

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Anne's Residential Services - Group O
Centre ID:	OSV-0005160
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Simon Balfe
Lead inspector:	Julie Hennessy
Support inspector(s):	Kieran Murphy
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:

17 August 2016 08:30

To:

17 August 2016 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
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 inspection was the third inspection of this centre by the Health Information and Quality Authority (HIQA). The first inspection took place on 19 December 2014 and the second on 5 and 6 October 2015.

The purpose of this inspection was to follow-up on the high level of non-compliance identified at the previous inspection, where eight of 18 outcomes were at the level of major non-compliance with a further six at the level of moderate non-compliance.

Description of the service

The centre comprises one single-level house and can accommodate three residents. The statement of purpose for the centre states that it can provide support to residents with behaviours that may challenge.

How we gathered our evidence

Inspectors met with three residents who lived in this centre. Two residents communicated with inspectors using verbal and non-verbal means of communication and said or appeared to be happy and content. Inspectors also met the person in charge of the centre, the house manager who was identified as a person participating in the management of the centre, three of the staff team and the representative of the provider. The director of nursing also attended the feedback session at the close of the inspection. Inspectors observed staff practices and interactions with residents and reviewed residents' personal plans, training records, meeting minutes and the complaints log.

Overall judgment of our findings

Overall, inspectors found significant improvement had been made since the previous inspection to bring the centre towards compliance. Of 14 previously non-compliant outcomes, 10 had been satisfactorily progressed and were now either fully or substantially compliant with the Regulations.

Since the previous inspection, the staff team had stabilised. Multi-disciplinary support was being provided to all residents living in the centre, which was having demonstrable benefits in terms of meeting residents' assessed needs. A new house manager had commenced in the centre since the previous inspection and was supported in his role by the person in charge. Staff said that they felt supported in their role. The person in charge and house manager demonstrated that they knew residents, their needs and the challenges in the centre well. Inspectors observed an incident of physical aggression on the day of the inspection - the staff team successfully de-escalated the situation by following the behaviour support plan. Staff demonstrated that despite the challenges in the centre, they were able to support some residents to pursue their interests and hobbies in the community in an individualized way. Positive family relationships were supported and promoted for all residents.

However, four outcomes remained at the level of major non-compliance since the previous inspection.

Under Outcome 5: Social Care Needs, it was not demonstrated that the designated centre met the assessed needs of all residents due to the mix of residents in the centre and in some cases, the design and layout of the centre. The frequency and intensity of incidents of behaviours that may challenge was having a negative impact on individual resident's quality of life. In addition, it was evidenced that where residents were expressing through behavioural incidents that they wished to live alone, the current living arrangement did not support this need. The provider had submitted a business case to the health service executive (HSE) but a funded plan was not in place. The action plan submitted by the provider to HIQA to address this failing following the previous inspection had not been implemented within the agreed timeframe.

Under Outcome 6: Premises, the centre did not meet the assessed needs of all residents in terms of privacy, mobility and positive behaviour support. The premises was not fully accessible to all residents.

Under Outcome 7: Health, Safety and Risk Management, the number, frequency and intensity of incidents in the centre remained persistently high since the previous inspection and presented on-going risks to residents and staff.

Under Outcome 8: Safeguarding and Safety, high rates of challenging behaviour were impacting on individual resident's well-being and safety, as well as the safety of other residents. A resident had recently made a complaint about living with behaviours that may challenge in this centre.

The action plan responses submitted by the provider to regulations 5(3) and 17(7) under outcomes 5 and 6, as outlined above, did not adequately address the identified failings.

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

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

Overall, inspectors found that the failings identified on the previous inspection had been addressed.

At the previous inspection, arrangements in place for residents who were wards of court were not satisfactory. At this inspection, inspectors found that there was now documentation available in the centre in relation to wardship and what the wardship extended to.

At the previous inspection, documentation around consent for medical procedures required improvement. At this inspection, a sample of documentation reviewed indicated that the procedures around seeking consent were clearer and involved discussion by the MDT or general practitioner (GP) as required.

At the previous inspection, high levels of challenging behaviour in the centre impacted on other resident's rights to live in a safe environment. At this inspection, the number of incidents in the centre remained high and this will be further discussed under Outcomes 7 and 8.

