

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group F - St. Vincent's Residential Services
Centre ID:	OSV-0003929
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:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
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: 05 September 2016 10:30 To: 05 September 2016 17:30

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

Outcome 05: Social Care Needs
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out to follow up on a specific issue from the previous inspection. The previous inspection took place in April 2016. This specific issue was the appropriateness of resident placements and the suitability of the measures in place to mitigate against the risk of peer to peer conflict.

To assess the appropriateness of resident placements and the impact of placements on residents, three outcomes were inspected. These were Outcome 8 (Safeguarding and Safety), Outcome 14 (Governance and Management) and Outcome 5 (Social Care Needs).

How evidence was gathered:

As part of the inspection, the inspector met with all 12 residents who were residing in the centre. The inspector met with staff and members of the management team. The inspector examined documentation such as care plans, risk assessments and incident records.

The inspector observed interactions between staff and residents, and interaction amongst residents. The inspector noted the general atmosphere in each of the two houses, the level of comfort provided to residents and the safety issues as they pertained to each house.

The inspector noted the generally good quality of life that residents enjoyed. The flexibility around care practices helped to minimize the occurrence of incidents around behaviours that challenge. Residents were independent in so far as possible.

Providing this level of care required staff flexibility with the roster, cooperation and a cultural awareness of how residents needs were best met. The inspector was satisfied staff demonstrated this flexibility, cooperation and cultural awareness.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. This document described the centre as one which aimed to 'provide a homely environment' and where residents could 'live with respect and dignity, express their individuality, live as members of a household, and be integrated in the local community'. Accommodation was in two single-storey houses. Six residents lived in each house. Each house had a sitting room, kitchen, personalised bedrooms, sanitary facilities and laundry facilities. The inspector was satisfied that overall, the aims of the service, as set out in the statement of purpose, were achieved.

The centre was part of the organisation's campus accommodation. The service was available to both male and female residents.

Residents were able to get out and about on a daily basis. The houses were well maintained. Residents availed of day services from Monday to Friday. These day services were provided for on campus.

Overall judgement of our findings:

The inspector found that care was provided in a calm, professional and caring manner. The inspector saw residents going on outings, being able to spend leisure time together and develop friendships.

Improvements had been made in the manner in which residents were protected. Extra staff were employed since the last inspection to provide 1:1 support for residents. Activity timetables were arranged to minimise the length of time certain residents spent together and behavioural expertise was employed to support staff in managing behaviours that challenge. There was a reduction in the number of reported peer to peer instances to the Health Information and Quality Authority (HIQA). However, issues still remained with the appropriateness of the living arrangements.

Non compliances were identified under Outcome 8 (Safeguarding and Safety) and Outcome 14 (Governance and Management).

The findings are outlined under each outcome in 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 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:

Issues arose on previous inspections with regard to the level of involvement of the multidisciplinary team in personal plans. Involvement from the team was found to be limited. Improvements were noted on this inspection. The inspector was informed of the new process whereby every resident would have a personal planning meeting with all members of the multidisciplinary team at least yearly. The inspector was informed this process was working well and would be rolled out throughout the campus during the following 12 months.

Since the last inspection increased emphasis was placed on the tracking and review of residents goals. Assessments of need had been completed for a number of residents with complex care requirements. These assessments were comprehensive and set out a number of recommendations. There was evidence that recommendations were taken on board and acted upon. For example, extra staff were deployed at the times of the day which were triggers for behaviours that challenge. This was effective in reducing instances of peer to peer abuse.

However, the risk of such behaviours remained and the longer term recommendations was to find more appropriate accommodations for some residents. This is further discussed under Outcome 8 and Outcome 14.

There was evidence of good social care initiatives. For example, residents were involved in a variety of daily activities such as hill walking, baking, going out for coffee and attending day services.

Residents also had medium term goals fulfilled. For example, one resident had recently visited the zoo which had been their goal. Much planning had gone into fulfilling this goal such as taking short train journeys to ensure the resident was comfortable with the longer train journey to Dublin. Staff reported that the trip was a great success and enjoyed by both the resident and staff.

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):

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

Findings:

There were organisational policies in place in relation to the protection of vulnerable adults, behaviour that challenges, restrictive practices and the provision of intimate care. As previously reported and again noted on this inspection, some personalities living in the centre found it difficult to live in harmony with each other. Measures had been put in place to mitigate against the conflict, reduce their frequency and minimise the impact.

These measures included;

- increased staffing, in particular in the evening times which had been identified as a high risk time for peer to peer conflict
- additional one to one support with residents
- the assistance of special expertise in behavioural management, in order to provide staff with support and guidance
- the use of a pager for staff should they need assistance
- the provision of regular staff who were familiar with residents
- a revised and more active activities schedule for residents which resulted in residents spending less time together
- the provision of an allocated space, separate to the house they lived in, where residents could go to have more personal space.

These measures had some success, in that the number of incidents had reduced since the last inspection.

However, the measures were not a long term solution. Documentation confirmed that residents continued to be at risk during the times of conflict. Residents demonstrated fear at such times by going into the staff office or to their bedroom.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The management systems in place in the centre did not ensure that the service provided was appropriate to residents' needs. There had been a long standing recognition that the mix of residents in this centre was not appropriate.

Assessments of needs, completed since the last inspection affirmed this view. However, there was insufficient progress in addressing the matter and finding a solution which would take into account the needs of all residents who lived in the centre.

The provider informed the inspector they did not have the required funding to provide alternate living arrangements for residents.

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:

Margaret O'Regan
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:	Group F - St. Vincent's Residential Services
Centre ID:	OSV-0003929
Date of Inspection:	05 September 2016
Date of response:	24 October 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 08: Safeguarding and Safety

Theme: Safe Services

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

Not all residents were protected from all forms of abuse.

1. Action Required:

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

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

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

The provider has two houses in the community which will when open support the transfer of two residents from this centre.

The Provider has submitted a business case to the HSE for funding to open these centres in the community which will support reducing the number of residents residing in the houses in this centre. Negotiations continue, no funding has been approved. The provider nominee and Assistant Chief Executive Officer have met with and written to the area disability manager from the HSE and highlighted the inappropriate placements, in particular for two service users that reside in this centre. The incidents of peer to peer abuse, due to inappropriate placements, were highlighted at this meeting and in letters submitted to the HSE.

The provider nominee and the social worker have reported all incidents of peer to peer abuse to the HSE safeguarding teams, and have safeguarding plans in place, which include additional staffing resources put in place to safeguard residents from abuse by their peers.

The additional staffing resources supports residents to access additional activities and more community inclusion, thus reducing the times that residents are spending together as a group in the centre and reducing the incidents of peer to peer abuse.

Proposed Timescale: 30/06/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The management systems in place in the designated centre did not ensure that the service provided was appropriate to residents' needs.

2. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The provider has two houses in the community which will when open support the transfer of two residents from this centre.

The Provider has submitted a business case to the HSE for funding to open these centres in the community which will support reducing the number of residents residing in the houses in this centre. Negotiations continue, no funding has been approved. The provider nominee and Assistant Chief Executive Officer have met with and written to the area disability manager from the HSE and highlighted the inappropriate placements, in particular for two service users that reside in this centre. The incidents

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