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Special Dementia Unit - Sonas Residential Service, Dublin 15

Item Type	report
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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:	Special Dementia Unit - Sonas Residential Service
Centre ID:	OSV-0003746
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Lorraine Macken
Lead inspector:	Helen Thompson
Support inspector(s):	Louise Renwick
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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: 09 May 2017 09:25 To: 09 May 2017 18:35

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

Outcome 05: Social Care Needs
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 the inspection

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this centre. It was HIQA's fourth inspection of this centre and was completed over one day by two inspectors. The required actions from the centre's previous inspection in June 2016 were also followed up as part of this inspection.

How we gathered our evidence

The inspectors met with a number of the staff team which included nursing staff, care staff, the person in charge and the provider nominee. Over the day inspectors also spoke with the residents' general practitioner and three clinical nurse specialists who provided a range of support and therapeutic interventions to residents.

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, the centre's self-assessment documentation and a number of the centre's policy documents. The inspectors also completed a walk through the

centre's premises.

Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time observing staff engagement with residents and interviewed two residents' family representatives. Questionnaires completed by residents' families also provided the inspectors with information and feedback on the quality of the service provided in the centre.

During the inspection it was observed that residents appeared relaxed and contented in their home. A high level of satisfaction with the safety and quality of the service provided to their relatives was reported from all sources of family feedback.

Throughout the inspection process the inspectors noted that maintenance of relationships with family members and friends was promoted as central to the residents' wellbeing.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The statement of purpose stated that the centre provided a specialised dementia service to residents with an intellectual disability, more specifically residents experiencing mid and late stage dementia. Its service delivery was guided by the national dementia standards. The centre primarily provided permanent care for residents but did have a respite facility available to residents of the service provider's community services.

Residents' additional support needs included a number of medical conditions which included epilepsy, diabetes, thyroid and renal problems. End of life care and support was also provided to residents in an individualised manner.

The centre was purpose built to cater for the needs of residents with dementia. All residents had their own bedroom with en-suite facilities. There was designated space and rooms for residents to receive visitors. In line with residents' support requirements, the centre operated on a day to day basis as two distinct areas. There was an open plan space with sitting, dining and kitchen facilities in each area.

Residents had access to a courtyard and garden spaces. The centre was situated on a campus setting in a suburban location.

There was capacity in the centre for 14 residents but on the day of inspection it was home to 12 ladies over 18 years of age.

Overall judgment of our findings

Nine outcomes were inspected against and the inspectors found an overall increase in the level of regulatory compliance since the previous inspection. In general, the provider had put appropriate systems in place to ensure that the regulations were being met.

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):

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

Findings:

Overall, the inspectors found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plan.

The inspectors found that a suite of assessments were completed for residents with correlating plans developed to inform and guide staff practices.

A new format dementia care plan was being introduced which linked to the dementia care standards. Care plans were observed to be reviewed and evaluated. Residents and their representatives were noted to be central to the care planning and review process. Family feedback reported that residents were being constantly assessed and changes made as required.

Additionally, there was good evidence of multidisciplinary (MDT) involvement in residents' assessments and reviews. Accessibility was observed in residents' documentation.

The inspectors observed that activities and meaningful day engagement was facilitated and supported as appropriate to each resident's needs, abilities & wishes. There was a day service option available on campus and within a community setting which continued to be accessed in line with resident's individual needs.

A clinical nurse specialist (CNS) in complimentary therapies provided a range of in-house activities which included massage, Reiki therapy and reflexology. Music, art, spiritual and some table top activities were also facilitated for residents with new options being explored.

The inspectors observed that residents were supported at times of transition. This

encompassed transitions within, and to the centre. This finding was endorsed in the family members' feedback.

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:

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

Inspectors found there to be fire safety systems in place in the centre and an evidenced system of checking and servicing of the fire detection and alarm system along with the emergency lighting. Fire extinguishers were in place throughout the centre, and evidenced as serviced routinely by a relevant professional. Fire doors were in place throughout the building which were linked to an automatic release in the event of a fire. Staff had all been provided with training in fire safety and the use of fire evacuation equipment such as special sheets to assist in the evacuation of residents with limited mobility. Fire drills were routinely conducted and staff knew what to do in the event of a fire. Residents had individual evacuation plans drawn up to show their support requirements. Inspectors noted it had been a significant length of time since there had been a simulated deep sleep drill in the centre. Post inspection, the person in charge submitted evidence that one had been done since the inspection.

