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The Park Group - Community Residential Service, Dublin 15

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Park Group - Community Residential Service
Centre ID:	OSV-0004038
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:	Helen Thompson
Support inspector(s):	Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	3

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:
19 October 2016 09:35	19 October 2016 18:30
20 October 2016 09:15	20 October 2016 17:30

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

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

Summary of findings from this inspection

Background to the inspection

This was an announced inspection that was conducted in line with HIQA's remit to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This inspection was to inform a registration decision and assessed 17 outcomes. Residents' healthcare was not assessed on this inspection as it was found to be compliant at the previous inspection on 14 June 2016. The required actions from the centre's previous inspection were also followed up as part of this inspection.

How we gathered our evidence

Over the course of this inspection the inspectors visited the four houses of the designated centre, spoke with 13 residents, reviewed residents' questionnaires and five family questionnaires and met a number of staff members. The person in charge post was recently vacated, so the inspectors met with the provider nominee and a person participating in the management of the centre. Overall, the residents and their families expressed satisfaction with the quality of the care and support provided in the centre. However, a number of residents highlighted issues with the centre's premises, especially with regard to the lack of communal space available to them and the shared room situation was noted by those involved. Residents also noted staffing support deficits and outlined the effect of this for them and other residents' support requirements.

As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files and a number of the centre's policy documents. The inspectors also completed a walk through the centre's premises, paying particular regard to improvements that had been identified as required on the last inspection .

Description of the service

The centre comprised of four community based houses (units) within various housing estates across a broad geographical base. The majority of residents lived in the main premises of their residence while some others lived in flats that were directly attached to the house. There was capacity for 24 residents in the centre but on the day of inspection it was home to 21 female residents over 18 years of age. The statement of purpose stated that the centre was providing residents with a service that supported and promoted their health, development and wellbeing. The level of support that residents required was described as varying from minimal to those with more complex conditions that required full support. Their needs included a number of medical conditions, dementia, behavioural and mental health supports.

Overall judgment of our findings

Seventeen outcomes were inspected against, with two found to be of major non-compliance and three outcomes were found to be of moderate non-compliance. Significant improvements were required to ensure that staffing levels were consistently maintained in line with residents' assessed needs, especially in two units of the centre. Also, the centre's premises required a lot of improvement to ensure that it was in keeping with all the residents' needs and wishes. Under residents' rights, dignity and consultation improvement was required in the centre's complaint's process and an increase in personal storage for residents was highlighted. Health, safety and risk management also needed attention to ensure that residents, staff and visitors were completely protected.

Seven outcomes were observed to be compliant with the regulatory requirements and five outcomes, including social care needs, medication management and safeguarding were assessed as substantially compliant.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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:

Inspectors found that residents were consulted with and participated in decisions regarding their care and the organisation of the centre. Residents had access to advocacy services and information about their rights. Residents were supported to maintain their personal possessions and were supported with their finances. Opportunities to participate in meaningful activities of their choice were facilitated. Residents were supported to receive visitors in private and to maintain their own privacy and dignity. However, improvement was required with the centre's complaints system, in the ensuring of privacy for residents' personal information and in the provision of adequate storage for residents' personal possessions.

There was a policy for the management of complaints in the centre which was available in an accessible version and displayed in the centre. Residents and staff were observed to be informed and aware. One unit's complaints log was reviewed which contained seven recorded complaints that had been raised by both residents and their representatives. Inspectors noted that these were promptly responded to, with evidence of meetings with residents noted. A number of the complaints related to premises issues.

However, some complaints were not accurately and comprehensively completed to reflect all actions taken and subsequent follow up measures that were implemented in response to the matter. Also, the need for improvements in the facilitation of the complaints process was observed on staff minutes of 21 September 2016 and in the centre's annual review process for 2016.

