

# eDeposit Ireland

## Green Meadows, 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**



<b>Centre name:</b>	Green Meadows
<b>Centre ID:</b>	OSV-0004433
<b>Centre county:</b>	Dublin 15
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Lorraine Macken
<b>Lead inspector:</b>	Thomas Hogan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 11 July 2017 09:30 To: 11 July 2017 12:30

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to inspection**

This was an announced inspection of the designated centre to inform a registration decision after an application to renew registration was made to the Health Information and Quality Authority by the Daughters of Charity Disability Services Company Limited. This was the third inspection of this designated centre.

At the time of inspection there were no residents living in the designated centre and it was not in operation. All proposals outlined and plans agreed and/or described by the person participating in management (PPIM) will be checked and verified at the next inspection of this designated centre.

**How we gathered our evidence**

The inspector met with a PPIM for the designated centre and was spoken with at length regarding the service to be provided.

A review of documentation was completed by the inspector which included policies and procedures, logs of records maintained, completed annual review of the quality and safety of care and support in the designated centre, and report of unannounced

six monthly visit by the registered provider or person nominated on behalf of the registered provider.

In addition the inspector did a full walkthrough and observation of the designated centre.

#### Description of the service

The centre is comprised of a two story house which has the capacity to support two residents. There were three bedrooms in the centre, one of which had an en-suite bathroom. There was a large living room with separate kitchen/dining area. The service had produced a statement of purpose which outlined the services previously provided within the centre.

#### Overall judgment of our findings

10 outcomes were assessed against during this inspection. Eight of the outcomes were found to be in compliance, with two outcomes found to have been in substantial compliance. Some documents required review including the statement of purpose.

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 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that, when implemented, the care and support as described by the person participating in management (PPIM) would be consistent and sufficiently provide for the residents' assessed needs.

The PPIM outlined that two residents would move into the centre, however, these residents had not been identified, or a date for admission to the centre been set, at the time of inspection. The PPIM confirmed that comprehensive assessments would be completed for residents prior to being admitted to the centre, and that no later than 28 days after admission a plan addressing residents' health, personal and social care needs would be prepared. These plans would be made available to residents in an accessible format.

In the event that residents would be transferred to the centre, the PPIM outlined that a transition plan would be put in place to guide this process. These would have appropriate input from the multi-disciplinary team.

There was a policy available in the designated centre on the admission, discharge and transfer of residents which was dated April 2015. The PPIM was knowledgeable on the contents of this policy document and the associated procedures for the admission, discharge and transfer of residents to and from the designated centre.

The PPIM outlined the procedures that would be in place regarding consultation with residents who would be identified as potential future residents of the designated centre. There would be direct consultation with residents, independent advocacy services

available, and input would be sought from family members. Moves would take place on a phased basis in order to allow individuals to adjust to the new environment and would be led by the resident.

With regards to training in the life-skills required for the new living arrangement, the PPIM highlighted recent learning in this area from another designated centre. They outlined areas of importance such as opportunities for residents to engage in shopping for groceries in a local supermarket, training on road safety, opportunities for opening personal bank accounts, and engaging with residents to identify their choice of local general practitioner and pharmacy.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that the location, design and layout of the designated centre was suitable for its stated purpose. It was found to be spacious, homely and well furnished throughout.

Each resident would have their own bedroom, one of which had an en-suite facility. The PPIM explained that there were plans in place to convert the en-suite to a wet room with improved access. In the separate communal bathroom there was a bath with an overhead shower facility. There was an additional toilet provided on the ground floor.

There was accommodation provided for staff if they were required to sleep in the centre at night time. This room also contained storage for documents and items required for the running of the designated centre.

The centre had a well equipped and spacious kitchen/dining area. The PPIM informed the inspector that residents would be supported to prepare meals in this area where appropriate. In addition there was a spacious sitting/living room area.

The inspector found that some minor remedial work was required in the designated centre which included damage to plasterboard in one bedroom, painting of some rooms,

and a step to the front door of the building which did not promote ease of access.

