Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Group D - St. Vincent's Residential Services
Centre ID:	OSV-0003927
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Breda Noonan
Lead inspector:	Julie Hennessy
Support inspector(s):	Geraldine Ryan
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
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:	To:
26 July 2016 10:00	26 July 2016 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the third inspection of this designated centre. The previous inspection took place on 29 September 2015. That inspection also included a specialist review of the adequacy of fire safety arrangements by the HIQA fire and estates inspector.

At the previous inspection a high level of non-compliance was identified with five of seven outcomes at the level of major non-compliance. The purpose of this inspection was to monitor the progress made by the provider since that inspection.

Description of the service

The centre is part of a larger building containing three other designated centres, as well as other uses such as offices and is a congregated setting. The building is located on a campus providing facilities for people with disabilities. The representative of the provider and person in charge confirmed that no further admissions will be accepted to this centre.

How we gathered our evidence
Inspectors met with six residents who resided in the centre on their own terms. The seventh resident was visiting family at the time of inspection. Two residents chose to show inspectors their bedrooms, which were personalized. Inspectors were shown around the centre by the clinical nurse manger (CNM) and other members of the staff team, who were also on hand to answer any queries of the inspectors. A representative of the provider was available when necessary. The person in charge, who was on leave on the day of inspection, joined the inspection mid-morning and was present for the remainder of the inspection. Inspectors observed staff practices and interactions between residents and staff and reviewed documentation such as personal plans, healthcare plans, risk assessments and behaviour support plans.

Overall judgment of our findings
Staff were observed interacting with residents in a warm and appropriate manner. Staff supported residents who were non-verbal to communicate using their preferred means of communication. Staff demonstrated that they were skilled and knowledgeable about how to meet individual residents needs and in relation to positive behaviour support. Residents were supported by a team of medical and allied health professionals.

The provider had taken a number of steps to bring the centre into compliance since the previous inspection and had been responsive to the failings identified on that inspection. For example, independent advocacy was being actively facilitated, a full multi-disciplinary assessment of needs had been completed or was scheduled for each resident and of note, the occupancy of the centre had been reduced from 10 to seven residents since the previous inspection, as part of the long-term plan to de-congregate the centre.

However, three outcomes remained at the level of major non-compliance at this inspection.

Under Outcome 6: Safe and suitable premises, the fundamental design and layout of the centre did not meet all residents' mobility, dignity and privacy needs. In addition, one part of the centre was inadequate in terms of supporting appropriate means of communication, facilitating required monitoring and providing adequate access to activities and to the outdoors. Under Outcome 7: Health, safety and risk management, the arrangements in place to contain fire and prevent fire and smoke spreading through the building were inadequate. This finding was unchanged since the previous inspection. However, measures had been implemented by the provider to mitigate against any immediate risk to residents and others. Under Outcome 8: Safeguarding and safety, an independent review of restrictive practices in use was required and in particular, one approved but high-risk physical restraint technique. The provider had engaged the services of an independent external expert and a date for assessment was to be confirmed.

Other non-compliances are outlined in the body of the report and in the associated action plan at the end of the report.

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

Findings:
Failings identified at the previous inspection had been progressed. The organisation was in the process of commissioning an independent review of one aspect of the service being provided and this would in turn inform aspects relevant to residents' rights.

At the previous inspection, it was not demonstrated that the intrusive way in which the CCTV was used was fully justified. In addition, while there was some guidance in relation to the use of CCTV in the centre, there was no centre-specific policy.

Since the previous inspection, the guidance in place had been reviewed by the person in charge in conjunction with the resident's multidisciplinary team to ensure that the resident's rights to privacy and dignity are ensured and in line with best practice. A new policy was in draft in relation to the use of CCTV at the time of the inspection. This was due to be completed by the end of January 2016 and as such, was past the original proposed date for completion.

In addition, the practices surrounding the use of CCTV had been reviewed by the service's ethics committee. As observed on this inspection, recommendations made by that committee had been implemented by staff. Staff were observed to be sensitive to promote residents' privacy and dignity and to support intimate care needs in a sensitive and respectful manner. Outstanding issues are referenced under Outcome 6 in the context of the suitability of the premises itself.

At the previous inspection, it was found that the decision-making around whether to transfer a resident to a more suitable service was unclear. Access to an independent

advocate had not been sought at that time. More recently, services of an independent advocate had been sought in relation to such care and support decisions. For two other residents, services of an independent advocate had been sought. In the interim, other measures were in place including an internal advocacy committee and support by other external services had been sought where required e.g. legal support.

