

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group G - St. Vincent's Residential Services
Centre ID:	OSV-0003930
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):	Carol Maricle
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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: 14 September 2016 09:30 To: 14 September 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the fourth inspection of this designated centre by the Health Information and Quality Authority (HIQA). The purpose of this inspection was to follow up on progress made since notices of proposal to refuse and cancel registration of the centre were issued to the provider on 15 September 2015. This inspection followed up on non-compliances from the previous inspection of 6 November 2015, which also involved an inspection of the adequacy of fire precautions in this designated centre by a fire and estates inspector. The inspection team comprised an adult social care inspector and a children's social care inspector.

How we gathered our evidence:

As part of the inspection, inspectors met with all adults and children residing in the centre. Inspectors also met with a number of staff, including the person in charge, a staff nurse, a care worker and a student nurse. The representative of the provider attended the feedback meeting at the close of the inspection and was available throughout the day. Inspectors spent time with and observed how the children and

adults spent their day. Residents were non-verbal, but inspectors observed staff interacting with adults and children throughout the day and they appeared content and well. Inspectors reviewed documentation including personal plans, incident and accident reports, restrictive practice documentation, activity timetables, daily notes, logs of outings and healthcare records.

Description of the service:

The centre provides residential accommodation for both adults and children with a severe to profound intellectual disability. The centre can accommodate six residents, three adults and three children. Adults ranged in age from 25 to 29 years and children from 13 to 16 years. The statement of purpose for the centre acknowledged that the centre was not accepting any new admissions, in line with the service's policy of de-congregation.

The centre is part of a larger building containing other designated centres as well as other uses such as offices and is a congregated setting. The centre was located in a large campus with services and facilities such as a swimming pool, a chapel, a gym, centralized kitchen and laundry facilities, day services and a school for the children.

Overall judgment of our findings:

Overall, inspectors found that residents' health, communication and day-to-day needs were met by a committed staff team. Residents received an individualized service delivered by experienced staff who were observed to support residents in a warm and caring manner. Over the course of the four inspections, there was evidence of continued and sustained improvements. Improvements since the previous inspection including further development of personal plans, the completion of multi-disciplinary assessments of need for all residents and exploration of aids and appliances to further enhance and support communication.

However, failings identified at previous inspections relating to the type of service provided (a mixed service to both adults and children in one location), the premises and fire safety remained at the level of major non-compliance. Additional significant failings were identified at this inspection in relation to the assessment of individual resident's need for independent advocacy and supporting residents to access the community.

Under Outcome 1, it was not demonstrated that all residents had been fully assessed in relation to their need to access independent advocacy services. Where children were not represented at personal planning meetings or annual school reviews by a parent or legal guardian, an independent advocate or representative had not been sought to represent them.

Under Outcome 3, the provider had not ensured that all residents were supported to access the community in accordance with their assessed needs and preferences.

Under Outcome 6, the design and layout of the premises compromised residents' privacy and dignity. The sleeping accommodation was not satisfactory and there was an insufficient number of bathroom facilities to meet residents' intimate care needs. In addition, there was inadequate ventilation and insufficient space for to meet all

residents' needs.

Under Outcome 7, the arrangements in place to contain a fire should one occur had previously been identified as not being adequate and this finding was unchanged at this inspection. The building was not provided with construction capable of containing a fire where required. Furthermore, the layout did not provide an adequate number of escape routes from some areas of the building in the event of a fire. However, adequate steps had been taken by the provider to mitigate against any immediate risk to residents.

Under Outcome 14, the provider has not demonstrated that failings cited in the notices of proposal to refuse and cancel registration of the centre have been adequately progressed. A funded, costed and time-bound plan had not been submitted to HIQA..

Findings are detailed in the body of this report and should be read in conjunction with the actions outlined in the action plan at the end of this 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):

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

Findings:

Overall, staff endeavoured in practice to promote residents' rights, dignity and consultation. However, the design and layout of the centre compromised residents' privacy and dignity. Also, it was not demonstrated that all residents had been fully assessed in relation to their need for an independent advocate.

