Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Group K - St. Vincent's Residential Services
Centre ID:	OSV-0003936
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):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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:
03 October 2016 09:00	03 October 2016 16:00

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

Outcome
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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of this designated centre, which forms part of a congregated setting. This was a follow-up inspection, both to determine the current level of compliance against the regulations and because this centre continued to operate beyond the original date that was agreed between the provider and HIQA to cease operation of the centre. The revised proposed date to close this centre is 15 January 2017.

How we gathered our evidence:

As part of the inspection, inspectors met with two residents residing in the centre, the third resident was away from the centre with their family at the time of inspection. The person in charge was on leave at the time of inspection and the inspection was facilitated by the clinical nurse manager (CNM1), who was deputizing in the absence of the person in charge. Inspectors also met with a care worker and a household staff member. 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 residents spent their day. Residents were non-verbal, but inspectors observed staff supporting residents to communicate through their preferred means of communication. Inspectors reviewed documentation including personal plans, restrictive practice documentation, activity timetables, daily notes, logs of outings and healthcare records.

Description of the service:
This centre provides care and support for residents with a severe and profound intellectual disability. 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 provider had taken a number of actions to improve the general condition, appearance and cleanliness of the centre since previous inspections. A new accessible shower room, bath, kitchen units and counter tops, hand wash facilities and couches had been purchased or installed. 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, a canteen, centralized kitchen and laundry facilitates and day services.

Overall judgment of our findings:
Inspectors found that while residents were non-verbal, they appeared well-cared for and supported. Staff were observed to support residents' to communicate their preferences and choices using their preferred means of communication and in an appropriate manner. The CNM1 demonstrated that she knew residents and their individual needs well. Improvements since the previous inspection included further development of personal plans, visual schedules to support communication and improved infection prevention and control procedures.

At this inspection, inspectors found that the provider demonstrated that they were progressing the closure of the centre. The occupancy of the centre had reduced from five to three residents since the previous inspection. A concrete funded plan was in place to transition the remaining three residents to a house in the community within a reasonable timeframe. The provider was requested to submit the final plans for the new house and evidence of a phased relocation plan to HIQA as soon as possible.

However, failings identified at previous inspections relating to the premises and fire safety remained at the level of major non-compliance. Additional significant failings were identified at this inspection in relation to supporting residents to access the community.

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 5, the centre did not meet the needs of all residents. The service provided was not appropriate to the age and needs of residents. as it not specifically tailored towards either adults or children.

Under Outcome 6, while the provider had made a number of improvements to the general condition and appearance of the centre, the fundamental design of the centre meant that it continued to deviate from acceptable standards. There was a lack of natural light in bedrooms, poor ventilation and residents' could not independently access outdoor space.

Under Outcome 7, 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. While the provider had ensured that adequate measures had been taken to mitigate against any immediate risk to residents, it was not demonstrated at the time of the inspection that residents could be evacuated from the centre in a timely manner. Following the inspection, evidence that the centre could be evacuated in a timely manner was submitted to HIQA.

Findings are outlined in the body of this report and required actions in an 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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Overall, staff supported residents to communicate their choices, preferences and needs. However, further improvement was required to ensure that recommendations made by members of the multi-disciplinary team were implemented in full to reduce the risk of communication breakdown.

At the previous inspection, reports for residents who had a speech and language assessment completed were not always available in the centre, as necessary to ensure that all recommendations were included in residents' communication plans.

At this inspection, it was found that each resident had received an assessment by a speech and language therapist (SALT) and those reports were now all available in the centre. Inspectors observed that many recommendations were being implemented by staff, including consistent use of visual schedules and simple use of language. Recommendations relating specifically to supporting residents prepare for transition were in progress, such as the creation of social stories about the pending move. However, further improvement was required to ensure that the recommendations made by the SALT were implemented in full. For example, where a SALT had recommended that a communication passport be completed for each resident to allow new communication partners to communicate effectively and reduce the risk of communication breakdown, this recommendation had not been completed nine months later.