At the previous inspection, it was not satisfactorily demonstrated how the on-going use of seclusion/segregation in an unsuitable environment protected the legal and human rights of a resident. Since the previous inspection, practices had been reviewed by the service's ethics committee. In addition, a full multi-disciplinary team assessment had been completed. Input from the independent advocate had been sought and on-going involvement was being actively facilitated by the service e.g. via attendance at personal planning and multi-disciplinary team meetings. An independent review requested by the advocate was being organised.

Opportunities for activity was limited for some residents. It was however evidenced that recent and past attempts made by staff to increase activities were unsuccessful. It was also found that a day service that had been suspended for one resident had been re-introduced since the previous inspection. In addition, family relationships were fully supported and home visits facilitated where applicable . However, the opportunities for activities, including access to adequate outdoor space, required review on a broader level in the context of overall service provision and the design and location of the designated centre.

Judgment:
Non Compliant - Moderate

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

Findings:
Overall, progress had been made in relation to both personal plans and the review process since the previous inspection. However, inconsistencies between plans indicated

that further improvement was required in relation to the setting and tracking of personal goals.

At the previous inspection it was found that three personal plans had not been updated within the previous 12 months or more frequently if necessary, as required by the Regulations. In addition, there was no system in place to allow for residents' goals to be monitored in order to ensure that such goals are being achieved and the necessary supports put in place. At this inspection, inspectors reviewed a sample of residents' personal plans. Personal plans contained information specific to that individual. Comprehensive assessments were in place, including by members of the multi-disciplinary team. Such assessments in turn informed the care and support to be given, for example in the form of activity plans, healthcare plans, risk assessments, communication plans, dietary plans and behaviour support plans. Residents personal plans had all been reviewed formally within the previous 12 months and information within was kept up to date. Residents goals were identified and documented at such reviews. However, there was inconsistency between plans with goals being clearly tracked for some residents but not for others. In addition, the supports required, the timeframes and the responsible person to achieve those goals were not always clearly identified.

At the previous inspection, it was found that the personal plan itself was not in an accessible format. Since the previous inspection, an accessible format of residents' plans had been developed. Residents chose whether or not to have an accessible copy of their plans in their bedrooms.

At the previous inspection, it was found that the review of the personal plan was not multi-disciplinary. Since the previous inspection, progress had been made to address this failing. Multidisciplinary team meetings were scheduled for each resident, which would ensure that aspects relevant to each individual's personal plan were discussed.

At the previous inspection, it was found that at weekends, two residents moved into the centre from another centre within the St. Vincent's service. Inspectors found that this practice was not person-centred. At this inspection, inspectors found that practice had recently ceased.

Assessments of need had been completed or scheduled for residents, to inform transitioning from the centre into more appropriate accommodation within the campus or community houses. Assessments for two residents were yet to be completed but dates for same had been scheduled for the following month (August 2016).

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
At the previous inspection, a major non-compliance was identified in relation to the design and layout of the building. This finding related to a number of different failings and was unchanged at this inspection. It was noted that that there were three fewer residents residing in the centre since the previous inspection, which was a positive development.

At the previous inspection and unchanged at this inspection, it was found that the location and inherent design of the environment in one part of the centre was not adequate and involved the long-term use of CCTV monitoring and the use of a hatch for communication purposes prior to entering that part of the centre. In particular, outdoor access was not adequate to meet the needs of any resident who had limited access to the wider community.

On the previous inspection, it was found that walls, door and skirting boards throughout the centre were scuffed and damaged and holes were observed on the inner aspect of some doors. Painting and plaster repair work was outstanding. Since the previous inspection, painting and plaster repair work had been completed. The centre was warm and bright. The staff team had made further efforts to decorate and personalise the centre with pictures, photographs, soft furnishings and other homely touches. Bedrooms were personalised and some residents chose to show inspectors their rooms, which they said they liked.

The fallings identified at the previous inspection that related to the design and layout of other aspects of the centre were unchanged. At the previous inspection, it was found that the design and layout of the centre was such that adequate private accommodation was not provided for all residents. The privacy and dignity of four residents was compromised due to the fact that partitions between sleeping areas were taller than head height but did not extend the full height of the room. There was a gap between the top of the partitions and the ceiling of the room. As a result, bedroom areas were not fully private. Inspectors observed that windows in five bedrooms were above head height with limited natural light. Curtains were also at ceiling height. Two bedrooms in the centre would not be suitable for residents with mobility needs or those requiring mobility adaptive aids or appliances.