Inspectors observed that there was clear evidence in residents' files and in their weekly

house meeting that they were involved in their care and in decisions regarding the day to day running of their home. They were noted to freely give their opinions on the quality of the care and support provided. Residents had access to information on rights and advocacy support. A service user information box which contained all this information was observed in one of the houses. Some residents were involved in advocacy groups.

Staff members were observed to treat residents in a respectful and dignified manner. Residents were encouraged to maintain their privacy and dignity which was reflected in staff practices. Residents were facilitated to receive visitors in private and their personal communication was respected. However, inspectors observed that some residents' private and personal information was displayed in shared areas of their home.

Inspectors observed that residents were supported to maintain their personal possessions and in their financial affairs. Inspectors observed completed financial assessments and financial passports to support residents who were noted to be very informed on this matter. However, the inspectors observed in a number of units, that there was not enough storage space available to residents for their personal possessions.

Residents were observed to be consistently facilitated with opportunities to participate in activities that were purposeful and meaningful to them.

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:

Overall, inspectors found that residents' communication needs were met and supports were provided to residents as required.

The centre had a policy on communication. Individual communication needs were highlighted in residents' plans and communication passports were in place as needed. Inspectors reviewed a sample of the communication passports which detailed the resident's method of communication and how to support the resident communicate. Staff spoken with were aware of the different communication needs of residents.

Inspectors found that assistive technology and aids were in place to meet residents' communication needs, for example, an adapted phone was in place in one unit. Residents had access to phones, radio, television and the internet.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that residents were supported to develop and maintain positive personal relationships and develop links with the wider community.

The centre had a visitors policy in place. Residents, families and staff spoken to stated that there were no restrictions on visits.

Inspectors reviewed a sample of family contact logs and care plans and found that residents were supported to maintain positive personal relationships with family and friends. Residents maintained regular contact with friends and family through phone calls, visits to the centre, outings and planned visits home.

Family questionnaires received highlighted that the centre supported residents in maintaining their relationships. The logs also showed that staff were in regular contact with families, keeping them informed of residents' wellbeing.

Residents were supported to maintain links with the community based on their individual choices. Residents were engaged in day services or active retirement and involved in trips away, swimming, table tennis, cycle club, mass, shopping, cinema, and dining out.

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:

The centre had a policy and procedure on admissions, including transfers, discharge and the temporary absence of residents in place. The admission process considered the wishes, needs and safety of the resident and the safety of others when considering transfers.

Each resident had a written agreement in place. Inspectors reviewed a sample of these contracts and found that they set out the services to be provided, the terms and conditions of the resident's placement, and the fees. In addition, details of additional fees were also included in the written agreement. Residents spoken to were clear about the fees and charges they paid.

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):

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

Findings:

Overall, inspectors found that each resident had a written personal plan that detailed their individual needs and choices. However, improvement was needed in the review process of some residents' individual support requirements. Residents had opportunities to engage in meaningful activities in line with their interests. There was evidence of multidisciplinary support for residents where required and of accessibility in residents' documentation.

Each resident had an assessment in place and inspectors reviewed a sample of these assessments. There was evidence that personal plans were developed by the residents key worker, along with the residents and their families participation in their development, review and evaluation. However, inspectors observed that there was a lack of a systematic and comprehensive review process for some residents who regularly engaged in transitions to and from this centre.

Goals for the year were developed from the assessment and inspectors found that the goals identified were personalised. The discovery process to identify goals was completed for one resident after a series of meetings with included the resident and people involved in the resident's life, for example, the day service. Goals included a spa day, concerts, having a key to the front door, family portrait, money management and cycling. The goals were reviewed on a monthly basis by the resident's key worker to ensure progress against the goal.

Judgment:

Substantially 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):

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

Findings:

Overall, inspectors found the centre was homely and personalised. However, significant improvements were required regarding available communal room and space, bathroom facilities and with storage, cleaning and maintenance to ensure they met residents' needs and wishes .

The centre comprised of four houses located in a broad geographical area in Dublin 7 and 15.