Monthly house meetings took place with children, which were separate to those held with the adult residents. The minutes noted that the children were asked their views on social outings and they were informed of news at the centre, for example staff changes and recent events that had taken place.

Inspectors found that it was not demonstrated that all residents had been fully assessed in relation to their need for an independent advocate. Where children were not represented at personal planning meetings or annual school reviews by a parent or legal guardian, an independent advocate or representative had not been sought to attend and represent them.

As identified on previous inspections and unchanged on this inspection, the design and layout of the centre compromised the privacy and dignity of residents. Some sleeping accommodation was separated from other areas (a toilet, three bedrooms and access to the playroom) only by full-length privacy curtains. This is addressed under Outcome 6: Safe and suitable premises. However, inspectors observed that those privacy curtains were kept open at times when a resident(s) were not in their bedroom space. As a result, staff and visitors could see and had access to the personal space and personal belongings of that resident(s), such as family photos and toys. In addition, the same

bedroom space was used for excess storage for items used by other residents.

Judgment:
Non Compliant - Major

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

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

Findings:

Overall, residents' communication needs were met by the implementation of recommendations of the multidisciplinary team by staff.

At the previous inspection, inspectors found that while the multi-disciplinary team had agreed to complete a full assessment of each adult resident's needs, including their communication needs, the timeframe for completion of these assessments was not clear. In addition, not all residents had a communication care plan.

At this inspection, inspectors found that an assessment of all residents' communication needs had been completed by a speech and language therapist (SALT). Assessments informed residents' care plan and communication goals. Communication goals specified how recommendations from the SALT should be met, including supporting the use of objects of reference and sensory cues and how to ensure residents' needs and desires were met when indicated by early responses and reflexes.

Each resident had a communication profile in their personal plan and a communication passport (that described the most effective means of communication and how others could best communicate and support each individual). Easy to read documents were being used by staff to support residents to make choices and activities for example going swimming, hand hygiene and going for a walk.

One of the children used a technological aid to communicate and a second child was awaiting an assessment regarding their suitability to also use this aid.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

It was not demonstrate that residents had access to activities in the community in accordance with their wishes, needs and recommendations from the multidisciplinary team.

Where the multidisciplinary team (MDT) recommended that an individualized programme be developed that facilitated residents to access their community, this was not implemented for all residents. Residents with epilepsy who were prescribed rescue medication were restricted from accessing the community unless accompanied by a nursing staff member. A review of the same resident's daily schedule indicated that all scheduled day-to-day activities took place either in the centre or in the grounds of the campus and this was confirmed by the key worker. Seizure records did not justify this restriction and there was no indication or instruction from medical staff that this restriction was warranted.

The person in charge told inspectors that they endeavoured to bring all residents out at every opportunity and provided examples of regular spins in the bus and a recent shopping trip. However, the person in charge and provider representative said at the feedback meeting at the close of the inspection that they had already identified this practice as a problem and would take steps to address it immediately.

Children had opportunities to participate in activities that were held at the centre such as group music sessions, individual play therapy and group art therapy and they all attended school within the larger campus. However, access to activities in the community was limited. Records did not indicate why the children were not provided with opportunities to leave the campus more regularly than what would be expected for a child of their age (notwithstanding their medical needs).

For example, over the course of one month during the summer time when the school was closed, a review of a child's activity/outings log indicated that they participated in only one community-based activity. All staff and the person in charge did however state that they had organized weekly outings during the summer, although these had not been documented. Notwithstanding those weekly outings, other information indicated that adequate opportunities were not being provided for children to participate in community-based activities. For example, the minutes of a children's advocacy meeting stated that it was difficult for the children to get out more and the reason for this was described as staffing and the high needs of the children.