At the previous inspection, it was not demonstrated that the baths, showers and toilets were of a sufficient number and standard suitable to meet the needs of residents. Since the previous inspection, plans had been drawn up to address these failings. A date for completion of these works has yet to be confirmed.

Since the previous inspection however, it was of significance that the centre had been further de-congregated. As a result, three fewer residents were now residing (either on a part- or full-time basis) in the centre. This had positive benefits for both residents no longer residing in the centre and those residents still residing in the centre. For example, communal and private space available to residents had increased and bedrooms were no longer shared.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
At the previous inspection, the adequacy of fire precautions in this designated centre were inspected by a specialist fire and estates inspector. At that inspection, while areas of good practice were identified, there were also a number of failings that related to fire safety management and also the condition of the building itself. Overall, inspectors found at this inspection that while failings in relation to fire safety management had been addressed, the fundamental failings relating to the construction of the building itself were unchanged. However, measures in place, including fire detection systems and fire response times, mitigated against any immediate risks to residents. In addition, inspectors found that further improvement was required to risk assessments and fallings in relation to infection control were identified at this inspection.

At the previous inspection, the inspector found that the means of escape were not adequate in a number of respects. While not noted as being locked, some doors on escape routes were identified as being provided with key locks that could potentially prevent a timely escape in the event of a fire. Since the previous inspection, keys had been removed from key locks and doors were unlocked to facilitate a timely escape.

In addition, the escape routes were not adequately protected as they were not constructed in a manner capable of keeping them free from heat and smoke in the event of a fire. This failing is unchanged since the previous inspection.

At the previous inspection, the inspector found that centre was not constructed in manner capable of containing a fire and preventing the spread of fire and smoke through the building. This failing is unchanged since the previous inspection and the provider was awaiting a report from the local fire authority at the time of inspection.

At the previous inspection, the inspector found that the incomplete records of fire safety management checks examined by inspectors did not indicate that adequate arrangements were in place for ongoing maintenance of fire equipment, means of escape, building fabric and building services. At this inspection, fire safety management checks were up to date.

At the previous inspection, the inspector found that fire drill records did not indicate that all relevant evacuation scenarios had been simulated. At this inspection, fire drill records submitted the day following the inspection demonstrated that all relevant evacuation scenarios had been simulated.

At the previous inspection, the inspector found that two residents had not been provided with suitable evacuation aids as required to assist their evacuation of the centre in a timely fashion. Since the previous inspection, structural changes in the form of the installation of double-doors in two bedrooms ensured that all residents could be evacuated in a timely manner.

At the previous inspection, it was found that a number of risk assessments relating were overdue review indicating there the system in place for the on-going review of risk in the centre was inadequate. At this inspection, inspectors reviewed risk assessments that related to both the centre and that concerned risks to individual residents. There was inconsistency between how risks were being managed in different parts of the centre. Where risks involving individuals were identified at being particularly high, risk assessments were detailed, comprehensive and treated as 'live documents'. However, other risk assessments required review. For example, the risk of falls for one resident was under-rated as it did not reflect the resident's medical history. There was no risk assessment for residents who used the swimming pool. A risk assessment for self-injurious behaviour was undated.

Housekeeping staff were on leave at the time of the inspection and inspectors observed that parts of the centre and equipment used in the centre (trolleys, commodes) required attention in terms of hygiene and cleanliness. This was brought to the attention of the CNM and person in charge, who arranged for the centre to be thoroughly cleaned on the day of the inspection. In addition, cords on window blinds were observed to be unsecured.

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

Findings:
Overall, failings identified at the previous inspection as they related to the use of physical restraint and seclusion had been progressed. An independent review of part the service was required in order to demonstrate that the least restrictive practices were being applied. In addition, safeguarding arrangements required review for residents who were observed to be interacting with each other in a negative way.

At the previous inspection, it was not demonstrated that physical restraint was applied in accordance with national policy and evidence-based practice. In addition, the restrictive practice review processes and documentation required improvement.