The PPIM acknowledge these issues and confirmed that they would be resolved in full before any residents were admitted or transferred to the designated centre. In addition, the PPIM outlined that a deep clean and maintenance work to the garden areas would be completed.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the designated centre and that there were adequate policies and procedures in place to support the overall health and safety of residents.

There was a Fire policy in the designated centre which was dated November 2016. It outlined the organisation's position on fire training for staff, identifying risks, detection, prevention, escape, maintenance and testing of equipment, evacuation, means of fighting fire and conducting fire drills.

A Risk Management Policy dated March 2015 was made available to the inspector. This policy provided a framework for staff to identify, assess, risk rate, and develop strategies to manage risks. It identifies the roles and responsibilities allocated to staff and managers for managing risk.

There was a Safety Statement in place in the designated centre which was dated February 2017. It made reference to the duties of both employee and employer regarding the overall health and safety requirements of the designated centre. In addition, the safety statement identified hazards and associated control measures in place for a variety of organisation risks.

The inspector reviewed the Incident Reporting Policy which was available in the designated centre and was dated March 2015. This document outlined the process for managing incidents and the responsibilities assigned to managers and staff for identifying, taking immediate action, reporting, investigating, minimising, managing, and complying with the prescribed procedures.

The PPIM was knowledgeable in the areas of health and safety and risk management and outlined the processes in place for managing incidents which occurred. They explained that staff would be trained in fire safety and manual handling and that refresher training would be completed at appropriate intervals. As there was no staff team in place in the designated centre at the time of inspection, the inspector was unable to review training records.

The designated centre had a fire alarm system in place and emergency lighting. Smoke detectors were fitted throughout the building and the inspector observed that a carbon monoxide alarm was also present in one area of the centre. The PPIM informed the inspector that systems would be in place to ensure the regular maintenance and service of fire alarms and emergency lighting.

In addition, the PPIM outlined that fire fighting equipment was to be serviced and maintained at regular intervals by appropriate personnel, and systems would be in place for the regular maintenance and servicing of any vehicles used by the designated centre.

**Judgment:**  
Compliant

### **Outcome 08: Safeguarding and Safety**

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

**Theme:**  
Safe Services

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

No actions were required from the previous inspection.

### **Findings:**

The inspector was satisfied that adequate measures would be put in place in the designated centre to protect residents from abuse.

There was a policy in place for the protection and welfare of vulnerable adults and the management of allegations of abuse which was dated January 2016. The overall aim of this policy was to ensure that all residents who used the service were protected from abuse of any kind and it outlined the responsibilities of staff in protecting vulnerable adults, how to respond to issues, and the appropriate reporting procedures.

The inspector spoke with the PPIM and it was found that they were very knowledgeable

in this area. The PPIM was clear on the procedures to follow in the event of an allegation or suspicion of abuse and the measures they would take to protect residents from abuse.

There were guidelines available in the designated centre regarding intimate care which outlined the organisation's position on staff responsibilities, consent, process of providing intimate care, and documentation.

The inspector reviewed guidelines for supporting persons with behaviours which are challenging and found that the document outlined staff responsibilities, referral procedures, use of behavioural support plans and restrictive reactive strategies, and education and training.

The inspector was satisfied that residents would receive behavioural and therapeutic supports that would promote a positive, non aversive approach to behaviours which may challenge. The PPIM outlined the training arrangements in place in the designated centre for staff training in the this area. An individualised approach has been adopted within the organisation which is focused on the needs of residents and this reflected the level of training required by staff.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the healthcare needs of residents would be regularly reviewed with appropriate input from members of the multi-disciplinary team as and when required.

The PPIM highlighted that a medical centre was located within close proximity to the centre and that residents would be facilitated to choose a general practitioner of their choice. A referral system was in operation in the centre for access to multi-disciplinary inputs, however, opportunities for discussion between a person in charge and members of the multi-disciplinary team was available according to the PPIM.

The PPIM explained that all preparation of meals for the designated centre will take place locally in the centre with residents partaking in this process where possible. Input

from a dietician was also available to support healthy eating for residents. The inspector was satisfied that once the proposed practices were implemented, residents' nutritional needs would be met to an acceptable standard.