In addition, the person in charge told inspectors that there were only two staff members of the core staffing team that were qualified to drive the bus available to them and that this could have an impact.

Judgment:
Non Compliant - Major

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, the centre did not meet the needs of all residents. Also, residents with epilepsy were restricted from accessing the community in the same way as their peers and no evidence was provided to justify this restriction. Previous failings that related to personal plans had been significantly progressed.

At previous inspections, inspectors found that the centre did not meet the assessed needs of all residents. This failing is addressed under Outcomes 1, 6 and 14.

At the previous inspection, improvements were required to personal plans. Since the previous inspection, staff had attended sessions to support the further development of person-centred plans. An assessment of needs had been completed for all residents, which informed residents' personal goals in the short, medium and long-term. An accessible pictorial version of resident's individual goals had been developed. The supports required to achieve these goals was outlined and goals were monitored and tracked on a monthly basis. New experiences and opportunities were reflected in goals, including in relation to creating new social roles and trying new activities.

The person in charge had completed an assessment of need for each child. Although there was evidence of a multi-disciplinary approach to the child's personal planning, the assessment of need completed by the person in charge was not signed off by these professionals. The inspector noted to the person in charge that one of the assessments completed did not take into account some important information relevant to a child. The

weekly planners for the children displayed in pictorial format in their bedrooms all required updating. Individualized personal booklets had been developed in relation to the children and were kept in their bedrooms ('all about me' booklets) however, these also required updating.

Each child had their individualized specific goals set for them, for example going on short holiday breaks or attending a particular sporting and entertainment event. There was evidence that the goals set in the year of the inspection were being progressed or had already been achieved.

However, improvements were required to the review of personal plans. For example, personal plan reviews did not always involve consultation with a parent, legal guardian or representative. Where children were at the age of preparing for adulthood, this transitional phase was not reflected in their personal goals. In addition, goals were not always age-appropriate.

Judgment:

Non Compliant - Moderate

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:

Overall, the failings under this outcome were unchanged since the previous inspection. A bedroom space that was previously shared was no longer shared and the bathroom facilities were now shared by six residents, where previously they were shared by seven.

At previous inspections, it was found that the design and layout of the centre did not meet the needs of all residents. At this inspection, the finding was unchanged.

The design and layout of the dormitory-style bedroom compromised residents' privacy and dignity. Sleeping accommodation for one resident was separated from a number of other areas (a staff toilet, three bedrooms and access to the playroom) by full-length privacy screening (curtains) only. For two other residents, their bedrooms were provided with internal windows meaning that they could be observed within their bedroom from outside of their room.

Where additional space was required to meet individual resident's needs, the centre did not provide such space.

Sleeping accommodation for only two of six residents incorporated a window at a level that residents could see out. The remaining bedrooms were provided with narrow glazing panels along one wall over two meters above the ground, meaning that natural light was limited in the bedroom accommodation for those four residents. The two bedrooms that did not form part of the dormitory-style accommodation directly opened into the communal dining/living room.

Since the previous inspection, efforts had been made to decorate the TV room (which was also an office space and the entrance area) and make the space more homely. However, and unchanged since the previous inspection, the location of this centre adjacent to other centres had impacts on residents. For example, due to behaviours presented in an adjacent centre, inspectors found that once or twice during the day the blinds in the centre had to be closed and doors locked from the inside for a short period of time.

At the previous inspection, it was found that not all of the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) were met as suitable storage was not provided to accommodate all equipment. At this inspection, it was found that alternative storage space had been provided in an adjoining area. However, since the previous inspection, items for the centre were being inappropriately stored in a number of wardrobes in a child's sleeping space.

At the previous inspection, inspectors found that the number and type of accessible baths and showers were not sufficient to meet the intimate care needs of residents in this centre. As there was only one accessible bathroom, residents could only be supported with showering on alternate days and staff assisted residents with washing on other days via 'bed-baths'. Given the intimate care needs of residents in this centre, the facilities provided were not adequate. While the number of residents accessing the only accessible bathroom had reduced from seven to six since the previous inspection, this failing remained unchanged at this inspection.

