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A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd., Dublin 15

Item Type	report
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Citation	Michael Keating, 'A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd., Dublin 15', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2015-11
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-04-11 09:08:42
Link to Item	https://hdl.handle.net/20.500.14765/74941

**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-0005237
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):	None
Type of inspection	Announced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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:
30 September 2015 11:30	30 September 2015 20:00
02 October 2015 09:30	02 October 2015 14:30

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 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, health care records, accident logs and policies and procedures. The views of residents, relatives and staff members of the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application

to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

Generally, inspectors found that residents received a good quality of service in the centre. Staff supported residents in making decisions and choices about their lives. The centre had a warm atmosphere and inspectors found that residents were comfortable and confident in telling the inspector about their home.

A number of relatives' questionnaires were received by the Authority during and subsequent to the inspection. The opinions expressed through the questionnaires reflected the provision of a high quality service. In particular, relatives referred to the commitment of staff and the development of their relative while resident in the designated centre particularly in relation to their increased level of independence.

Evidence of good practice was found across all outcomes, with 12 outcomes judged to be fully compliant including health care, social care needs, safeguarding and safety, workforce, and communication. Two outcomes were found to be in major non compliance relating to planned temporary closures of the centre and the evacuation plans for one resident. Three outcomes were found to be moderately non compliant related to premises issues, welfare and development and deputising arrangements for the person in charge. Outcome 4: Admissions and contract for the provision of services was judged to be substantially compliant.

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

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that residents were consulted with and significantly involved within the general running of the centre. They were supported to make decisions about their care and about the organisation of the centre. However, the houses comprising the designated centre were closed on a regular and planned basis and this was done against the wishes of the residents.

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

As detailed throughout this report, residents were involved in the operation of the centre generally and were fully involved in the development of their care plans. House meeting were held on a weekly basis where residents planned a weekly menu and activities. Minutes of these meeting were read and detailed issues such as booking holidays, health and safety issues, maintenance issues and the HIQA inspection process. Residents also explained their 'charter of rights' to the inspector while others discussed their involvement in advocacy networks such as involvement with an external consultancy forum.

In general it was determined that the centre was managed in such a way as to maximise resident's capacity to exercise personal independence and choice in their daily lives. For example, residents were supported to engage in many activities of daily living independently such as staying in the centre for periods of time without staff present, accessing the community and using public transport independently and in being involved in the management of their own financial affairs.

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

Judgment:

Non Compliant - Major

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

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

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

An organisational committee entitled 'information transformers' had also been developed to help support and develop informing policies into easy to read and accessible formats.

The houses were very much part of the broader community and residents were observed availing of many community facilities such as local clubs, colleges and public amenities. Residents also had access to televisions, music, social media and internet with assistive technologies and software used to assist residents to communicate and develop interactive 'life books' and to support the development of person centred plans.

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 were actively encouraged to be part of the resident's life.

There was clear documentary evidence that family members were involved in person centred planning meetings and were in contact with the person in charge and staff on a regular basis. Community access was enhanced through the person centred planning process many residents accessed the community independently while other required the support of staff to do so.

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 many residents had been supported to access the community independently.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

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

Each resident had a signed contract of care in place provided to them which detailed the

support, care and welfare of each resident. These contracts detailed the services provided to each resident including the fees to be charged. However, there were inconsistencies found in the contract of one resident who avails of the centre on a part-time basis.

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

Judgment:

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):

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

Findings:

The Inspector found that the wellbeing and welfare provided to the residents was to a high standard. Each resident was actively involved in the development of their personal plan and in outlining their own social goals. The Inspector reviewed a number of the personal plans with residents in all of the houses comprising the designated centre. Residents took great pride in their person centred plans (PCP's) and great efforts had been made to provide them in accessible formats such as the use of photographs and pictures, DVD recording of a PCP, and framed pictures depicting a resident's goals.

Each resident had both long term and short term goals identified within their plan. The Inspector spoke to residents and they were clear on what their specific goals were and discussed their progress in achieving these goals. Residents described their progress in relation to many goals including moving to their own apartment, travelling independently, self administration of medication, attending college courses, cooking classes, having their own front door key and general enhancement of everyday living skills.