At this inspection, inspectors found that restrictive practices were being reviewed by the team on an on-going basis with full monthly multi-disciplinary team (MDT) support. A clear rationale, monitoring and review system was in place for any approved form of restraint. The staff team were trained and experienced in supporting residents in relation to positive behaviour support and implementing any approved intervention techniques. Since the previous inspection, the use of physical restraint had been re-reviewed by the service's restrictive practice committee. Records evidenced that the use of one high-risk technique (face-down or prone restraint) had reduced since the previous inspection. However, as the use of this technique carries inherent risks for all, further review was required. An external independent assessment, including of physical restraint techniques in use, was in the process of being arranged. This failing will remain at the level of major non-compliance pending the outcome of that review and the development of a plan to address any recommendations.

Chemical restraint was administered as prescribed and there was close monitoring and oversight of the practices in place. Administration of chemical restraint was reviewed on a weekly basis by a psychiatrist and service-wide oversight was by a drugs and therapeutics committee. One area for improvement was identified in that the medication administration record for recording PRN (''as required'') usage did not adequately document any adverse effects of such medicines. While this was logged in daily records, the record-keeping did not ensure that the prescriber could monitor the efficacy of the medication by having access to required information when carrying out reviews.

Where required, residents had a comprehensive multi-element behaviour support plan in place. Staff on duty clearly articulated what steps they took following an incident, including incidents involving the use of restraint to ensure that residents did not suffer any adverse effects or complications. The post-incident steps as verbalised by staff on duty were found to be implemented in practice. However, the steps to be taken were not documented in the multi-element behaviour support plan (or in any other location).

At the previous inspection, it was not demonstrated that the on-going use of seclusion/segregation for a resident in an unsuitable environment was meeting the resident's challenging behaviour needs or that a more suitable living environment or service had been adequately explored and pursued. This failing will remain at the level of major non-compliance pending the outcome of an external independent review and the development of a plan to address any recommendations.

At this inspection, inspectors found that safeguarding plans were required for a number of residents. Three residents were observed to be interacting with each other in a negative way over the course of the inspection. Residents were observed to be shouting at each other, one resident struck and pushed another resident and a resident was 'goading' another resident, who became very upset as a result. While staff attended to residents during such times and attempted to defuse such situations as they arose, there were no safeguarding plans around how to prevent or de-escalate these situations or reduce such opportunities.

Where wheelchair straps or belts were in use, these had been prescribed and were reviewed by relevant MDT professionals for residents' safety and comfort. However, where a physiotherapist had advised that an orthotic be removed for an hour each day to relieve pressure, this recommendation was not contained in the residents' care plan and staff confirmed that they had not been aware of this advice and it was not being implemented.

Judgment:
Non Compliant - Major

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

Findings:
At the previous inspection, inspectors found that the type of physical restraint recorded in the centre's restraint log did not always correspond with the information provided on the quarterly return. In addition, the quarterly return did not clearly outline the type of restraint in use. Since the previous inspection, this had been satisfactorily addressed. The quarterly return now contained all of the required information and detail relating to the use of restraint.

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:
Aspects of this outcome were included as assessments had completed for residents since the previous inspection that required review.

There was evidence of access to medical professionals, clinical nurse specialists and allied health professionals. Referrals to allied health were documented, for example, a recent referral had been made to explore an alternative type of wheelchair (a reclining wheelchair) for one resident.

Comprehensive assessments were in place in relation to residents' healthcare needs, including by members of the multi-disciplinary team, which in turn informed healthcare plans. Overall, staff were knowledgeable about residents healthcare needs and how to implement their healthcare plans. For example, comprehensive assessments were in place in relation to eating healthily, mental health, skin integrity, nutrition and hydration, mobility, sleeping, continence, taking medication and respiratory needs. A recommendation from the physiotherapist that had not been implemented was previously mentioned and addressed under Outcome 8: Safeguarding and Safety.

Inspectors reviewed minutes of recent multidisciplinary (MDT) team meetings. Recommendations from the MDT team in relation to supporting communication and increasing activities had been trialled or were being pursued.

Where indicated, weekly MDT meetings had been introduced and were being maintained. Records of such meetings were documented and held in the designated centre. For other residents who required an MDT meeting (but not on a weekly basis),

the person in charge confirmed that such meetings were scheduled.

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

Findings:
At the previous inspection, it was found that floor plans were to be submitted as part of the Statement of Purpose. These were submitted following the previous inspection.

The Statement of Purpose for the centre was at the time of inspection due for annual review. This had been completed by the person in charge. The person in charge undertook to clarify in the Statement of Purpose that no further admissions would be made to this centre, in line with the service's own policy on de-congregation and due to the fundamental failing of the premises in terms of fire safety construction.