The centre had a risk management policy which included the specified risks identified in Regulation 26. The centre had a robust risk management system which incorporated centre and individual risk assessments for residents. The person in charge reviewed all risks regularly, and there was evidence of appropriate control measures in place to alleviate or reduce any identified risk. For example, a health action plan to address a risk of falls.

Inspectors found there to be a system of recording, reviewing and learning from adverse events such as accidents, incidents and near misses in the centre. For example, every month an incident reporting measuring tool was used to monitor for trends or patterns that may be emerging. In general, inspectors found there to be a low number of incidents and accidents in the centre. Family members who spoke with inspectors said that they felt their relatives were very safe in the centre. Inspectors found that the environment had been specifically designed to cater for the needs of people with

dementia. Therefore, environmental risks were minimal as residents had safe access to secure gardens, private areas and different parts of the centre.

Inspectors found that any vehicles in use by the centre were regularly serviced by a mechanic, and had up to date road testing, car tax and insurance.

There was equipment in use in the centre such as hoists and high-low beds. Any equipment in use had been serviced by a relevant professional and deemed fit for use.

The documentation as required by regulation was in place. For example, a risk management policy, guidance on infection control, a fire safety policy and statement, and emergency and evacuation plans.

The centre had systems in place for infection control. The centre employed household staff and inspectors found the centre to be very clean. There was adequate hand wash facilities and personal protective equipment available throughout the 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):

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

Findings:

Overall, the inspectors found that there were measures in place to protect and safeguard residents. There was a positive approach to residents' behavioural expression and a restraint free environment was promoted.

The inspectors observed that residents' safeguarding matters were reported and appropriately reviewed with the required measures taken to protect and support residents. Staff engagement and interactions with residents were observed to be respectful and dignified. The inspectors especially noted the amount of time afforded by staff in these interactions.

Residents were observed to be contented in their home and family feedback indicated satisfaction with their relative's safety needs.

Gaps in staff members' safeguarding training requirements which was identified during the previous inspection is addressed under the centre's workforce needs.

Residents' emotional and behavioural support needs were recognised and supported. Staff training and education to positively support this particular need for some residents was provided, with further training planned. The inspectors noted that it was also integrated into the dementia training package that was delivered by the clinical nurse specialists.

The inspectors observed that restrictive practice and restraint usage in the centre was in keeping with residents' assessed safety requirements and was noted to be unobtrusive. Plans to further attempt to reduce restraint usage through the trialling of new aids and appliances was planned. The policies as required by the regulations were available.

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:

Overall, the inspectors found that residents in this centre were supported to achieve and enjoy the best possible health.

The inspectors observed that residents' healthcare needs were identified, promptly responded to, assessed and supported through care planning. Residents were supported by a dementia specialist team who continuously monitored and reviewed residents' needs.

Residents were also found to be supported at the end of their lives in line with their needs and in a manner that respected their dignity, autonomy, rights and wishes. As appropriate, advanced care plans were developed with residents' families in preparation for their relative's evolving needs.

Multidisciplinary supports were available to residents which included occupational therapy, psychiatry, physiotherapy and pastoral care support. Residents were also supported to access allied health services which included chiropody and ophthalmology.

A general practitioner was available to provide daily consultation and reviews, and

during times of special need for residents. A general out of hours service was available for evenings and weekends.

The inspectors observed that residents' food and nutrition needs were assessed and supported. A dietician and speech and language therapist participated in this process for each resident. Mealtimes were observed to be very person centred with supports provided in keeping with each resident's individual needs and wishes. Mealtimes were noted to be protected for the resident.

The inspectors also observed that some residents, in line with their skills and wishes were encouraged to participate in the preparation for meals.

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 inspectors found that residents were protected by the centre's policies and procedures for medication management.