The children had access to a playroom. The playroom was accessed through the bedroom space into what was previously another centre. On the day of the inspection, the inspectors found this area to be cold and noisy due to activity in the corridor outside the centre including loud vocalization due to an incident.

An inspector viewed the garden facilities available to the children and found that there were insufficient age-appropriate play and recreational facilities. At the side of the premises there was a garden area that the person in charge told an inspector was the designated garden for this centre. There was no outdoor play equipment specifically in place for the children in this space.

Staff told the inspector that the children enjoyed being taken to the multi-sensory garden, which was readily accessible in another part of the campus.

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:

Overall, good fire safety practice was implemented in the day to day management of the centre. A major non-compliance identified by the fire and estates inspector at the previous inspection that found that the centre was not constructed in a manner capable of containing fire and preventing the spread of fire and smoke throughout the building in the event of a fire was unchanged at this inspection. However, the provider had ensured that adequate measures had been taken to mitigate against any immediate risk to residents.

At the previous inspection, the main fire safety failings observed by the fire and estates inspector relating to the building were the arrangements in place to contain a fire. The person in charge and provider representative confirmed that the failings identified on the previous inspection that related to the construction of the building were unchanged.

At the previous inspection, it was found that some doors on escape routes were noted as being provided with key-operated locks that could potentially prevent escape in a timely fashion in the event of a fire. Since the previous inspection, this had been addressed as key-operated locks had been replaced by thumb-turn locks in doors on escape routes.

As identified on the previous inspection and unchanged on this inspection, the centre was not constructed in a manner capable of containing fire and preventing the spread of fire and smoke throughout the building in the event of a fire.

As identified on the previous inspection and unchanged on this inspection, escape routes were not constructed in a manner capable of being maintained free from heat and smoke in the event of a fire.

As identified on the previous inspection and unchanged on this inspection, the layout of the centre did provide sufficient means of escape from the dormitory-style sleeping area (where four residents slept) due to the sole escape route from same being through another room.

At the previous inspection, inspectors identified an example of inadequate precautions against the risk of fire where oxygen equipment and also an additional oxygen cylinder were stored in a room providing the sole escaped route for up to five residents. Since the previous inspection, this failing had been addressed. At this inspection, inspectors found that the fire equipment including the alarm and extinguishers had been serviced when required. There was also a system of regular fire safety checks in place which had been recorded as being completed when required and escape routes were kept clear.

At the previous inspection, while there was a fire procedure and fire action plan in place, the actual evacuation arrangements in place did not appear to be reflected in the documentation on display viewed by inspectors. At this inspection, inspectors found that the fire procedure and fire action plan had been updated and now reflected the actual evacuation arrangements in place.

At the previous inspection, an immediate action plan was issued as it was not demonstrated that the centre could be evacuated in a timely fashion in the event of a fire at night. While a night-time drill had been completed following that inspection, a review of the records indicated that the staffing levels in the centre at the time of that drill were not reflective of actual staffing levels for the majority of the night-time shift (which was one staff member and not two). However, the record of the same night-time drill did not indicate an immediate risk to residents.

At the previous inspection, improvements were required to ensure that residents who may be at risk of a healthcare associated infection as there were gaps in the cleaning schedule. At this inspection, inspectors found that this failing had been adequately addressed. The centre was visibly clean and household staff were assigned to the centre. A recent infection control audit had been completed in the centre.

However, as previously mentioned under Outcome 6, it was not demonstrated that the location and number of washing facilities were sufficient to control the risk of healthcare associated infection in this centre.

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, systems were in place to protect residents from abuse or harm. While training was required for some staff, untrained staff were not left unsupervised.