House one was a two storey house which accommodated six residents and consisted of a hallway, kitchen/dining room, toilet, sitting room, bathroom and four bedrooms.

House two was a two storey house with an adjoining flat which accommodated four residents and consisted of a hallway, sitting room, relaxation room, kitchen/dining room, bathroom, three bedrooms and a staff bedroom. The adjoining flat consisted of a sitting room, bedroom and toilet.

House three was a two storey house which accommodated five residents and consisted of a hallway, toilet, office, kitchen/dining room, sitting room, bathroom, five bedrooms and staff bedroom.

House four was a two storey house with an adjoining flat which accommodated six residents and consisted of a hallway, sitting room, dining room, kitchen, bathroom and 4 bedrooms. The adjoining flat consisted of a kitchen/sitting room, bathroom and bedrooms.

The maintenance issues identified in the previous inspection were in the process of being addressed. The centre still required painting and decorating and inspectors were informed that the houses were scheduled to be painted within the next month. The maintenance of the gardens to the rear of the houses was partly addressed with the inspectors noting that one of the gardens was a little unkempt and had some rubbish strewn around. Inspectors reviewed the maintenance log in one of the houses and found that issues highlighted were addressed or in the process of being addressed. However, some other issues had not been identified, for example, a bannister in one house with protruding nails.

The previous inspection found that the bathroom arrangement in one of the units did not meet the needs of the residents. While the inspectors acknowledge that work had begun to address this, the issue was still present. In addition, inspectors noted that the bathroom facilities available in another unit were not optimally in line with residents' needs as they were sharing a bathroom between their apartments. This issue had been identified in the centre's annual review process for 2016.

Inspectors found the cleaning in one unit required improvement as cobwebs on the ceiling and dust and lint on the carpet were observed.

Inspectors observed that the layout and available personal and communal space in two of the houses did not optimally support residents' needs and wishes. In both units, residents had made formal complaints regarding the sharing of rooms and had expressed their preference to have their own bedrooms. This issue was reiterated to the inspectors when they spoke with residents. Additionally in one unit, residents had complained that, with recently required changes in the layout of their home, their sitting room was now located upstairs. This room was noted to be very small and inaccessible to some residents that lived in this location.

In addition, inspectors found there was a lack of adequate storage in two of the units, with residents' storage boxes observed on the landings of two units.

Inspectors observed that in two of the units there was no separate space available for residents to receive visitors.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff.

The centre had a health and safety statement which outlined the responsibilities of the various post holders within the organisation. There was a policy in relation to the unexpected absence of a resident. The centre carried out weekly health and safety audits which identified maintenance issues and health and safety hazards.

The centre had a policy in place for risk management which included the four risks specified in Regulation 26. The risk register clearly outlined the risks in the centre and the controls in place to control the risk. The risks outlined in the risk register included staffing, behaviour, fire, chemicals and medication. The centre also completed individual risk assessments for manual handling, behaviour, fire and falls. Inspectors reviewed the incident reporting procedure and a sample of incidents. Inspectors found that there was a clear system of recording and follow up.

There were arrangements in place for fire safety management. The fire evacuation map was on display in a prominent location in each unit. Daily and weekly checks were in place which covered fire exits, alarm panels and equipment. There was certification and documentation to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis.

However, there were inadequate measures in place to contain fire, for example, there were no fire doors in the centre. This was identified as an action in the previous inspection and was still within the action timeframe. The centre was in the process of addressing this matter and had liaised with a fire consultant.

The centre completed regular fire drills and inspectors reviewed the record of these drills. Personal Emergency Evacuation Plans (PEEPs) were in place for each resident which reflected the resident's mobility and cognitive understanding. Residents spoken with were able to tell inspectors on what to do in the event of a fire.

The centre had procedures in place for the prevention and control of infection. Inspectors observed personal protective equipment and hand wash facilities located throughout the centre. There were practices of recording food, fridge and freezer temperatures in place.