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:
One aspect of this outcome was included due to staff changes since the previous inspection.

The person in charge told inspectors that there had been staff changes in the centre since the previous inspection. Three staff had moved from the centre. One staff member had been replaced, leaving two vacancies. The person in charge had outlined how staffing arrangements had been revised to ensure that high-risk areas were not under-staffed. However, there were staff vacancies in areas that were not so high risk, but where residents still had high support needs. The person in charge outlined that a business case had been made to fill those vacancies and that health and safety considerations were reflected in that business case e.g. in relation to staff mix, particularly in light of an incident that occurred in February 2016.

Judgment:
Non Compliant - Moderate

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	Group D - St. Vincent's Residential Services
Centre ID:	OSV-0003927
Date of Inspection:	26 July 2016
Date of response:	16 September 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An independent review had been sought that would inform how the current service provision arrangement was promoting residents' rights. An assessment date had not yet been confirmed.

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

1. Action Required:
Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

Please state the actions you have taken or are planning to take:
An independent psychologist has commenced the review of the services users on 14/09/2016. The review will continue further on 21st and 27th of September and will include meetings with all team members involved in service provision to the service user.

Proposed Timescale: 14/09/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While a draft policy in relation to the use of CCTV was in place, this had not yet been ratified.

2. Action Required:
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:
Following discussion with the executive it is agreed that a new policy around use of cctv be drafted, as the current final draft document is not covering all the necessary aspects of cctv use. The quality and Risk office will co ordinate the development of same.

Proposed Timescale: 30/11/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Opportunities for activity for some residents was limited and required review in the context of overall service provision and the design and location of the designated centre.

3. Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
There is an independent review for one of the service users and part of the terms of reference includes opportunities for activities. There was a multi-disciplinary meeting for one resident since the date of inspection, there is now a schedule currently in place to support this resident to access facilities off campus within the community, there are plans and risk assessments being completed at present around same. The person in charge at the next staff meeting will reiterate the importance of meaningful activities for all residents and access to same within the local community.

Proposed Timescale: 30/09/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was inconsistency between plans with goals being clearly tracked for some residents but not for others. In addition, the supports required, the timeframes and the responsible person to achieve those goals were not always clearly identified.

4. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The person in charge and staff team are currently reviewing the care plans in line with the May 2016 care plan format. There is a service audit tool in place and all care plans will be audited with this tool by the person in charge and monthly goals to be reviewed also by PIC. MDT recommendations to be documented in the care plans in the appropriate care area. All goals will be broken down into achievable steps with a named responsible person for action and tracking of each goal and its progress will be documented.

Proposed Timescale: 30/11/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As detailed within the findings, the location and inherent design of the environment in one part of the centre was not adequate.

5. 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:
An assessment of need had been completed for the separate part of the centre. HIQA has been provided with a copy of the assessment. An independent review is also currently underway; to further identify resident(s) needs for future appropriate accommodation. Following their review, recommendations and findings will be presented and necessary action will be progressed by the provider.

Proposed Timescale: 21/11/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design and layout of the centre was such that adequate private accommodation was not provided for all residents:

The privacy and dignity of four residents was compromised due to the fact that partitions between sleeping areas were taller than head height but did not extend the full height of the room. There was a gap between the top of the partitions and the ceiling of the room. As a result, bedroom areas were not fully private. Inspectors observed that windows in five bedrooms were above head height with limited natural light. Curtains were also at ceiling height. Two bedrooms in the centre would not be suitable for residents with mobility needs or those requiring mobility adaptive aids or appliances.

It was not demonstrated that the baths, showers and toilets were of a sufficient number and standard suitable to meet the needs of residents. The bath and shower room were limited in space. While plans to address these failings had been completed, a date for commencement of such works was to be confirmed.

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

Please state the actions you have taken or are planning to take:
The provider nominee has sourced funding for the completion of works on the bathroom and toilet facilities. The Director of Logistics will finalise plans for these areas on 19/09/2016 and works will commence after that date and be completed by Dec 2016. Five of the seven residents have the assessment of needs completed, the remaining two will be completed on 25/10/2016. The provider nominee and the Director of Logistics have submitted further applications for Capital Assistance Grants for the focus of DE congregation for this centre. A further two residents are on the Admission, Transfer and discharge list for transfer to community. The smaller bedroom will not be

used to support any resident that presents with mobility issues or that require appliance that aid mobility.