At the previous inspection, not all personnel who supervised children had received training in relevant government guidance for the protection and welfare of children. Arrangements in place for supervision of the children in the playroom required review.

At this inspection, the person in charge told inspectors that children were not left alone in the playroom and any untrained personnel were supervised. However, not all staff working at the centre had received training in relevant government guidance for the protection and welfare of children (e.g. Children First: National Guidance on the Protection and Welfare of Children (2011)). The person in charge told inspectors that not all nursing students or relief staff would have completed this training. An inspector met with a student nurse who did not have this training completed but was aware of the different types of abuse were and their role and responsibility to report it to the person in charge. The provider representative said that any untrained students or relief staff were supervised by staff and this was found to be the case on the day of the inspection.

The person in charge confirmed to an inspector that in the 12 months prior to this inspection, there had not been any concerns of a child protection nature that required discussion with their designated liaison person and/or forwarding to the Child and Family Agency, Tusla.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Overall children and adults had opportunities for new experiences, social participation and education. However, further improvement was required to ensure that the provider

could ensure that children's assessments included appropriate education attainment targets.

At the previous inspection, it was found that not all residents were availing of a suitable day service that met their needs. Since the previous inspection, a multi-disciplinary assessment of needs was completed for all residents that included an assessment of their general welfare and development needs. Where an individualized programme was recommended, this had been developed. However, recommendations from the multi-disciplinary team that related to accessing the community had not been implemented. This was previously addressed under Outcome 3.

At the previous inspection, it was found that further action was required to ensure that an assessment was in place for each child that included appropriate education attainment targets. Children had opportunities to attend school in line with their peers. There were arrangements in place between the staff at the centre and staff at the school that ensured that they communicated to each other on a day-to-day basis and shared relevant information. Staff received copies of children's end-of-year school reports and of educational psychology assessments. One of the children had a hand-written version of their individual education plan for the coming school year.

However, the person in charge informed inspectors that they did not receive a copy of individual education plans for all children nor were they routinely invited to attend school meetings organised for the children. This arrangement was not satisfactory given that the children were in full-time residential care. This was of particular relevance where a parent or legal guardian did not attend annual school meetings on their behalf.

The provider representative told inspectors that she was aware of these difficulties and had organized a meeting with a representative from the school in attempt to progress or resolve the issue.

Judgment:
Substantially 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):

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

Findings:

Overall, residents healthcare needs were supported by staff. A potential risk in relation to duplicate PEG feeding regimes was addressed on the day of the inspection.

At the previous inspection, it was found that while care plans were very specific in terms of meeting residents' healthcare needs, some gaps were found. For example, an end of life care plan did not reflect end of life care wishes that had been discussed nor did it specify clinical direction by the general practitioner (G.P.) in the event of sudden illness or deterioration. This failing had been addressed since the previous inspection.

At this inspection, a review of the care provided to residents who received nutrition and hydration via percutaneous endoscopic gastrostomy (PEG) was completed due to a regulatory notice issued to all providers by HIQA since the previous inspection. PEGs were managed by nursing staff in the centre who demonstrated that they were both trained and experienced in relation to all aspects of PEG feeding. The PEG regime was written up by a dietician and reviewed as and when required. A flow chart documented what to do in the event of a vomiting episode. Nursing staff clearly articulated this information.

However, inspectors found that one PEG regime was kept in two places (in the resident's personal plan and in a dedicated folder, which staff nurses said was the regime they followed). Where a regime had recently been changed, the old regime was still in the resident's personal plan, creating a potential risk that the incorrect regime would be followed. The person in charge removed the older regime at the time of inspection and said that they would ensure that only one regime was maintained in future.

One area that required clarification related to the servicing and replacement of the PEG feeding equipment as this was not included in the corresponding protocol. This was previously addressed under Outcome 6.

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:
The Statement of Purpose contained most but not all of the information required by Schedule 1 of the regulations.