The plans were reviewed on a regular basis with a formal review taking place on an annual basis. Residents and family members attend these reviews. The annual review where goals achieved are celebrated and new goals set is a big event in each resident's life with formal invitations sent out and the review usually taking place in a hotel of the residents choosing.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

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. However, it was found that one bedroom in one of the three houses was not suited to be used as a twin room. In addition, maintenance and decoration of some rooms required attention.

In general the centre was found to be clean however, a number of rooms (within two of the houses comprising the designated centre) required maintenance. The bedroom in one house was found to have mould on the ceiling. The ceiling in the sitting room of one house also required repair and redecoration. The persons in charge stated that they had highlighted this and stated that there were plans in place to address this.

One bedroom measuring 12 meters square was found to be not providing adequate space or privacy to meet the needs of its occupants. The beds in this room were less than 4ft apart and there was no opportunity to provide any type of privacy screening to residents should they require it. In addition, one bed was pushed up against a radiator which was excessively hot, the associated risk is actioned under Outcome 7: health and safety and risk management. One resident in particular expressed her wish to have a room of her own to the inspector as well as to other staff representing the organisation through the course of the inspection. She identified a vacant room in the house which she stated she wished to move into.

There was a separate kitchen area in each of the three houses and there was adequate communal space with a choice of sitting/dining rooms in each of the houses. Residents had access to appropriate equipment to promote their independence and comfort. For

example there was a monitored alarm used to support a resident with epilepsy to negate the need to have staff with her at all times. Adaptations had also been made to the security arrangements and fire alarm to support residents to be able to spend time with in their home independently.

Residents were also all encouraged and supported to launder their own clothes, and to carry out other activities of daily living as set out within Outcome 5; social care needs.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall it was found that the health and safety of residents, visitors and staff was promoted however, significant risk was identified in relation to the temperature of hot water in radiators within one of the houses comprising the designated centre.

As referred to under Outcome 6: safe and suitable premises, a bed in one twin room was pushed up against a radiator due to inadequate space in that room. The temperature of this radiator was recorded at 60.4 degrees leaving this resident in particular at risk of burning. The person in charge contacted a plumber about this issue and plans were in place to resolve the issue before the inspection was completed.

Fire management procedures and evacuation plans were found to be adequate for all but one resident. One resident's personal evacuation plan did not consider her risk of being isolated from staff and the main exit due to the location of her bedroom. Inadequate containment measures were identified in all three houses as internal fire doors to isolate the kitchen from bedrooms were not in place.

Personal Emergency Evacuation Plans had been developed for each resident. Many residents and staff discussed the evacuation procedures with the inspector and the records of drills reviewed in all houses indicated all residents were evacuating in a safe and timely manner.

As identified above, evacuation procedures for one resident required review to ensure she could safely evacuate the premises independently. This resident's room was located off a kitchen. There were inadequate containment measures in place to protect her from the risk of fire starting in the kitchen. There were no fire door between her bedroom and

the kitchen. In addition, at night staff slept upstairs in this house, in the event of an emergency the possibility of staff being unable to get to this resident were not considered. This resident's evacuation plan indicated she required prompting from staff to evacuate; and while she had an exit door from her bedroom into the back garden, drills had suggested she would not use any exit without encouragement from staff. The potential of staff entering the kitchen to access her room in order to evacuate her left this resident and well as staff at significant risk in the event of an emergency. Additionally the assembly point was located at the front of the house. Again, there was no consideration given as to how the resident could get to this point as the side gate leading to the front garden was padlocked.

Individual risk assessments had been carried out for all residents to ensure that any risk associated with activities of daily living were identified and proportionally managed. For example, independent living skills such as cooking skills and independent travel had all been individually risk assessed to ensure residents could complete these tasks safely. These assessments were found to balance the associated risk with the right of the resident to complete these tasks.

The centre was found to have adequate infection control procedures in place including access to a nurse on a 24/7 basis to provide guidance to staff on infection control or outbreak of infection or illness guidance. The centre was found to be clean and cleaning records were maintained. There was an up to date risk register in place incorporating a safety statement.

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

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

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

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff. Residents spoken with said they felt safe and could tell the inspector who they would speak to if they felt unsafe or needed particular support. The persons in charge confirmed restrictive practices were not used within the centre, as there was a policy of 'no restraint' within the broader service.

Personal and intimate care plans were also in place and provided comprehensive guidance to staff ensuring a consistency in the personal care provided to residents. Generally it was found these plans focused very much on supporting residents to be as independent as possible in this area.