**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):**

No actions were required from the previous inspection.

#### **Findings:**

Overall the inspector found that the proposed medication management policies and procedures were satisfactory and safe.

The inspector found that the PPIM was clear on the procedures regarding the administration, ordering, storage, and disposal of medication. There was no anticipation that controlled medication would be in use in the designated centre and any PRN (as necessary) medications would have protocols in place to guide staff regarding their administration.

The PPIM outlined that care staff administering medications would have specific training in this area before residents are admitted or transferred to the designated centre. The training would involve two day training with an exam and follow up practical assessments.

A plan was outlined for the completion of risk assessments and capacity assessments for the self administration of medication by residents. This plan will be completed by the time of admission or transfer of residents to the designated centre.

The inspector viewed the storage facilities for medications and found that they were appropriate.

**Judgment:**  
Compliant

### **Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in*

*the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was a written statement of purpose in place in the designated centre which described the services previously provided. The statement of purpose was found not to contain three points of information as required [according to Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013]. This was brought to the attention of the PPIM.

**Judgment:**

Substantially 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:**

The inspector was satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis. The PPIM outlined that effective management systems would also be in place to support and promote the delivery of safe, quality care and support services.

The PPIM informed the inspector that arrangements would be in place for an annual review of the quality and safety of care in the designated centre. Arrangements would also be in place for unannounced visits to the designated centre on at least a six monthly basis where audits would be completed by a member of the management team.

The inspector reviewed a recently completed six monthly unannounced visit and annual review of the quality and safety of care and support in the designated centre. The PPIM provided an update on the actions arising from these reports to the inspector and submitted this to the Authority post inspection.

The PPIM explained that the post of the person in charge had not been filled at the time of inspection and that this would likely be a post shared between two designated centres. A plan was in place for the recruitment of a person in charge and it was confirmed that this post would be filled before residents are admitted or transferred to the designated centre.

The PPIM was knowledgeable about the requirements of the Regulations and Standards. There was a clearly defined management structure in place with lines of authority and accountability.

Support would be provided to the person in charge by a Clinical Nurse Manager 3 and a Service Manager.

**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):**

No actions were required from the previous inspection.

**Findings:**

At the time of inspection a staff team was not in place in the designated centre. The centre was not in operation and the PPIM outlined that staffing levels for the team would be based on the assessed needs of the residents identified for admission or transfer to the centre.

The PPIM highlighted that arrangement would be put in place for both formal and informal supervision of staff. Informal supervision will take place through unannounced visits to the centre, and through at least quarterly team meetings, while formal supervision will take place at annual performance reviews. In addition, supervision would be in place through the person in charge working along side staff in the designated centre.

The PPIM outlined that the training plan for the designated centre would reflect the collective needs of the residents. This would inform the requirements for training and would have multi-disciplinary input in the formalisation of this plan.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that three policy and procedure documents were outside of the three year review period. These related to major emergency planning, intimate care, and supporting persons with behaviours which challenge.

The designated centre was found to be adequately insured against accidents or injury to residents, staff and visitors.

All aspects of this outcome were not assessed.

**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:***

Thomas Hogan  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0004433
<b>Date of Inspection:</b>	11 July 2017
<b>Date of response:</b>	09 August 2017

### 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 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain:

1. The total staffing complement, in full-time equivalents, for the designated centre with the management and staffing complements as required in Regulations 14 and 15.

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

2. The arrangements for residents to access educations, training and employment.
3. The arrangements made for contact between residents and their relatives, friends, representatives and the local community.

**1. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Statement of Purpose has been revised to reflect the above information to comply with regulations, as discussed with Inspector on visit

Proposed Timescale: COMPLETED

**Proposed Timescale:** 09/08/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The following policies and procedures were found to be outside a three year review period:

1. Major emergency planning
2. Intimate care
3. Supporting persons with behaviours which challenge

**2. Action Required:**

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

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

Email has been submitted to Quality and Risk Officer requesting a completion date for revision of above policies.

**Proposed Timescale:** 31/12/2017