At the previous inspection, an inventory of each resident's personal possessions was not being kept up to date which meant it could not be guaranteed that residents could retain control of their own personal property. At this inspection, it was found that an inventory of each resident's personal possessions was on file and up to date.

At the previous inspection, an understanding of the complaints procedure was not demonstrated. At this inspection, inspectors reviewed the complaints log. A recent complaint had been followed up in a transparent manner. For example, the complaint had been referred for discussion at a multidisciplinary team (MDT) meeting and independency advocacy had been considered. The complainant's satisfaction with the outcome was recorded.

At the previous inspection, it was not demonstrated that the use of a monitoring (listening) device had been considered by the MDT or that it was necessary given the fact that there was a 'waking' night-time staff member on duty every night. The use of this device was discontinued following the previous inspection.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

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

Findings:

At the previous inspection, it was found that the organisation's policy on admissions, transfers and discharge of residents in the service did not take account of the need to protect residents from abuse by their peers. It was not evidenced that the potential impact of previously identified behaviours that challenge on residents already residing this centre had been fully considered as part of the admissions process. Since the previous inspection, the policy had been amended to ensure that similar scenarios did not recur in the future.

Judgment:
Compliant

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, inspectors found that failings that related to the development and review of residents' personal plans had been addressed. However, a major non-compliance that related to the failure of the designated centre to meet the assessed needs of all residents remained unchanged.

At the previous inspection, it was not demonstrated that the designated centre met the assessed needs of all residents due to the mix of residents in the centre and in some cases, the design and layout of the centre. The impacts of this inappropriate placement are outlined under outcomes 6, 7 and 8. Since the previous inspection, an assessment of needs had been completed to inform a transition plan. MDT meetings were regularly held to review residents' changing needs. However, where resident(s) were expressing a preference to live alone, this was not being facilitated under the current living arrangements. The negative impacts of this not being facilitated was well documented in the assessment of needs and MDT meetings. High rates of challenging behaviour and the current living environment were impacting on individual resident's well-being and quality of life, as well as the safety of other residents and staff. A costed funded time bound plan had not been submitted to HIQA. As a result, this finding was unchanged at this inspection and remains at the level of major non-compliance.

At the previous inspection, it was found that the review of the personal plan was not multi-disciplinary. Since the previous inspection, multi-disciplinary reviews had been held that informed residents' personal plans. This had led to demonstrable benefits for residents as behaviour support plans, complaints, living arrangements, incidents and accessibility issues were now being discussed by those professionals who were involved in each resident's care and support.

At the previous inspection, improvement was required to the review of personal plans. At this inspection, inspectors found that a new template was aiding the tracking of residents' goals. It was now clear what supports were required by residents to achieve their personal goals, who was responsible for ensuring goals were met and the timeframes by which goals would be met. Staff demonstrated that despite the

challenging environment, they were able to support other residents to pursue their interests and hobbies in the community.

Judgment:

Non Compliant - Major

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:

The provider had progressed a number of failings that related to the maintenance of the premises since the previous inspection. However, the provider's action plan to secure alternative more suitable accommodation for residents in this centre has not been implemented within the agreed timeframe and a funded action plan has not been submitted to HIQA.

At the previous inspection, it was found that the centre did not fully meet the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centres). There was an insufficient number and standard of baths, showers and toilets to meet the needs of all residents. In addition, the bathroom facilities were not accessible to all residents. There was no grab-rail fitted to the wall by the front door, as recommended by an occupational therapist (OT) in 2014.

Since the previous inspection, the occupational therapist had revisited the centre. The previously mentioned grab-rail had been fitted to the wall by the front door. Grab-rails and hand-rails had also been installed in the bathroom as an interim measure. However, this had been a temporary solution only pending an anticipated move from the centre. The OT report from 2014 had identified the need for a fully accessible bath, non-slip tiles in the bathroom and re-enforced bathroom windows to meet the needs of residents with mobility needs in a safe environment. The action plan submitted to HIQA following the previous inspection outlined that a new home and better living environment to meet residents' needs would be sourced by 30 April 2016. This timeframe has since passed. A funded action plan to address this failing was not in place at the time of the inspection.