Judgment:
Substantially 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:
Overall, it was not demonstrated that residents had opportunities to develop links with the wider community.

A weekly schedule outlined activities and day to day interests that each resident enjoyed during the week. Residents were supported to visit their family home at weekends and holiday periods. However, based on a review of weekly schedules and activity records and a discussion with the CNM1, the majority of activities took place either in the centre or the grounds of the campus. For example, activity and expenditure records indicated that two residents had accessed services and amenities the community once since July 2016, for a meal out with the day service.

For example, where a goal had been set in November 2015 to visit the local park on a monthly basis, this had only been achieved once in an 11-month period. While there had been an issue with safety on the bus for one resident that took approximately two months to resolve, there was little evidence of residents leaving the campus on a routine basis, other than to visit their family homes or go for an occasional bus spin. The provider representative said at the feedback meeting that they had identified the need to explore opportunities to support resident to participate in activities outside of the campus.

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:
At the previous inspection, a number of failings were identified in relation to personal plans in relation to the review of the personal plan and input from multi-disciplinary team (MDT) members involved in residents' care into their assessments and personal plans. Overall, while work had taken place in relation to developing residents' personal goals, the failings identified at the previous inspection had not been satisfactorily addressed. The provider representative confirmed that a re-assessment of each resident's needs was scheduled and this assessment would be multi-disciplinary.

At the previous inspection, it was found that there was no link between the assessment process and residents' personal plans. As a result, personal plans did not always reflect residents' assessed needs. This failing was unchanged at this inspection. The assessments that had been completed in January and February of this year contained a number of recommendations relevant to supporting residents' current needs. However, inspectors found that these recommendations were not captured in resident's personal plans, monitored and implemented. For example, recommendations not implemented related to supporting residents to communicate effectively with new staff, build self-esteem and self-awareness, have a programme of structured activities, increase community integration. In addition, an assessment also identified the need to review a resident's individualized day programme. Finally, the person in charge and provider representative agreed that some of the information contained in the assessments was no longer relevant and required review.

At the previous inspection, it was identified that the review of the personal plan was not multi-disciplinary, as required to meet residents' needs in this centre. Again at this inspection, the impact on residents in this centre of the lack of a multi-disciplinary team (MDT) review in personal plans was evident. For example, an on-going risk regarding self-injurious behaviour had not been discussed as part of a resident's assessment of need. The provider representative confirmed that a re-assessment of each resident's needs was scheduled and this assessment would be multi-disciplinary.

As part of this inspection, inspectors reviewed the progress being made in relation to preparing residents to transition from this centre to more appropriate accommodation in the community. As the move to another centre had only recently been confirmed, a transition plan had yet to be completed for each resident, as recommended by the MDT. The provider representative outlined how continuity of support would be provided as the same staff team would transition to the new centre and residents would move together.

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 provider had addressed a number of failings identified at previous inspections that related to the condition and state of repair of the premises. The number of residents living in the centre had reduced over the course of previous inspections from six to three, which had in turn addressed other non-compliances. However, the design and layout of the premises continued to deviate in a major way from acceptable quality standards.

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 facilitates, day services and a school for the children.

At the previous inspection, it was found that while staff endeavoured to create a homely and comfortable environment for residents, the design and layout of the centre was not suitable for its' stated purpose and did not meet residents' individual or collective needs in an acceptable way.

A number of improvements had been made since the previous inspection. Due to a reduction in the number of residents residing in the centre since the previous inspection, the bathroom and shower facilities now met residents' personal care needs. Also, residents now all had larger bedrooms that provided adequate space to meet their needs.

At the previous inspection, some parts of the premises could no longer be effectively cleaned. In addition, areas accessed by residents (in particular the kitchen and living/relaxation rooms) lacked a homely feel. At this inspection, efforts had been made to improve the look and feel of the centre. For example, new couches had been purchased for the living room and a new table and chairs for the kitchen.

