

**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-0003942
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Michelle Doyle
Lead inspector:	Philip Daughen
Support inspector(s):	Julie Hennessy;
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 September 2015 14:00 To: 17 September 2015 17:00

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

Outcome 07: Health and Safety and Risk Management

Summary of findings from this inspection

This was an unannounced inspection, which took place over one day. The centre was inspected, practices were observed and documentation was reviewed. The primary purpose of this inspection was to check the adequacy of fire precautions in the centre. Arrangements relating to risk management were also examined as part of the inspection.

This centre provides residential accommodation for adult residents with mild to moderate intellectual disability within the community and as part of a household. Some residents also have impaired mobility and sensory impairments.

The centre comprised three buildings in total. All three buildings were originally constructed as private dwelling houses and are located within the community. From a review of documentation supplied to the authority prior to the inspection, the inspectors focused solely on one of the three buildings that make up the designated centre.

The building in question was a two storey house of traditional masonry construction with internal stud partition walls and a pitched roof. Four residents lived in the building. Three residents had single bedrooms upstairs. There was also one staff bedroom, a communal bathroom and linen storage located upstairs. All upstairs rooms were accessed directly off a central stairway located within a landing. One resident was accommodated within a single bedroom on the ground floor which was accessed off the kitchen. The rest of the ground floor comprised of living areas as well as storage and laundry areas. The house was noted as having two points of access from the outside, namely a door to the front and one to the rear.

Inspectors observed numerous shortcomings in the risk management arrangements

in place in the centre, in particular where they specifically related to one resident.

Numerous examples of good practice in relation to fire safety management and maintenance procedures were seen by inspectors. However, inspectors also identified numerous non-compliances relating to the fire precautions in place within the centre. Many of these were serious in nature

The non-compliance observed lead the inspectors to instruct the provider to take immediate steps to mitigate the risks identified through the issue of two immediate action plans. One related to risk management arrangements and the other related to fire precautions.

The above is outlined in more detail within the findings of the report.

The Authority did not agree the action plan with the provider despite affording the provider the opportunity to submit a satisfactory response. The provider's response to actions required with respect to Regulation 28(2)(c) and 28(3)(a) under Outcome 7 were not accepted by the Authority.

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 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

In general inspectors on the previous inspection found a number of fire safety related failings, particularly failings relating to the building. Many of these had already been identified by the provider's technical representative. On this inspection, it was found that the provider had failed to take adequate steps to address these failings.

Upon arrival at the centre, inspectors were initially given access by a staff member to inspect the premises and review documentation. Inspectors were then met by residents and a member of staff after they returned from their daily activities. Inspectors spoke to residents while the staff member provided documentation and answered inspectors' questions.

The risk management system was not robust. It was not demonstrated that where there were complex risks, that risk assessments were being completed, monitored and reviewed by competent persons with input from other suitably qualified competent persons where required.

In one house, it had been documented that the two-storey accommodation was unsuitable for one resident, who slept in an upstairs bedroom. The resident presented with very high needs that presented a risk both to herself and other residents in the house, including in relation to falls management, manual handling and in the event of an emergency such as a fire.

Risk assessment relating to fire and slips/trips/falls did not accurately reflect the level of risk posed to residents. Both risk assessments identified the initial risk rating as medium. However, the nature of the risks described on the risk assessment form, the resident's profile, medical condition, increasing needs and other information both in the resident's file and by staff clearly demonstrated that the level of risk was high.

Inspectors reviewed a fire risk assessment that had been completed by staff. The risk

assessment clearly outlined the vulnerabilities of the resident and the impact this had. For example, the resident could be uncooperative when faced with danger and needed a large amount of assistance to negotiate the stairs. Staff described how the resident was very slow to respond to any fire drills and how due to her mobility issues, other residents were delayed from descending the stairs during practice fire drills. While the risk assessment accurately described the nature of the risks, it did not consider all possible control measures. For example, the need to evacuate more independent residents first was not identified as a control. In addition, of the three additional control measures identified, two controls were outstanding. These related to an alarm system to wake the resident in the event of an emergency and the need for the resident to live in a more appropriate, single-storey dwelling.

With respect to a slips/trips/falls risk assessment, no additional controls had been identified to mitigate the risk. In addition, it was not clear what criteria had been used to assess the resident's risk of falls as a validated falls risk assessment tool had not been used.

With respect to risks associated with limited mobility, the resident had clearly identifiable manual handling needs, including in relation to negotiating the staircase, moving from a sit-to-stand position and climbing in and out of the bath. While there was a handrail in the bathroom, the bath being used by the resident was not an accessible bath. A manual handling risk assessment had not been completed for such manual handling tasks, as required.

In addition, the environment had been identified as not being suitable to meet the resident's increasing safety needs. An occupational therapy (OT) referral had been made on 7/11/2014 (10 months prior to the inspection) but had never been completed. The referral was made in relation to the stairs in the house and the resident's reduced mobility levels due to (specified) medical conditions.

The fire precautions in place within the building were identified as being inadequate in a number of respects. Inspectors identified one bedroom where the escape route was inadequate due to the layout of the building. The bedroom was an inner room. This means the only escape route was by way of another room, and not by way of a hall, landing, corridor or other area relatively free of materials that can burn. In this case the only escape route was through the kitchen, which contained possible sources of fire such as cooking and other electrical equipment. Inspectors also noted that the kitchen was not provided with any automatic fire detection. Inspectors found that while all final exit doors were provided with thumb-turn locks which would allow timely use in the event of a fire, a number of internal doors were provided with key operated locks. Keys were not noted as being in use with these locks. However, these locks could potentially prevent a timely escape in the event of a fire if keys were in use and the resident could not find their key.