In addition, the centre has been identified by the MDT team as not meeting the needs of all residents in terms of privacy, mobility, and quality of life. It was evidenced that

where residents were expressing through behavioural incidents that they wished to live alone, the current living arrangements did not support this need. Staff described how when there was less activity and people in the house, individual residents were more relaxed and behavioural incidents decreased. Documentation viewed detailed that the current arrangements were a contributing factor to behaviours that may challenge and incidents in the centre.

At the previous inspection, parts of the premises could no longer be effectively cleaned due to their age and condition. In addition, the exterior of the house was not well-maintained. Since the previous inspection, a maintenance schedule was devised and the exterior of the house was painted. Carpet in the hallway was replaced by an alternative flooring, which was better suited to residents' with mobility needs and was easier to clean and maintain.

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:

Since the previous inspection, the provider had put in place supports to reduce incidents in the centre. However, inspectors found that the number, frequency and intensity of incidents remained persistently high with an associated high risk of injury to individual resident, other residents and staff working in the centre.

At the previous inspection, inspectors found a persistent high risk of injury or harm to both residents and staff in the centre from behaviour that challenges. Adequate measures had not been put in place following adverse events to prevent them from or reduce the likelihood of them re-occurring.

Since the previous inspection, steps had been taken in an attempt to reduce the number of incidents in the centre. However, the number of incidents in the centre remained persistently high, as evidenced by a review of incident data. For example, two weeks prior to the inspection (week beginning 1 August 2016), there were 29 recordings of incidents of behaviours that may challenge and 35 incidents in the week prior to that. Recent incidents included slapping, kicking, attempting to pull hair and grabbing. Incident data was collated and reviewed by the psychologist and at multi-disciplinary team (MDT) meetings and concern and welfare meetings (where safeguarding issues

arose). The MDT also met following upward trends in the incident data. For example, following the occurrence of 23 incidents in a four-day period in June 2016 where PRN ("as required") medication was required on 10 occasions, the MDT met to review the situation, Actions taken were outlined including a full review of the behaviour support plan and a focus on a 'low-arousal environment'. The team leader and person in charge said that this appeared to be having slow but positive impact, with only one incident the week prior to the inspection. However on the day of the inspection, inspectors observed a staff member being kicked and grabbed. The house manager and staff team followed individual residents behaviour support plans during this time and diffused the incident.

Notwithstanding the low number of incidents the week prior to the inspection, the overall picture indicated that further support to the staff team was required to support residents with behaviours that may challenge and reduce the frequency and intensity of incidents occurring in the centre. In addition, other information in residents files stated that behaviours had increased in intensity over the past 12 months, posing a resultant risk of injury to individual residents themselves, other residents and staff. The person in charge told inspectors that they had requested support from a clinical nurse specialist in behaviour support to work with the staff team. In addition, the unsuitable living environment and mix of residents in the centre were on-going contributing factors to these incidents and had yet to be resolved. This is further discussed under Outcomes 5, 6 and 8.

At the previous inspection, risk management system was not sufficiently robust. Risk assessments required improvement or completion. Since the previous inspection, risk assessments had been reviewed and updated and reflected specific risks in this centre.

At the previous inspection, inspectors found that the doors in the centre were not fire doors, as required for the containment of smoke and fire in the event of a fire. The provider's previous action plan response identified that residents would transfer to a new home and better living environment to meet their needs and that this new property will have fire doors installed. The date for completion of this action was 20 November 2015 and this timeframe has since passed. The provider's most recent annual review (dated 9 December 2015) had also identified this as an area of concern.

At the previous inspection, fire drills were not being completed as required to demonstrate that the centre could be evacuated within a timely manner. At this inspection, a review of drill records demonstrated that fire drills were being practiced at regular intervals (7 in 8 months) and that the centre could be evacuated within a timely manner. Servicing records for fire extinguishers, emergency lighting and the fire alarm were within their review date. Each resident had a personal emergency evacuation plan (PEEP).