Inspectors found that the vehicles used by staff were appropriately insured and had a

national car testing certificate.

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):

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

Findings:

Overall, inspectors found that the centre had measures in place to protect residents from being harmed or suffering abuse. A positive behaviour support approach was evident for residents that engaged in behaviours that challenge. The centre promoted a restrictive free environment for residents. However, some staff still required training to facilitate them to fully support some residents' behaviour support needs.

Inspectors found that there were systems in place for responding to incidents, allegations and suspicions of abuse. Inspectors observed a number of safeguarding plans that had been developed to support residents' safety needs. Staff knowledge of safeguarding vulnerable persons was found to be strong and they had clarity regarding the required reporting mechanisms.

However, inspectors did note that there were some gaps in safeguarding training, with some staff having only attended policy update training.

Inspectors observed that overall there was a positive approach to behaviour that challenged. Inspectors noted that the required actions from the previous inspection with regard to ensuring due process for a resident's restrictive intervention and consent from their family had been addressed.

There was evidence that since the previous inspection staff had been facilitated with some in-service training to enable them to more effectively support the behavioural support needs of some residents. However, though it had been identified, further training in behavioural support was still to be delivered.

During the inspection, staff interactions with residents were observed as dignified, warm and respectful. Residents communicated to the inspectors that they felt safe in their

homes and particularly praised staff and the quality of their interactions with them.

The centre had the policies in place as required by regulation.

Judgment:

Substantially 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:

The centre maintained a record of all incidents occurring in the designated centre and, where required, notified them to the Chief Inspector.

Inspectors found that the centre notified HIQA as required. However not all notifications were received within the required timeframe.

Judgment:

Substantially 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:

Inspectors found that residents were supported to have opportunities for new experiences, social participation, education, and training. Residents attended day centres, where they were supported to avail of a variety of activities and classes, or were actively retired.

Inspectors found that residents were engaged in social activities internal and external to the centre. Residents attended classes in the community such as reading and writing classes and were active in the local community. Residents went out for coffee and meals and used facilities in the community, including the hairdresser, parks and cinema. On the second day of the inspection, inspectors observed staff planning with two residents to go out for breakfast before attending an appointment with the local hairdresser.

Inspectors reviewed a sample of residents' activity logs and found that they were supported to go on organised holidays and trips away, for example, several residents went on a planned trip to Athlone and Galway.

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):

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

Findings:

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medication management. However, the required action from the previous inspection was not completely addressed.

There were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. The inspectors noted that residents' prescription and administration sheets contained the required information with a pharmacist of choice noted on the front sheet of their medication documentation. This also contained a staff signature bank.

The inspectors observed evidence of the completion of medication reviews with residents by both the general practitioner and psychiatrist.

The required risk assessments were found to have been completed with residents that were self medicating. The inspectors met with a resident who explained her system for the storage and taking of her medication. Also, it was noted that she was knowledgeable regarding the prescribing rationale for her medication. However, a possible risk with regard to completely ensuring secure storage had not been considered in a resident's self medication risk assessment. This was highlighted during the inspection process and assurance given by the provider that it would be addressed.

There was a system in place for the identification and review of medication errors and the inspectors reviewed documentation related to this. Each resident's medication document was audited on a weekly basis and the inspectors tracked a recently identified error through this system.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors found that a Statement of Purpose was available in the centre and it contained the information required to meet all the requirements as set out in Schedule 1 of the regulations.

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):

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

Findings:

Overall, the inspectors found that the management systems in place ensured the delivery of a safe and quality service.

The provider had completed the required six-monthly unannounced visits in March and September 2016. The inspectors reviewed the most recent one completed in September 2016. It assessed a number of outcomes and had actions identified from this process. The annual review of the quality and safety of care was completed in August 2016 and there was evidence of residents and their representatives' participation. The process also involved a review of the centre's progress against actions from the previous HIQA inspection and against the internal visits. There was a summary of the key actions and recommendations from the annual review.