The construction of the building was inadequate to protect escape routes and prevent and contain the movement of fire and smoke throughout the building. Fire doors were not provided where required to contain fire within the building. The attic space was undivided. Therefore, if a fire started upstairs, fire and smoke could potentially enter the attic and travel unseen to other parts of the building. Rooms and other spaces used for

the storage of materials that can burn, such as linen, were not constructed in a manner capable of containing fire.

Inspectors noted that first aid fire fighting equipment, such as fire extinguishers, had been provided within the building. Emergency lighting was observed by inspectors as being provided in some areas, though not throughout the building. There were records indicating this lighting had been serviced when required.

A fire alarm system had been installed in the building. Inspectors noted that the coverage of the automatic detection part of the fire alarm system did not extend throughout the entire building where necessary. Automatic detection had only been provided within the stairs and landing. There were service records to indicate that the system had been maintained when required.

Inspectors examined the procedures to be followed in the event of fire and spoke with staff in regard to same. Inspectors found that the needs and capabilities of the residents had not been adequately accounted for in the event of a fire in the building, even though said difficulties had been highlighted on previous fire drills. Inspectors found records indicating regular fire drills were being conducted in the centre. Inspectors noted that the fire procedure was displayed both in pictorial and in written format. The pictorial format required review as it referred to self closing doors of which there were none in this building.

Inspectors found a programme of fire safety checks within the centre with daily and weekly checks by staff as well as specialist maintenance on systems such as the emergency lighting and fire extinguishers when required. In the main, inspectors found that the day to day fire safety management checks and housekeeping to be adequate although some areas of improvement were required. For example, the cooker hood was not provided with a filter element within where required. Therefore, the inside of same was coated with grease which could represent a possible source of fire.

At the conclusion of the inspection, the inspectors served an immediate action on the provider nominee. This instructed the provider nominee to address the failing relating to the risk management system and the need to complete the outstanding action in relation to finding more suitable safe accommodation for one resident. The provider provided re-assurances that the immediate priority actions would be addressed within an acceptable timeframe.

Due to the risk presented by the layout of the building coupled with the absence of any automatic fire detection in the kitchen and living areas as described above, the inspectors served an immediate action at the conclusion of the inspection on the provider nominee. This instructed the provider nominee to take immediate steps to mitigate the risks, directing them to extend the fire alarm coverage to include automatic detection within the kitchen and living areas. The provider nominee pledged to complete the necessary work by 25 September 2015. The provider nominee informed the Authority on that date that these steps had been taken

Judgment:

Non Compliant - Major

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:

Philip Daughen
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-0003942
Date of Inspection:	17 September 2015
Date of response:	13 November 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 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 system was not sufficiently robust. It was not demonstrated that where there were complex risks, that risk assessments were being completed, monitored and reviewed by competent persons with input from other suitably qualified competent persons where required. In addition, the necessary action to find more

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

suitable safe accommodation for one resident had not been completed.

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The nominee provider has reviewed the care plan and all risk assessments for the resident concerned above and made any necessary amendments to same on the 18.09.15.

The residents mentioned above has moved to new accommodation on the 29.10.15

The PIC and Health & Safety Officer will review and amend where required all other risk assessments for this centre as part of updating the risk register by the 13.11.15

Refresher Training will be completed for all staff in this centre by 30.11.15

Proposed Timescale: 30/11/2015

Theme: Effective Services

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

The means of escape in the event of fire were not adequate in the following respects:

The building layout did not provide sufficient means of escape from one bedroom due to the access to same being solely through the kitchen.

The escape routes were not adequately protected with fire resistant construction.

The use of key locks on some escape route doors could potentially hinder escape in a timely fashion in the event of a fire.

2. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The response submitted by the provider to this action did not satisfactorily address all aspects of the failings identified in this report. The Authority has taken the decision not to publish this response

Proposed Timescale:

Theme: Effective Services

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

The provision of fire resistant construction and fire doors to contain fire and prevent the movement of fire and smoke throughout the centre was not adequate.

The fire alarm system was not adequate as the provision of automatic detection did not extend to all areas of the building.

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The response submitted by the provider to this action did not satisfactorily address all aspects of the failings identified in this report. The Authority has taken the decision not to publish this response

Proposed Timescale:

Theme: Effective Services

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

The needs and capabilities of one resident had not been adequately accounted for in the event of an evacuation of the centre.

4. 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:

The nominee provider completed a Personal Emergency Evacuation Plan on the above resident on the 18.09.15. This resident is no longer residing in this centre and moved to another centre on the 29.09.15

Proposed Timescale: 29/09/2015

Theme: Effective Services

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

The text and pictorial versions of the fire procedures displayed were contradictory in nature.

5. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The fire manager will ensure the pictorial versions of the fire procedures will be amended to be site specific.

Proposed Timescale: 06/11/2015

Theme: Effective Services

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

The lack of filter element and accumulation of grease within the cooker hood represented a possible source of fire.

6. Action Required:

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

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

The PIC has ensured that the cooker hood was cleaned and a filter was purchased. The PIC will monitor this centre to ensure the cooker hood/extractor fan is cleaned monthly in line with Cleaning Standards and marked as completed on the weekly Health and Safety Walk around checklist.

Proposed Timescale: 30/10/2015