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, the provider had put in place supports to the staff team in relation to positive behaviour support since the previous inspection. However, as a result of the inappropriate mix in the centre it was not demonstrated that residents were being adequately protected from injury and harm by their peers. A resident had recently made a complaint about living with the behaviours that may challenge in this centre.

At the previous inspection, it was found that residents were not protected from injury and harm by their peers as a result of behaviours that challenge in the centre. This finding was unchanged at this inspection and as previously mentioned under Outcome 7, the frequency and intensity of incidents in this centre remained persistently high. There had been 10 protection and welfare reports completed in a 12-month period (between 9 April 2015 and 15 March 2016) relating to physical aggression by resident(s) against other residents, such as hitting out, pulling hair and attempting to bite. An assessment of needs report dated 28 June 2016 identified that an alternative placement was required to protect residents living in this centre. In addition, a resident had recently (on 14 June 2016) made a complaint about this situation. Staff described how the centre provided a happy environment for residents at other times, but that this was influenced by the time of day, number of people and activity levels in the house. Individual residents were more relaxed and behavioural incidents decreased when other residents were not in the house.

At the previous inspection, not all staff who worked in the centre had received training in behaviour that is challenging and the use of any breakaway techniques and physical interventions, specifically, the therapeutic management of aggression and violence (TMAV). At this inspection, three staff required training to safely implement an approved physical restraint technique, if indicated. This training had been scheduled. The team leader and person in charge said that in the interim, the staff roster was planned to ensure that two staff were on duty at all times who had received this training. A review of the roster for the week prior to the inspection confirmed this to be the case.

At the previous inspection, the use of physical restraint was not recorded in line with the organisation's policy on 'therapeutic management of aggression and violence'. At this

inspection, the monitoring and recording of occasions when physical restraint was used was being recorded in line with that same policy.

At the previous inspection, improvement was required to ensure that staff had the knowledge and skills and received the necessary MDT input to support residents with behaviours that may challenge. Since the previous inspection the staff team was receiving support from the MDT team. Residents had a behaviour support plan and these plans were reviewed and updated as required by persons with specialist training and experience in relation to behaviour that challenges. In addition, the recording and monitoring of information required relating to behaviours that may challenge or incidents of concern were being maintained. This included weekly behaviour recording sheets, individual recording of any behaviour-related incidents on ABC ('antecedents, behaviours and consequences') charts, risk assessments for behaviours that may challenge and mood diaries. Communication supports were outlined in behaviour support plans. A PRN protocol was in place for any prescribed chemical restraint and the use of PRN was monitored by the psychiatrist.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
At the previous inspection, while a quarterly report was provided to HIQA, this did not include all restrictive procedures in place in the centre. Since the previous inspection, quarterly reports submitted to HIQA included all restrictive procedures in place in the centre.

Judgment:
Compliant

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: At the previous inspection, improvements were required to ensure that the day service provided was suitable to meet each resident's capabilities, interests, preferences and where applicable, challenging behaviour needs. At this inspection, residents' general welfare and development needs were captured in a care plan. Residents' independence was promoted and residents' had access to activities in the community. For example, residents had completed crochet and art courses, pursued their music interests by learning new musical instruments, playing music and attending music festivals. Day to day living skills were promoted and supported including menu planning, managing laundry, emptying the dishwasher and recycling. A day service staff member attended personal plan review meetings. However, a record of how residents' progress in relation to their general welfare and development needs and goals were assessed and informed their personal plan was not on file in the residential centre. A new template to capture this information was being piloted in some parts of the service, but not in this centre.
Judgment: Substantially Compliant

Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>
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, healthcare plans were variable in quality. While some were specific, others had not been developed in line with residents' needs. At this inspection, inspectors found that residents' healthcare needs were met by staff. Residents were supported by a multi-disciplinary team (MDT) including psychology, occupational therapy (OT), physiotherapy and social work. Residents had access to their own general practitioner (GP) and psychiatry services, who also attended MDT meetings if required. Healthcare plans outlined how residents' healthcare needs were met. Where residents had experienced weight loss, input from a dietician had been sought where

recommended. Weekly checks were completed and a dietary plan was in place. Where residents used positioning devices, these had been assessed and recommended by the occupational therapist. Diagnostic tests were completed where recommended. Results and reports were on file in most cases - where recommendations from the OT were not available for review in the centre, this information was provided the day following the inspection.