The centre had regular audits in place; for example, incidents and accidents, medication and care plans. The inspectors found that improvements had been made in the consideration of data, for example, incidents and accidents reviewed at an overall centre level.

Inspectors found that there was a clearly defined management structure in place with clear lines of authority and accountability. Staff reported to a manager in each unit, who in turn reported to the person in charge. This post was recently vacated at the time of this inspection but a recruitment process was underway. In the current absence of the person in charge staff were found to be very clear with regard to the altered reporting arrangement to the clinical nurse manager (CNM) 3. Staff also highlighted that the new night manager system was a great support to both staff and residents.

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the role of person in charge was vacant. HIQA were notified within the required timeframe of the vacancy. Inspectors were informed by the provider that they were in the process of filling the role permanently. There were clear arrangements in place to manage the centre in the absence of the person in charge and staff and residents spoken to were clear on these arrangements.

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:

Inspectors found that the centre was not effectively resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. As outlined in Outcome 17 the staffing complement was not consistently maintained to meet some residents' needs and wishes.

Also, though transport was available it was noted by some residents as requiring improvement. They highlighted their dissatisfaction with having to share their vehicle with residents in another house.

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):

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

Findings:

Overall, inspectors found that the staffing levels were not consistently maintained in order to meet the needs of some residents in the centre. Additionally, improvements were required with regard to the provision of staff training. Recruitment procedures

were found to be robust and the regulatory requirements were in place for volunteers.

From a review of residents' personal plans and particularly their evolving needs, the inspectors observed that in some units the level of staff support available was not always maintained to the required level. This observation was repeatedly found in interviews with both residents and staff and in the centre's complaints data.

This was noted to be a particular issue in some evening periods and at the weekends. For example, in one house on a Wednesday evening and all day Sunday there was only one staff member on duty to support six residents, some with a high level of needs. Staff expressed concern regarding this lone working situation particularly with regard to supporting residents with their personal care needs, in having a positive mealtime experience and in maintenance of supervision levels for residents. The reduced staffing level was also observed as a challenge to supporting residents to get out and participate in activities and in facilitating them to have the option of always remaining in their own home, if they choose. This finding was clearly reflected across a lot of the centre's documentation, including residents' and staff meeting minutes.

Inspectors noted that for a number of the summer months additional staff were available to meet the acute needs of some residents but that this extra resource had been discontinued in September 2016.

A planned and actual staff rota was found to be maintained in the centre.

Inspectors reviewed a sample of staff training and found that not all staff had up-to-date mandatory training in safeguarding vulnerable persons, manual handling and in medicines management. Additionally, during the inspection process inspectors met some staff who had not yet completed medication training, though this was clearly highlighted during the previous inspection in June 2016. Inspectors sought immediate assurances from the provider regarding this matter which were provided in the following days.

Inspectors observed evidence of regular staff meetings which had a clear agenda format. Supervision to staff had been provided through a staff performance system. Staff members' interactions with residents were observed to be person centred and positive.

Recruitment procedures in the centre were effective, and there were good systems in place to support safe recruitment practices. The recruitment of staff was managed centrally by the human resources department of the organisation. Staff files were reviewed in a separate location before this inspection and found to contain all the information required under Schedule 2 of the regulations.

There were volunteers supporting residents in this centre. Inspectors observed that the regulatory requirements were in place for their roles.

Judgment:

Non Compliant - Major

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:

The inspectors found that the documentation required by the regulations to be maintained in the designated centre required improvement in relation to schedule 3 of the regulations.

Inspector reviewed records and documents and found the centre maintained all records identified in Schedule 3. However, some documents were found to be incomplete. For example, the assessment of need for one resident was not dated and another resident's inventory of personal belongings did not have a date of creation.

The designated centre maintained a residents' directory which included all areas specified in the regulations.

Records and documents that were viewed were in accordance with Schedule 4. Inspectors found systems were in place to ensure that medical records and other records, relating to residents and staff, were maintained in a secure manner. Inspectors reviewed the residents' guide and found that it included all of the required information under the regulations.