Systems were in place to ensure that there were no barriers to staff or residents disclosing abuse or highlighting inappropriate care practices. One such incident had been notified to the Authority. The inspector found that this incident had been appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

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

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

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

Findings:

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

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Resident's opportunities for new experiences, social participation and skill maintenance and enhancement were monitored closely and formed a key part of residents' care plans. Most residents' personal plans identified opportunities for residents to develop their skills and maintain levels of independence appropriate to the assessed needs and requests of residents.

However, for one resident who had been admitted to the centre approximately one year ago, her care plan actually identified that previous skill levels achieved in her previous living environment had regressed in this centre. This related specifically to previously attained ability to access her community independently and travel training programmes to use public bus routes. These skills had not been developed and supported within her current living environment. Explanations provided from staff members included inadequate support to teach her the new routes and made reference to requiring a volunteer to support a new travel training programme.

The educational achievements of residents was valued and proactively supported by practices in the centre. Some residents were involved in a vocational training in a local third level college. Other residents were involved in work placements and paid employment. In addition, day services provided to all residents had been reviewed within the broader organisation in line with national policy to better fit the needs of individuals. Residents clearly communicated their satisfaction with these new arrangements and discussed these with the inspector.

Residents were engaged in many social activities external to the centre, as referred to under Outcome 5: Social Care Needs. Personal care plans focused upon maintaining and developing skills in the areas of self care and protection, and knowledge in relation to their rights and daily living tasks. Residents were also each provided with a day to help prepare meals within the centre. One resident described their level of involvement in this, including being involved in going out and purchasing the ingredients in local shops.

Judgment:

Non Compliant - Moderate

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Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.

Findings: Overall the inspector found that residents were supported on an individual basis to achieve and enjoy best possible health. The inspector reviewed a number of residents' health care plans, records and documentation and found that residents had good and frequent access to allied health professionals. The inspector noted access to a general practitioner (GP), psychology, social work, occupational therapy, chiropody, physiotherapy, ophthalmology, dental and access to a public health nurse. Specific issues had being comprehensively provided for such as epilepsy, mental health and prostate care. Specific health screening for age and gender related issues had also been documented such as dementia screening and mammograms. Health promotion in areas such as mental wellness, exercise and health eating were also a feature of the plans. Residents were responsible for choosing the weekly menu in the centre. The inspector reviewed the menu and the food was seen to be varied and nutritious. The inspector observed meal preparation with residents in the centre, which was a positive social experience with lots of conversation. Staff had their meals with residents and this helps to provide support to residents where required in a discreet and sensitive manner.

Judgment: Compliant

Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>

Theme: Health and Development

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

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

Findings:

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

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

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

Additional training was also provided to staff by the organisations nursing staff as required. For example; one resident had epilepsy staff received training specific to this resident's needs including the use of rescue medication to prevent prolonged seizure activity.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

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

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

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall it was found that the local management structure required review in order to allow the three separate houses to operate as a single designated centre. There were no appropriate arrangements in place for a deputy in the case of the absence of the person in charge.

The person in charge worked full-time and was suitably qualified and experienced. She was found to be providing good leadership to her staff team, and staff spoken to felt they were well supported in their role. She was well known to the residents and demonstrated sufficient knowledge of the legal responsibilities associated with her role.

The provider had made a decision to group the three homes as a single designated centre in recent months. Therefore the person in charge was also new to the position of managing the three houses, although she had been the manager of one of the three houses before the grouping. The person in charge was provided with adequate protected time to fulfil her duties across the centre.

The provider had also appointed a person participating in management (PPIM) to each of the houses with the intention being that they could deputise for the person in charge in their absence. However during interviews with two of these PPIM's it was apparent that they only had knowledge of the specific house within the centre that they worked in. They had no knowledge of residents assessed needs living in other parts of the centre.

In general, each house was operating independently, with separate staff teams. Therefore, while PPIM's were expected and considered to be in positions of authority within the centre the management structure did not allow for this to happen.

There was a multi-disciplinary management team who meet on a regular basis which includes the nominee provider, senior manager and the person in charge. The provider nominee made regular unannounced visits to the centre and completed a brief report of each visit. This report was an audit based upon the Authority's 18 outcomes and it identified areas for improvement. The findings of these visits were discussed at house meeting with residents.

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):

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

Findings:

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.