More specific information was required to reflect the admissions policy of the centre. Since the previous inspection, the Statement of Purpose had been revised and resubmitted to HIQA and now outlined that no further admissions would be made to the centre and that no emergency admissions would be made to the centre. Further changes to the capacity of the centre and the floor plans had been made since the previous inspection and were ready to be submitted by the person in charge to HIQA.

The statement of purpose was not updated sufficiently to reflect the current number of residents living there. The arrangements for children in the care of the State and the contact between them and their social worker from the Child and Family Agency, Tusla were not set out. The arrangements made for the supervision of therapeutic techniques used in the centre such as the music sessions, group art therapy, play therapy and reflexology were not set out.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, there were adequate arrangements in place to ensure that there were adequate management systems in place and review of the quality and safety of care and support provided to residents. However, the provider had failed to demonstrate that adequate progress had been made to address the failure of the premises and the mixed service to meet residents' needs and this failing remained at the level of major non-compliance.

At the previous inspection, it was found that the provider had failed to act in a proactive manner in ensuring that the service provided was appropriate to the age and needs of residents. A funded, costed and time bound plan has not been submitted to HIQA to address this failing. This finding is unchanged since the previous inspection.

At this inspection, the provider representative confirmed a date for the next unannounced six-monthly visit to the centre.

At the previous inspection, the floor plans submitted to the Authority as part of the registration process did not reflect the current layout of the centre. The revised floor plans were submitted to HIQA following the previous inspection. As a result of further changes to the bedroom layout, the floor plans were at the time of inspection undergoing further amendment and were to be submitted to HIQA once completed.

Judgment:
Non Compliant - Major

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

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

Findings:

Overall, records and documentation were easily retrievable, accurate and were contemporaneous however some improvements were necessary with regard to the directory of residence and the resident's guide.

At the previous inspection, not all records in relation to each resident as specified in Schedule 3 were maintained and made available for inspection by the chief inspector in the designated centre. Documentation pertaining to placement reviews were not in residents files. At this inspection, information and documentation required by inspectors was available for review.

At the previous inspection, the safeguarding policy did not include the need to ensure that anonymous concerns would be managed in a satisfactory way. Since the previous inspection, this policy had been revised and updated and a whistle blowing policy had also been introduced in the service.

At this inspection, the residents guide was viewed by an inspector and it did not differentiate clearly enough between the service that a child received in comparison to that of an adult.

The directory of residence required updating to reflect the current number of residents living at the centre.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Hennessy
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 G - St. Vincent's Residential Services
Centre ID:	OSV-0003930
Date of Inspection:	14 September 2016
Date of response:	7 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 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:

Inspectors observed that staff and visitors could see and had access at all times to the personal space and personal belongings of one resident, such as family photos and toys. In addition, the same bedroom space(s) was used for excess storage for items used by other residents.

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 (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:

The provider nominee and the Director of Logistics have reviewed the personal space of all residents with the person in charge on 05/10/2016. Recommendations will be made and implemented to ensure that all residents' personal space is private and that appropriate storage is provided to ensure that storage items are stored appropriately.

Proposed Timescale: 15/11/2016

Theme: Individualised Supports and Care

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

It was not demonstrated that all residents had been fully assessed in relation to their need for an independent advocate. Where children were not represented at personal planning meetings or annual school reviews by a parent or legal guardian, an independent advocate or representative had not been sought to attend and represent them.

2. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

A full multi disciplinary team meeting is scheduled for 11/10/2016 where the needs of residents with regard to family/legal guardian will be addressed and actions agreed and implemented. The person in charge and the nominee provider have linked with the school principal re this area of concern. Until representation is formalised, the person in charge will attend all meetings in the school where required.

Proposed Timescale: 30/11/2016

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

All residents did not have access to activities in the community in accordance with their wishes, needs and recommendations from the multidisciplinary team.

3. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

Service users will be supported to access the local community and recommended activities in the community. The provider nominee will ensure any staff member supporting one service users in particular that requires rescue medication for epilepsy will be trained in the administration of such medication to ensure that the service user is then supported to access the community supported by all staff supporting her.

Proposed Timescale: 29/09/2016

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:

Improvements were required to children's personal plans as:

not all personal plan reviews involved input from a parent, legal guardian or representative,

personal plan reviews did not always reflect the different stages of children's lives nor were they age-appropriate.

4. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

A full multi-disciplinary team meeting is scheduled for 11/10/2016 to address any concerns regarding representation and actions agreed and implemented. All children will thereafter have input in care plans from parents or a legal guardian.

While all children have a transition plan in place, it will now form part of the goals for each child, e.g. transitioning to adulthood. The person in charge, key worker and team involved with each child will review the PCP to ensure that goals for each child are supportive of transition periods/stages in their lives.

Proposed Timescale: 31/12/2016

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 in Outcome 11, the protocol that concerned percutaneous endoscopic gastrostomy (PEG) feeding equipment did not address the servicing and replacement of that equipment.

5. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The person in charge has since inspection spoken to the dietician. The dietician and the equipment provider are going to provide the person in charge with the detail of servicing required, i.e. frequency etc. The protocol will then be reviewed to include this.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

The number and type of accessible baths and showers were not sufficient to meet the needs of residents in this centre.

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 service has, through the National De-congregation Programme, been approved as a provider eligible for funding to purchase a site and develop a house for the children from this designate centre. The Director of Logistics is working with HSE Estates office regarding the site and purchase of same, and the application will be finalised for submission by 14/10/16. The provider nominee, provider and ACEO have also submitted an application to the social reform committee for transitional revenue funding in order to support children as the move to the new residence, and we await clarification regarding the next phase of the application process. Ongoing revenue gap funding has not been approved as of October 2016, but the Daughters of Charity continue to work with the HSE regarding this issue. There is currently no funding available to develop additional bath/shower areas in the current centre.

Proposed Timescale: 30/10/2016

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 did not meet the needs of all residents.

7. 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:

The service has, through the National De-congregation Programme, been approved as a provider eligible for funding to purchase a site and develop a house for the children from this designate centre. The Director of Logistics is working with HSE Estates office regarding the site and purchase of same, and the application will be finalised for submission by 14/10/16. The provider nominee, provider and ACEO have also submitted an application to the social reform committee for transitional revenue funding in order to support children as the move to the new residence, and we await clarification regarding the next phase of the application process. Ongoing revenue gap funding has not been approved as of October 2016, but the Daughters of Charity continue to work with the HSE regarding this issue.

Proposed Timescale: 30/08/2018

Theme: Effective Services

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

There were insufficient age appropriate play and recreational facilities in the outdoor garden.

8. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

The person in charge will link with the play therapist re recommending items that would benefit and be age appropriate for the service users. The provider nominee will ensure funding for these items recommended.

Proposed Timescale: 30/11/2016

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:

A review of fire drill records indicated that the staffing levels in the centre at the time of a previous night-time drill was not reflective of actual staffing levels for the majority of the night-time shift (which was one staff member and not two).

9. 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 person in charge will link arrange that a fire drill will be completed at night, when one staff is in the centre. The staff on duty will sign the completed fire drill record, indicating the time and number of arrival of other staff to the alarm.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

The means of escape from the centre was not adequate in the event of fire.

Escape routes were not constructed in a manner capable of being maintained free from heat and smoke in the event of a fire.

The layout of the centre did provide sufficient means of escape from the dormitory-style bedroom where four residents slept due to the sole escape route from same being through another room.