At the previous inspection, some parts of the premises were in a poor state of repair. Since the previous inspection, new hand wash basins had been installed in the toilet room and bathroom, a new bath had been installed and the kitchen units and counter tops had been replaced.

At previous inspections, it was found that the designated centre did not meet the requirements of Schedule 6 of the Regulations that pertain to provision of a safe and suitable premises. The improvements outlined above and the reduced number of residents now living in the centre had resulted in improvements in meeting residents' current needs in terms of space, privacy and dignity and quiet places to go. However, the fundamental failings of the premises in relation to providing appropriate and suitable accommodation overall remained unchanged. For example, there was inadequate ventilation in the centre. Natural light was limited in residents' bedrooms and there was no view from windows in these rooms, as windows were small and too high to see out through. In addition, residents' assessments of need identified that they required independent access to outdoor garden space and this was not provided in this centre. Inspectors observed residents seeking through their preferred means of communication to be brought out for a walk during the inspection and staff were not able to always readily facilitate this, depending on the time of day or needs of other residents.

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, fire safety practices were being 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. While the provider had ensured that adequate measures had been taken to mitigate against any immediate risk to residents, it was not demonstrated at the time of the inspection that residents could be evacuated from the centre in a timely manner. Following the inspection, evidence that the centre could be evacuated in a timely manner was submitted to HIQA. Failings as they related to the prevention and control of healthcare-associated infection had been satisfactorily addressed since the previous inspection.

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.

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. In particular, there were some fire resistant doors installed within the centre but the provision of same was incomplete. Also, many of the internal walls would be incapable of containing a fire due to the nature of their construction or due to the presence of glazing within the walls. Finally, the construction of the ceiling and the continuous roof space above it was not adequate for containing a fire and preventing the movement of heat and smoke through the centre.

At the previous inspection, it was identified that while there as a system of regular fire safety checks in place, the extent of the checks relating to the doors within the centre was incomplete. Since the previous inspection, the checking of doors within the centre had been included in the daily and weekly fire checks and these checks were being recorded.

Servicing records for the fire alarm, fire equipment and emergency lighting were within their service dates.

Inspectors reviewed records of practice fire drills and found that regular drills were taking place in the centre. However, a record of a recent night-time drill demonstrated that it took six minutes to evacuate the three residents from this centre. Given the deficiencies in the building from a fire containment perspective as outlined above, this timeframe was particularly unacceptable. The CNM1 demonstrated that they had escalated it to the relevant personnel (e.g. the provider representative and night supervisor) and knew what steps needed to be taken to prevent a recurrence of this slow response. A repeat night-time fire drill was scheduled and the provider representative submitted evidence to HIQA following the inspection demonstrating that the centre could be evacuated in a timely manner.

At the previous inspection, adequate procedures were not in place for the prevention and control of healthcare associated infections. At this inspection, inspectors found that the previously identified failings had been satisfactorily addressed. Cleaning rotas had been revised to ensure that the centre was thoroughly cleaned. The replacement of kitchen units and worktops and the installation of a new bath and new hand hygiene facilities ensured that facilities and areas previously identified as being stained and difficult to clean in the kitchen and bathrooms could now be properly cleaned. The installation of additional and new hand hygiene facilities also meant that there were now adequate hand hygiene facilities to facilitate staff and residents to adopt adequate infection prevention and control measures.

Those parts of the centre that could not be improved due to age (e.g. the condition of the ceiling tiles) remained unchanged and this is addressed under Outcome 6: Safe and Suitable Premises.

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, improvement was required in relation to residents' positive behaviour support plans. This failing was also identified on the two previous inspections.