Staff spoken to were also clear that they were effectively in charge as part of their duties as they often worked alone.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

The inspector found that sufficient resources were provided to meet the needs of residents to ensure the effective delivery of care and support in accordance with the statement of purpose.

Flexibility was also demonstrated within the roster to meet specific needs of residents. For example, additional staffing supports were made available to support a resident following discharge from a hospital post operation. In general staffing levels were judged to support residents to achieve their individual personal plans and to meet their assessed support needs. However for one resident, her supports were not being adequately addressed which had resulted in reduced independent living skills. This non compliance has been actioned under outcome 10: general welfare and development.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The staff numbers and skill mix available were found to be appropriate to meet the assessed needs of the residents. All staff had all received up to date mandatory training including the areas of safeguarding and fire safety.

A number of staff files were reviewed, and all of them contained the documents required

by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This process was carried out on a date prior to the inspection within the company's central management office. The Inspector found robust recruitment processes in place and the nominee provider and persons in charge took responsibility for interviewing and recruiting staff. The centre had recently recruited a number of social care and care staff in an effort to reduce the reliance upon relief staff. Some of these staff were interviewed by the inspector and discussed their induction and probation processes. Staff members were all aware of their responsibilities and were aware of all policies and procedures related to the general welfare and protection of residents. There were also familiar with legislation including the Health Act 2007, the Regulations and the associated Standards.

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

It was found that that there were appropriate staffing levels taking into account the statement of purpose and the assessed needs of the residents. There were sufficient staff employed with the right skills, knowledge, qualifications and experience to meet the assessed needs of residents at all times. Each resident had a key worker, although, all staff showed detailed knowledge of all the residents living in their specific house and were clearly passionate about their roles. Through observation and discussion with residents it was found that residents receive assistance and care in a respectful, timely and safe manner.

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

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

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

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0005237
Date of Inspection:	30 September 2015
Date of response:	23 October 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

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

1. Action Required:

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

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

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

The centre will remain open to meet the needs and requests of residents and families.

Proposed Timescale: 01/12/2015

Theme: Individualised Supports and Care

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

A complaint relating to regular planned closures of the centre had not been addressed adequately.

2. Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

The centre will remain open to meet the needs and requests of the residents and families.

Proposed Timescale: 01/12/2015

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 contract of one resident who resides in the centre on a part time basis stated he was paying the same fees as full time residents.

3. 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 show the changes for a part time basis.

Proposed Timescale: 23/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

One bedroom was found to be unsuitable to be used as a twin room.

4. 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:

This bedroom is now a single bedroom. The other resident has moved to a spare room.

Proposed Timescale: 13/10/2015

Theme: Effective Services

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

One bedroom was found to have mould growing on the ceiling close to a damaged vent while the ceiling in the sitting rooms in one house required repair and decoration.

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 mould has been treated. The paint work has been scheduled.

Proposed Timescale: 31/12/2015

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:

The risk management policy and procedures did not ensure that there were adequate control measures in place in the identification of environmental risks such as the temperature of radiators.

6. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The temperature on the heating has been checked by the plumber and the thermostat adjusted.

Proposed Timescale: 01/10/2015

Theme: Effective Services

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

One residents personal evacuation plan did not adequately consider how she could be safely evacuated and brought to a safe location.

7. Action Required:

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

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

This resident will be moved to an upstairs bedroom ensuring safe evacuation and to a safe location

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

Inadequate consideration had been given to containing a fire within kitchen areas from bedrooms throughout 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:

A fire door will be fitted to both the downstairs bedroom directly of the kitchen.

Proposed Timescale: 30/12/2015

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:

One resident's skills levels had not been maintained during her transition between residential centres which had impacted upon her independence and ability to travel and access the community without relying upon the support of staff.

9. Action Required:

Under Regulation 13 (4) (b) you are required to: Ensure that where residents are in transition between services, continuity of education, training and employment is maintained.

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

A plan has been put in place with staff to re-train resident in travelling and accessing her community.

Proposed Timescale: 20/12/2015

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:

There were no appropriate arrangements in place for a deputy in the case of the absence of the person in charge.

10. Action Required:

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

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

PPIMS in each house in the designated centre will rotate between all houses in the centre to familiarise themselves with other houses.

There will be two joint staff meetings per year.

The PIC will look at staffing and resources across the centre and ensure increased flexibility.

The Pic and Nominee Provider will select a PPIM to deputise for PIC for absences greater than 28 days.

Proposed Timescale: 31/01/2016