At the previous inspection, it was found that a medication allergy had not been included in a resident's hospital passport (a document for communication residents' key needs to hospital staff in the event of an admission to hospital). At this inspection, a sample of hospital passports were reviewed and found to contain residents' key medical information, diagnoses, preferred means of communication and medication allergies.

Judgment:
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 was found that medication checks were not completed as the date of birth on the medication dosage system did not match the date of birth on the prescription sheet. Since the previous inspection, the person in charge and house manager had reviewed the system in place for checking medicines supplied by the pharmacy. Medication audits were being completed and any actions arising from those audits included in an action plan. No further action was identified on this inspection.

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, the Statement of Purpose did not contain all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. For example, the criteria used for admission to this centre was not specified and the staff training requirements were too broad. A revised Statement of Purpose had been submitted since the previous inspection that now contained all of the information required.

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):

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

Findings:

Overall, significant improvement had been made to the governance and management of the centre since the previous inspection.

At the previous inspection, the effectiveness of the governance and management arrangements in this centre was not demonstrated. At this inspection, inspectors found that the arrangements relating to the person in charge were demonstrated to be effective. The person in charge was in charge of two high-support centres, comprising two high-support houses in total. The person in charge demonstrated that she was involved in the day to day operational management of the centre. The person in charge visited the centre almost daily and demonstrated that she knew the residents, their needs and the challenges in the centre. She also demonstrated how she was actively progressing on-going challenges in the centre. For example, support from the OT was sought in relation to risks associated with transportation and bathroom facilities and support from a clinical nurse specialist in behaviour support was recently sought to

support the staff team in relation to positive behaviour support approaches. Consultation with families was evidenced and families were involved in discussions around available options with residents.

A new house manager had commenced in the centre approximately eight weeks prior to this inspection and was identified as a person participating in the management of the centre. The house manager was qualified and experienced in supporting individuals with an intellectual disability and had previously worked as a house manager in another centre for 18 years. The house manager was full-time in the centre. The house manager demonstrated the efforts being made to support residents with behaviours that may challenge and to continue to promote residents' independence and enable residents to pursue their interests and hobbies in the community.

Staff with whom inspectors spoke said that they felt supported by the house manager and person in charge and other management.

At the previous inspection, improvements were required to the annual review of the quality and safety of care and support in the designated centre as it did not review all aspects of quality and safety of care in the centre and result in an action plan to address any identified deficits. At this inspection, inspectors reviewed the annual report dated December 2015. The annual review was informed by satisfaction surveys completed by families. Key areas of concern identified on this inspection were also identified in the annual review, including inappropriate placement and the unsuitability of the premises. The annual review outlined the actions to address these areas of concern, including that a business plan has been submitted to the health service executive (HSE).

At the previous inspection, a copy of the annual review had not been made available to residents and/or their representatives. The provider confirmed that a copy of the annual review has been shared with residents at house meetings and their families.

The provider had completed a comprehensive audit on 29 January 2016, as part of the requirement to complete an unannounced visit to the centre at least once every six months. A second unannounced visit for 2016 had yet to be scheduled in relation to the safety and quality of care and support provided in the centre.

At the previous inspection, a certificate of planning had not been submitted to HIQA, as required under Regulation 5(3)(c) of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. A certificate of planning has yet to be submitted to HIQA.

Judgment:
Substantially Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

Overall, failings identified at the previous inspection as they related to staffing had been satisfactorily addressed and residents at this inspection were provided with continuity of care and support.

Staff turnover in the centre and the use of agency and relief staff provided challenges in ensuring consistent delivery of care and an adequate skill mix in the centre. In addition, not all staff working in the centre had the required training and skills to meet the assessed needs of residents.

Since the previous inspection, a review of the staffing rota had been completed by the person in charge and house manager, both of whom confirmed that a core staff team was now in place. The planning of the staff team took account of key factors, such as staff experience, training, and requirements in terms of gender mix.

Staff training as it relates to positive behaviour support was previously addressed under Outcome 8: Safeguarding and Safety.