It was not demonstrated that residents had access to psychology support within a reasonably acceptable timeframe. For example, where residents were displaying behaviours that may challenge and self-injurious behaviours, referrals were outstanding (e.g. one since February 2014 and another since January 2015). While the person in charge had made re-referrals, an assessment date had not been provided. In addition and as previously discussed under Outcome 5, assessments of need for residents had not considered outstanding areas of need as they related to behaviours of concern.

Inspectors found that behaviour support plans required improvement to inform staff supporting residents how to do so in a positive consistent way. While staff endeavoured to apply a positive approach, behaviour support plans lacked proactive strategies. This reflected the lack of specialist behaviour support input into behaviour support plans.

The clinical nurse manager outlined that a restrictive practice was used periodically in the centre. Records indicated that the restrictive practice was used infrequently and records were kept which tracked the application of the restrictive practice, duration and the reason for use. However, the daily records, incident forms and tracking records for the restrictive practice were not in line with the Authority's guidance. The records did not demonstrate that all alternative measures had been considered before use, the resident was monitored throughout and a review had taken place after each incident. The provider nominee and clinical nurse manager acknowledged the findings.

Judgment:
Non Compliant - Moderate

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 being met by staff, who implemented the recommendations of residents' general practitioner, consultants and allied health professionals. However, the part of the personal plan that pertained to healthcare needs did not always clearly direct the care to be given to that resident or reflect recent temporary changes to their plan.

At the previous inspection, it was not demonstrated that recommendations of the multi-disciplinary team relating to specific care needs of a resident were being implemented. At this inspection, recommendations of residents' general practitioner, consultants and allied health professionals were being implemented.

However at this inspection, an improvement to care plans was identified. While there was a care plan in place to identify on-going health screening and health checks, it lacked detail to guide staff. For example, where residents required regular blood monitoring to monitor for potential side effects associated with a prescribed medicine, the care plan did not outline how often these bloods were to be taken, in line with the consultant's recommendations. In addition, where there had been a recent change to this monitoring requirement (due to a change in medication), this was not reflected in the care plan. The CNM1 was able to articulate this information to inspectors, reducing the risk of such monitoring being missed.

Judgment:
Substantially Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
At the previous inspection, it had been identified that medicines had not been administered as prescribed. An inspector examined the medication prescription and administration records and saw that residents received medicines as prescribed. The clinical nurse manager outlined the system in place to ensure that, where changes were made to residents' prescribed medicines, the prescription and administration records were amended in a timely fashion. Any recent changes to medicines were made in a clear and timely manner.

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, further information was required in order to ensure that the Statement of Purpose accurately reflected the service provided by the centre. For example, the number of residents for whom it is intended that accommodation should be provided was not accurate and the criteria for admissions was not clear as it did not state that the centre will not be accepting any further admissions (including emergency admissions). A revised Statement of Purpose had been submitted since the previous inspection and as a result, this failing had been adequately addressed.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
At the previous inspection, it was not demonstrated that the continued operation of this centre meets the requirements of the regulations to provide a service that is appropriate to residents' needs.

The provider has confirmed that that there is a long-term plan in place to relocate residents to more suitable residential accommodation and to close this centre. Two previous dates proposed by the provider to close this centre have passed (the first proposed date was 15 December 2015 and the second was 15 June 2016). Following the previous inspection, the provider was requested to re-submit a notification relating to the closure of this centre that was based on a funded service plan. This revised date is 15 January 2017. At this inspection, inspectors followed up on the progress to meet this closure date.

At this inspection, inspectors found that the provider demonstrated that they were progressing the closure of the centre. The occupancy of the centre had reduced from five to three residents since the previous inspection. A concrete funded plan was in place to transition the remaining three residents to a house in the community within a reasonable timeframe. The provider was requested to submit the final plans for the new house and evidence of a phased relocation plan to HIQA as soon as possible.