Proposed Timescale: 31/03/2018

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:
As detailed within the findings, the system in place in the designated centre for the assessment, management and on-going review of risk required review.

7. 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 provider nominee and Person in charge will arrange dates for training for all staff in the management and review of risk. Since inspection, three risk assessments have been completed with local intervention plans and additional control measures to support residents that present with behaviours that challenge.

Proposed Timescale: 18/11/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As detailed in the findings, parts of the centre and equipment used in the centre (trolleys, commodes) required attention in terms of hygiene and cleanliness. These findings indicated that the cleaning arrangements in place required review in order to ensure that residents were protected from healthcare associated infections.

8. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
The occupational therapist with the person in charge, is reviewing all trolleys and commodes in the centre and replacements will be purchased where recommended. The person in charge has developed a more robust cleaning schedule with designate staff appointed (person in charge and CNM1) to govern and monitor the effectiveness

and staff adherence to the new schedule to ensure that residents are safe and free from hospital acquired infections.

Proposed Timescale: 15/11/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The means of escape were not adequate. The escape routes were not adequately protected as they were not constructed in a manner capable of keeping them free from heat and smoke in the event of a fire.

9. 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:
A review of all door and escape routes was completed by the Director of Logistics 27/11/2015. A review of the centre was completed by an external fire consultant at the request of the authority in April 2016.The provider nominee will address this failing further with the executive team at her meeting with them on 05/10/2016 and identify if further action can be taken with agreed funding to address the failing. The provider will update the person in charge and the authority after this meeting.

Proposed Timescale: 07/10/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined on the previous inspection, the centre was not constructed in manner capable of containing a fire and preventing the spread of fire and smoke through the building.

10. 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 review of all door and escape routes was completed by the Director of Logistics 27/11/2015. A review of the centre was completed by an external fire consultant at the request of the authority in April 2016.The provider nominee will address this failing further with the executive team at her meeting with them on 05/10/2016 and identify if further action can be taken with agreed funding to address the failing. The provider will update the person in charge and the authority after this meeting.

Proposed Timescale: 07/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The steps to be taken following a incident, and in particular an incident involving the use of chemical or physical restraint, were not included in residents' multi-element behaviour support plan.

11. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
The Person in Charge and staff team has devised a more robust reflective action form, for post incident review with unit staff to capture the measures and steps taken to respond to behaviours that are challenging and to support the residents in managing their behaviours to include the use of chemical or physical restraint following each incident. This form and reflective process has since inspection been commenced and has been implemented on two occasions post an incident.

Proposed Timescale: 30/08/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An external independent assessment of all aspects of the service being provided, including restraint techniques in use, was in the process of being arranged. A date for completion of same was required.

12. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
An independent psychologist has commenced the review of the services users on 14/09/2016. The review will continue further on 21st and 27th of September and will include meetings with all team members involved in service provision to the service user. The final report will be available on 20/11/2016.

Proposed Timescale: 20/11/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An independent review of all aspects of the service being provided was required in order to demonstrate that the least restrictive practices were being applied.

In addition, recommendations by a member of the multi-disciplinary team in relation to an orthotic were not being implemented.

13. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
An independent psychologist has commenced the review of the services users on 14/09/2016. The review will continue further on 21st and 27th of September and will include meetings with all team members involved in service provision to the service user. The final report of the review will be available on 20/11/2016. The person in charge has contacted the physiotherapist to provide a written report regarding the use of an orthotic prescribed for one resident.

Proposed Timescale: 15/10/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As detailed within the findings, safeguarding plans were not in place for three residents who were observed to be interacting with each other in a negative way.

14. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
The person in charge and staff team has developed local intervention plans to support and safeguard these three residents. All staff are familiar with these plans. The provider nominee is coordinating multi-disciplinary team meetings for all residents in the centre, and these plans will be further reviewed at the mdt meetings.

Proposed Timescale: 30/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
At the time of inspection, the person in charge confirmed that the number, and mix of staff (for health and safety reasons) did not fully meet the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

In addition, a review of the staff mix was required in light of an incident that occurred in February 2016.

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

Please state the actions you have taken or are planning to take:
Since inspection an additional male staff has commenced in the centre. The person in charge and the provider nominee are reviewing the skill mix and will ensure appropriate gender balance in the centre going forward to ensure that resident's needs are fully met.

Proposed Timescale: 03/09/2016