The centre maintained all the policies and procedures as required by Schedule 5 .

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:

Helen Thompson
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-0004038
Date of Inspection:	19 and 20 October 2016
Date of response:	23 December 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Some residents' personal information was displayed in a shared area of their home.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

All residents personal information had been removed from shared areas.

Proposed Timescale: 19/12/2016

Theme: Individualised Supports and Care

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

There was inadequate storage space available to residents for their personal possessions.

2. Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

Storage space in all houses in the designated centre will be reviewed and alternatives storage offered if necessary.

Proposed Timescale: 01/02/2017

Theme: Individualised Supports and Care

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

Residents' complaint forms were not comprehensively completed to reflect all actions taken.

3. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

All residents complaints will be reviewed, updated and closed off when resident is happy with the outcome.

Proposed Timescale: 30/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was no clear and systematic review of some residents' change in circumstances and support requirements.

4. Action Required:

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

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

A transition review sheet will be used to document and review visits to other centres.

Proposed Timescale: 30/12/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The cleaning in one unit of the centre required improvement.

5. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The cleaning schedule had been reviewed and will be monitored by the PIC and PPIM on an ongoing basis.

Proposed Timescale: 19/12/2016

Theme: Effective Services

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

Baths, showers and toilets were not a standard suitable to meet the needs of the residents.

There was a lack of adequate storage in two of the units with storage boxes stored on landings.

6. Action Required:

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

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

The service user has been offered access and support to use the bathroom in the main part of the house when other residents not there but has chosen not to take up this offer. This offer continues to be available.

The 2 residents who share a bathroom will be consulted in relation to sharing the bathroom.

The Provider Nominee will consult with the Service Engineer in relation to any alternatives he can offer in the limited space available.

Storage space in all houses in the designated centre will be reviewed and alternatives storage offered if necessary. Storage boxes have been removed from the landings.

Proposed Timescale: 01/02/2017

Theme: Effective Services

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

There was inadequate communal rooms, personal space and an appropriate layout provided to some residents in the centre.

7. Action Required:

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

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

The capacity of the designated centre will be kept under constant review and reduced if a resident leaves the centre.

Proposed Timescale: 30/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There were inadequate fire containment measures in the centre.

8. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for

detecting, containing and extinguishing fires.

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

The Provider nominee will request costing for the installation of fire doors in the centre. Fire doors will be installed in the centre.

Proposed Timescale: 30/04/2017

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:

Staff had not received all the required training to facilitate them in comprehensively supporting residents' behavioural needs.

9. Action Required:

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

A training needs analysis had been completed for the designated centre and training will be prioritised in 2017.

Proposed Timescale: 30/12/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Not all notifications were received within the required timeframe.

10. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

All future notifications will be submitted within required timeframes

Proposed Timescale: 19/12/2016

Outcome 12. Medication Management

Theme: Health and Development

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

All possible risk aspects had not been considered and assessed in a resident's self medication risk assessment.

11. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

The medication risk assessment has been reviewed and all residents have safe secure storage for their medication.

Proposed Timescale: 19/12/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not sufficiently resourced.

12. 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 Nominee Provider and the Director of HR will review the rosters and the staff complement with Director of HR.

Proposed Timescale: 30/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff numbers were not consistently in keeping with the assessed needs and wishes of some residents.

13. Action Required:

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

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

The Nominee Provider and the Director of HR will review the rosters and the staff complement with Director of HR.

Proposed Timescale: 30/01/2017

Theme: Responsive Workforce

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

The required training was not current for some staff members.

14. Action Required:

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

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

A training needs analysis had been completed for the designated centre and training will be prioritised in 2017.

Proposed Timescale: 30/12/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some documents were found to be incomplete.

15. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All documentation will be reviewed to ensure that all are dated and signed

Proposed Timescale: 30/12/2016