10. 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 service has, through the National De congregation Programme, been approved as a provider eligible for funding to purchase a site and develop a house for the children from this designate centre. The Director of Logistics is working with HSE Estates office regarding the site and purchase of same, and the application will be finalised for submission by 14/10/16. The provider nominee, provider and ACEO have also submitted an application to the social reform committee for transitional revenue funding in order to support children as the move to the new residence, and we await clarification regarding the next phase of the application process. Ongoing revenue gap funding has not been approved as of October 2016, but the Daughters of Charity continue to work with the HSE regarding this issue.

Proposed Timescale: 30/06/2018

Theme: Effective Services

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

The centre was not constructed in a manner capable of containing fire and preventing the spread of fire and smoke throughout the building in the event of a fire.

11. 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 service has, through the National De congregation Programme, been approved as a provider eligible for funding to purchase a site and develop a house for the children from this designate centre. The Director of Logistics is working with HSE Estates office regarding the site and purchase of same, and the application will be finalised for submission by 14/10/16. The provider nominee, provider and ACEO have also submitted an application to the social reform committee for transitional revenue funding in order to support children as the move to the new residence, and we await clarification regarding the next phase of the application process. Ongoing revenue gap funding has not been approved as of October 2016, but the Daughters of Charity continue to work with the HSE regarding this issue.

Proposed Timescale: 30/06/2018

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 staff, including nursing students and relief staff that worked and or were on placement at the centre had completed training in relevant government guidance for the protection and welfare of children (e.g. Children First: National Guidance on the Protection and Welfare of Children (2011)).

12. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

This has been addressed for student nurses on placement. Vacant staff posts in the centre will be filled and the nominee provider will secure training for these staff in guidance for the protection and welfare of children. A number of relief staff will also receive training to ensure trained staff can be put in place when replacement staff are needed.

Proposed Timescale: 31/12/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Individual educational plans were not available in the centre. As a result, the provider did not have all of the information required to have an on-going assessment of education attainment targets.

13. Action Required:

Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

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

The person in charge and the nominee provider has liaised with the principal of the school regarding the educational goal that has been derived from the educational psychological reports for each child. The programme used in the school to support the Childs identified area of development will be provided to the person in charge by the teacher and principal of the school.

Proposed Timescale: 30/11/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The number of residents living at the centre was not consistent throughout the statement. The arrangements for children in the care of the State and the contact between them and their social worker from the Child and Family Agency, Tusla were not set out. The arrangements made for the supervision of therapeutic techniques used in the centre such as the music sessions, group art therapy, play therapy and reflexology were not set out.

14. Action Required:

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

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

Please state the actions you have taken or are planning to take: The Statement of purpose will be amended by the Person in Charge to reflect all information required under schedule 1 of the regulations and will be submitted to the authority.

Proposed Timescale: 31/10/2016

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 provider had failed to act in a proactive manner in ensuring that the service provided was appropriate to the age and needs of residents in terms of privacy and dignity, personal development and health and safety.

The service was not specifically tailored towards either adults or children. A funded, costed and time bound plan has not been submitted to HIQA to address this failing.

15. 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 service has, through the National De congregation Programme, been approved as a provider eligible for funding to purchase a site and develop a house for the children from this designate centre. The Director of Logistics is working with HSE Estates office regarding the site and purchase of same, and the application will be finalised for submission by 14/10/16. The provider nominee, provider and ACEO have also submitted an application to the social reform committee for transitional revenue funding in order to support children as the move to the new residence, and we await clarification regarding the next phase of the application process. Ongoing revenue gap funding has not been approved as of October 2016, but the Daughters of Charity continue to work with the HSE regarding this issue.

Proposed Timescale: 30/06/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

The directory of residence required updating.

16. Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

The Person in Charge will update the residents guide.

Proposed Timescale: 07/10/2016

Theme: Use of Information

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

The resident guide did not differentiate clearly between the type of service that a child received in comparison to that of an adult.

17. Action Required:

Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

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

The Person In Charge will review the residents guide to clearly differentiate between the type of service delivered to children and adults.

Proposed Timescale: 31/10/2016