Judgment:
Non Compliant - Moderate

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:
Aspects of this outcome were inspected due to the commencement of a number of new staff in the centre since the previous inspection. Mandatory training required for new staff was to be completed in relation to fire safety, the protection of vulnerable adults and behaviours that may challenge and dates for training had been scheduled. With respect to the protection of vulnerable adults, while training was to be completed, the CNM1 said that either she or the person in charge discussed the organisation's safeguarding policy and the steps to be taken in the event of a suspicion, incident or allegation of abuse with new staff as part of their orientation to the centre. Inspectors spoke with two new staff who confirmed this to be the case and were able to articulate those steps to be taken.

Judgment:
Substantially Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
As identified on the previous inspection, the policy in relation to access to education, training and development for residents did not consider all of the relevant regulations pertaining to access to education, training and development.

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:

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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 report[1]

Centre name:	Group K - St. Vincent's Residential Services
Centre ID:	OSV-0003936
Date of Inspection:	03 October 2016
Date of response:	31 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 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Further improvement was required to ensure that recommendations made by members of the multi-disciplinary team were implemented in full.

[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 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

Please state the actions you have taken or are planning to take:
Communication passports are currently being completed for all residents of the centre. The person in charge has communicated with the speech and language therapist to seek additional support for the team in completing the passports to ensure that new communication partners communicate effectively and reduce the risk of communication breakdown with residents and staff supporting them.

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:
As detailed in the findings, it was not demonstrated that residents were supported to participate in activities and develop links outside of the campus.

2. 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:
The clinical nurse manager 3 linked the centre will provide supervision and support to the person in charge to ensure that the residents participate in activities and develop links outside of the campus within the local community. Plans for this community access will be tailored to meet the wishes likes and interests of each resident. An itinerary of activities that each resident enjoys will be drawn up and dates scheduled for each resident to access these activities within the community. The clinical nurse manager 3 and the person in charge will review the opportunities for community access fortnightly to ensure it is happening for each resident.

The person in charge has also requested a volunteer through the volunteer coordinator for one of the residents to increase her opportunity to form and develop friendships.

Proposed Timescale: 30/11/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As detailed in the findings, while an assessment of needs of each resident had been completed, it did not consider all residents' current needs.

3. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
Each resident will have their assessment of need reviewed by the multi-disciplinary team involved in the provision of care. The review will take into account the changes for these residents since the number of peers they are residing with has reduced. The assessment will also take into account the transition supports and plans that are needed for these residents now that a house in the community has been sourced for them to transfer off campus.

Communication passports are currently being completed for all residents of the centre. The person in charge has communicated with the speech and language therapist to seek additional support for the team in completing the passports to ensure that new communication partners communicate effectively and reduce the risk of communication breakdown with residents and staff supporting them.

Proposed Timescale: 30/11/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of the personal plan was not multi-disciplinary, as required to meet residents' needs in this centre.

4. Action Required:
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
Each resident will have their assessment of need reviewed by the multi-disciplinary team involved in the provision of care. The review will take into account the changes for these residents since the number of peers they are residing with has reduced. The assessment will also take into account the transition supports and plans that are needed for these residents now that a house in the community has been sourced for them to transfer off campus.

Reviews completed by the team to inform the assessment of need will then form part of each resident's plan of care, the person in charge, key worker and multi-disciplinary team member will then review each plan of care to ensure the plan reflects all guidance and recommendations made by the multi-disciplinary team.

Proposed Timescale: 10/12/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A transition plan was required to support each resident as they transition between residential services.

5. Action Required:
Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

Please state the actions you have taken or are planning to take:
Each resident will have their assessment of need reviewed by the multi-disciplinary team involved in the provision of care. The review will take into account the changes for these residents since the number of peers they are residing with has reduced. The assessment will also take into account the transition supports and plans that are needed for these residents now that a house in the community has been sourced for them to transfer off campus. The social worker and person in charge will meet with the families/representatives of each resident to ensure their involvement in the transition process for each resident to their new house. The clinical nurse manager 3 linked to the centre will support the person in charge and staff team in achieving and ensuring transition plan is being supported for each resident.

