing the provider confirmed that the agreed whole time equivalent of staffing hours assigned to the centre did not take into account the statutory leave entitlements of staff, and that relief and/or agency staff would be continued to be used to provide cover for staff on annual leave.

The statement of purpose identifies a whole time equivalent of 14.91 and also confirms

'regular use of relief staff & agency staff to cover Annual Leave / Sick Leave'. This in effect means that approximately the equivalent of 1.4 whole time equivalent staffing hours would need to be met by relief or agency staff to cover statutory annual leave requirements alone, over a one year period. The use of relief staff in this way to meet the expected absence of staff does not provide continuity in the care provided to residents.

Five staff files were reviewed subsequent to the inspection within the organisation central management offices and were found to contain all of the documentation as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Training records were held both centrally within staff files as well as locally within the centre. Training records identified that all staff had completely all required mandatory training including fire safety, manual handling and safeguarding vulnerable adults. The inspector reviewed the proposed and actual rosters for the previous month and all staff were identified on the roster. The roster also clearly identified who was in charge at any given time.

Staff employed in the centre, observed and spoken to during the course of the inspection demonstrate an intimate knowledge of the residents they supported. Staff spoke to and about residents with great respect and were very professional at all times in their dealing with the residents.

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):

No actions were required from the previous inspection.

Findings:

This outcome was not considered as part of the previous inspection. 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.

A copy of the Insurance certificate was submitted as part of the registration application which confirmed that there was up to date cover in the centre.

Some of the policies as outlined in Schedule 5 were in development or were in need of review. These policies included:

- admissions, including transfers, discharge and the temporary absence of residents (out of date; 2007)
- the creation of, access to, retention of, maintenance of and destruction of records (timelines as specified within Regulation needed to be included)
- provision of information to residents (in development)

The Inspectors was informed that the organisation was in the process of reviewing existing and compiling missing policies. Evidence of this was seen through the policy on the maintenance and destruction of records, which was in draft format.

Records were kept secure in a locked press but were easily retrievable. Residents were all familiar with their records and some plans were in an accessible format.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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-0003058
Date of Inspection:	09 April 2015
Date of response:	08 May 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The policy on the management of resident's finances was found not to be providing adequate support and safeguarding of residents personal monies.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably

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

practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The local guidelines have been revised to provide adequate support and safeguarding of residents moneys. Under no circumstances can services users pay staff wages in the future. Further clarify has been added to the guidelines on costs.

Proposed Timescale: 04/05/2015

Theme: Individualised Supports and Care

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

The complaint on file had not been investigated and had not been reported to the complaints officer.

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

The complaint has been brought to the attention of the complaints officer. The complaint has been reviewed and an action plan put in place to address the issue. The complainant is happy with the response.

Proposed Timescale: 05/05/2015

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 details of charges to residents in meeting the expenses of staff associated with supporting them for social activities was not covered sufficiently within the contract.

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 contract of care has been revised to reflect charges to residents in meeting expenses of staff associated with supporting them for social activities.

Proposed Timescale: 04/05/2015

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:

Personal and social care needs were not always reviewed on an annual basis.

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:

All personal and social care needs will be reviewed on an annual basis and the Person In Charge will audit this.

The reviews will also be audited during provider visits.

Proposed Timescale: 08/11/2015

Theme: Effective Services

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

The personal and social care needs of some residents relating to access to external activity was not provided as per the assessed needs of individuals.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The external activities identified as an assessed need are now being facilitated by staff on duty.

Proposed Timescale: 08/05/2015

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 twin room was not providing adequate privacy for its occupants as there was no way of screening off a bed to maintain privacy should it be required.

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:

A folding screen will be available in the house to maintain privacy in the twin room of required.

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

One of the bathrooms did not have a privacy lock to maintain privacy and dignity for residents.

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:

A thumb lock will be fitted to the bathroom door to ensure privacy.

Proposed Timescale: 30/05/2015

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:

There were no internal fire doors in place to provide protection to residents and to be able to compartmentalise the centre (houses).

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Internal fire doors will be fitted to provide protection to residents and to compartmentalise the centre (houses).

Proposed Timescale: 08/08/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Where it had been assessed that training and education opportunities were not a priority for the residents, opportunity had not been provided to develop residents to enjoy social experiences as assessed as required within individual care plans.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The external activities and social experience identified as assessed needs are now being facilitated by staff on duty.

Proposed Timescale: 08/05/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Medical records provided to inspectors for one resident had a discrepancy in the recommendation suggested by the medical consultant and the daily notes recorded by the nursing staff member supporting the resident on the medical appointment. Clarity had not been sought in relation to the information recorded.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Clarity has been sought from the Consultant Psychiatrist re this issue and she recommended that the recommendations in the letter from the Medical Consultant are the recommendations to be followed not what was said verbally at appointment. In future staff will note following a medical appointment with a Consultant that recommendations will be in the letter from the Consultant. The Person In Charge has informed all staff of this recommendation.

Proposed Timescale: 08/05/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The written reports on the safety and quality of care and support provided in the centre did not contain an effective plan to address concerns regarding the standard of care and support in an efficient and timely manner.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Future announced and unannounced visits to the centre will contain an effective plan to address concerns regarding standards of care and support. They will also check completion of all previous actions. The Person In Charge will be asked to submit a regular update on these actions to their Nominee Provider.

Proposed Timescale: 08/07/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Resources were not been appropriately managed to support all residents to achieve the goals contained within their personal plans.

Action Required:

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

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

The use of resources will be reviewed by the Person In Charge and Person Participating In Management to ensure that opportunities are given to all residents to achieve their goals.

Proposed Timescale: 08/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The practice of using relief and agency staff to cover planned absences of staff due to anticipated statutory leave was not promoting a continuity of care and support.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

There is currently a recruitment process in place to displace agency staff. One care staff will be in place by June 2015. Other agency staff will be displaced by August 2015. In the interim regular relief and agency staff will be booked to promote continuity of care.

Proposed Timescale: 30/08/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

A number of policies were in the process of being updated or required review as identified within the body of this Outcome.

Action Required:

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

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

The Admission, Discharge and Transfer Policy 2015 has been updated (14.04.2015).
The Records Management Policy will be reviewed by the policies author.
The Communication Policy will be reviewed by the policies author.

Proposed Timescale: 07/08/2015