Inspectors reviewed documentation and found there to be written policies relating to the ordering, prescribing, storing and administration of medicines to residents. Inspectors observed some medicine being administered and spoke with staff members and found there to be safe practice in place. Medicines in the centre were safely stored and in line with any relevant legislation and residents' medication records were kept in a safe and accessible place. Staff had a good understanding of the medicine in use in the centre, and there was monitoring of medicine by the nursing staff and the prescribing doctor to ensure the most positive effect was evident.

Medicine in the centre was administered by registered nurses. All nursing staff had completed training in the safe administration of medicine and a number of nursing staff had received additional training to assist them to administer medicine at end of life through the use of syringe drivers.

A pharmacist was available on campus to the residents and there was evidence of on-going review of the residents' medical status and their medication. The pharmacist also carried out audits in relation to medication management. The inspectors observed the bank list of nursing staff signatures with their initials and correlating registration

numbers.

There were systems in place to monitor medication management in the centre. For example, weekly and fortnightly stock checks and audits of practice. Inspectors found there to be very low incidents of medication errors in the centre.

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 service provider had recently revised and updated (March 2017) their statement of purpose document. It was in keeping with the requirements of Schedule 1.

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 there were structures and systems in place to ensure

that the centre was effectively governed and delivered a safe quality service for residents.

There was a clearly defined management structure with lines of authority and accountability. The inspectors noted that there were meeting process in operation within the management structures, the centre itself and also communication at a service level through the local service manager's meeting.

Self-monitoring systems for the centre were completed and included auditing, the provider's six monthly unannounced visits, and an annual review of the quality and safety of care in the centre. Feedback from residents and their families contributed to this process.

As the required action from the previous inspection was implemented, arrangements were observed to be in place to ensure that all members of the workforce were personally and professionally responsible for the quality of the care and support provided

The person in charge (PIC) was clearly involved in the governance and operational management of the centre. It was observed that she worked in a supernumerary capacity once the staff complement was at a minimal of seven which she noted was presently sufficient.

The PIC was observed to have in depth knowledge of the residents and their needs. She demonstrated knowledge of legislation and of her statutory responsibilities. Also, she was noted to be committed to her professional development and to the future development of this specialist service. Residents, families and staff were noted to be very familiar with the PIC.

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:
Overall, the inspectors observed that there was sufficient staff to consistently meet the

assessed needs of residents. However, some improvement was required in the provision of staff training.

Staff training records were reviewed. Staff were facilitated with training in keeping with residents' needs. This included dementia training. The person in charge noted that staff members required further training in palliative care and was planning for this need. However, gaps were observed for some staff regarding their manual handling training.

The centre's workforce was noted to be stable with continuity of care facilitated for residents. Throughout the inspection process inspectors observed that staff interacted with residents in a warm, dignified and very person centred manner. This finding was reiterated and endorsed in all family feedback garnered during the inspection process.

Supervision arrangements were in place for the staff team. This included individual supervision meetings and also through the team meetings structure. The centre maintained a planned and actual rota.

The service provider's human resources (HR) department co-ordinated the recruitment of staff. Post the day of inspection, a number of staff files were reviewed and found to be in line with the requirements of Schedule 2.

Judgment:

Substantially 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):

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

Findings:

The inspectors observed that the actions from the previous inspection regarding improvements in the centre's policies and documentation were addressed.

All aspects of this outcome were not assessed.

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:

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 Company Limited by Guarantee
Centre ID:	OSV-0003746
Date of Inspection:	09 May 2017
Date of response:	13 June 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 17: Workforce

Theme: Responsive Workforce

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

Gaps were identified in some staff member's training requirements.

1. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to

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

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:

The PIC will ensure that by the end of the calendar year 2017 that, all staff whose SUPW and Manual handling certificate and or any other mandatory training requirements are updated so far as possible. The PIC to date has emailed the training/education coordinator to inform her of the future deficit in mandatory training refreshments and she has acknowledged this, and will send through the schedule once it has been confirmed and finalised by the service itself.

Proposed Timescale: 01/12/2017