Proposed Timescale: 30/12/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fundamental design and layout of the premises continued to deviate in a major way from acceptable quality standards.

6. 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:
A house off campus has been identified to facilitate transition of these residents off campus to a house within the community. A review of the assessments of need completed for each resident will be completed and this will also include a transition plan for the residents to support a pleasant and comfortable transition to their new home. The transfer to the house in the community will take place in February 2017 and the current centre will close at that time.

Proposed Timescale: 12/02/2017

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

7. 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 house off campus has been identified to facilitate transition of these residents off campus to a house within the community. The transfer to the house in the community will take place in February 2017 and the current centre will close at that time.

Proposed Timescale: 12/02/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As identified by a fire and estates inspector 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. In particular:
- There were some fire resistant doors installed within the centre but the provision of same was incomplete.
- Many of the internal walls would be incapable of containing a fire due to the nature of their construction or due to the presence of glazing within the walls.
- The construction of the ceiling and the continuous roof space above it as described in the findings was not adequate for containing a fire and preventing the movement of heat and smoke through the centre.

8. 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 house off campus has been identified to facilitate transition of these residents off campus to a house within the community. The transfer to the house in the community will take place in February 2017 and the current centre will close at that time.

Proposed Timescale: 12/02/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A review of night-time fire drill records did not demonstrate that there were adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations in the event of a fire.

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:
A repeat fire drill at night time was completed post inspection and the report forwarded to the authority. All residents evacuated and arrangements in place to support them to be brought to safe locations.

Proposed Timescale: 25/10/2016

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:
As detailed in the findings, it was not demonstrated that residents' behaviour support needs were being fully met and that residents' were being supported to manage their own behaviour, including self-injurious behaviour.

10. 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 provider nominee has consulted with the multi-disciplinary team members the assessments of need of all the residents of this centre will be reviewed. The person in charge and key workers will also review existing behaviour support plans with the input of a Clinical Nurse Manager 3 to ensure that further interventions where possible will be put in place to support residents who present with behaviours that challenge, the psychologist will be involved in this review.

Proposed Timescale: 16/12/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records for restrictive practices did not demonstrate that all alternative measures had been considered before use, the resident was monitored throughout and a review had taken place after each incident, in line with the Authority's guidance.

11. 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:
All restrictive practices in place will be reviewed for each resident as part of the review of the assessment of needs process.

The clinical nurse manager 3 link to the area will give input to the person in charge and staff team on the monitoring, documentation and records to be maintained where any restrictive practices are in place.

Proposed Timescale: 18/11/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The part of the personal plan that pertained to healthcare needs did not always clearly direct the care to be given to that resident or reflect recent temporary changes to their plan.

12. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
All assessments of health care need will be reviewed by the key nurse for each resident. This review will ensure that all recommendations/referrals are followed up on to ensure completion as recommended. For example where blood tests are required, this will documented as part of the care plan and action to be carried out, on receipt of results this will be documented so that outcomes for residents are noted.

Proposed Timescale: 18/11/2016

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 was requested to submit the final plans for the new house and evidence of a phased relocation plan to HIQA.

13. 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 will submit the funded plan to transition the remaining three residents to a house in the community to the authority.

Proposed Timescale: 25/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Mandatory and other training required for new staff was to be completed in relation to fire safety, infection control, the protection of vulnerable adults, behaviours that may challenge and food safety.

14. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
The person in charge has scheduled all staff to complete mandatory training. Thereafter the person in charge will schedule all staff for refresher training as necessary to ensure

all staff training is up to date.

Proposed Timescale: 09/11/2016

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 policy in relation to access to education, training and development for residents did not consider all of the relevant regulations pertaining to access to education, training and development.

15. Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:
The provider nominee has raised this with the quality and risk officer. The policy will be reviewed to ensure it considers all of the relevant regulations pertaining to access to education, training and development.

Proposed Timescale: 31/12/2016