Judgment:

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):

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

Findings:

Overall, the information required to ensure that residents' received the support they needed was now being recorded and used to inform residents' care and support.

At the previous inspection, significant failings were identified relating to residents' records including behaviour support plans, healthcare plans, risk assessments and the recording of incidents. At this inspection, overall these failings had been adequately addressed. The information required to ensure that residents' received the support they needed was being recorded and used to inform residents' MDT team, psychiatrist and G.P. An area for improvement was identified in relation to the weekly behaviour recording sheet as some entries were not made in accordance with the recording guidance, which ran the risk of misinterpreting and underestimating the number of weekly incidents.

At the previous inspection, improvements were required to a number of policies listed in Schedule 5 of the Regulations to ensure that they met all regulatory requirements. Since the previous inspection, this action had been progressed with one policy still outstanding. The revised policy on access to education, training and development for residents was in draft format and had yet to be implemented.

At the previous inspection, the residents' directory was not complete and did not contain the correct date on which a resident first came to reside in the centre. At this inspection, the residents' directory was now maintained as required by the Regulations.

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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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Anne's Residential Services - Group O
Centre ID:	OSV-0005160
Date of Inspection:	17 August 2016
Date of response:	08 September 2016

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

The designated centre did not meet the assessed needs of all residents due to the mix of residents in the centre and in some cases, the design and layout of the centre.

1. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

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

A meeting occurred on Thursday 08/09/2016 with HSE representatives Kildare catchment area to highlight the need for an immediate alternative placement due to the ongoing difficulties of the residential placement of one service user and to further discuss peer to peer abuse and implications for other service users in this centre. The HSE representative has stated that this case is a priority. They are linking in with their Chief Health Officer (CHO) to get approved funding to find an alternative placement for the service user.

The Nominee Provider to identify possible suitable rental accommodations and cost of any changes to same as an interim measure whilst waiting on HSE response.

An assessment of Needs and full MDT input have been completed by 23/08/2016.

Proposed Timescale: 28/02/2017

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 centre did not fully meet the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centres). There was an insufficient number and standard of baths, showers and toilets to meet the needs of all residents.

2. 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 Nominee Provider to identify possible suitable rental accommodations and cost of any changes to same as an interim measure whilst waiting on HSE response.

A review of the current bathroom and adding an additional en suite onto a bedroom is being carried out by the Director of Logistics. The Director of Logistics has given a completion date of the 31/01/2017

A mobility grant to be applied for, for the renovation of the bathroom.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

The bathroom facilities were not accessible to all residents.

3. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

A review of the current bathroom and adding an additional en suite onto a bedroom is being carried out by the Director of Logistics.

Mobility grant to be applied for, for the renovation of the bathroom.

Proposed Timescale: 28/10/2016

Theme: Effective Services

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

As detailed in the findings, the design and layout of the centre did not meet the needs of all residents in terms of privacy, mobility, positive behaviour support and quality of life.

4. 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 Nominee Provider to identify possible suitable rental accommodations and cost of any changes to same as an interim measure whilst waiting on HSE response.

The Service is moving forward in renovating a house and developing a separate living arrangement for potential service users to move into following completion of Assessment of Need and full MDT input.

A review of the current bathroom and adding an additional en suite onto a bedroom is being carried out by the Director of Logistics.

Mobility grant to be applied for, for the renovation of the bathroom.

Proposed Timescale: 28/02/2017

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:

It was not demonstrated that the measures and actions in place to control aggression and violence were effective. While the provider had put supports in place in an attempt to mitigate against the risk of injury and harm to those living and working in the centre, information available in the centre demonstrated that the number, frequency and intensity of incidents remained overall persistently high.

5. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

All residents have a behaviour support plan in place and are reviewed regularly by a Psychologist, with regular MDT meetings. All staff are adhering to the behavioural support plans in place.

Person in Charge is linking with CNS in Behaviour (Dublin services) requesting input for staff on behaviours that challenge and to review incidents that have arose primarily in the mornings. This is to be completed by 30/11/2017

Challenging Behaviour risk assessment reviewed on an ongoing basis.

Proposed Timescale: 30/11/2016

Theme: Effective Services

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

The provider's previous action plan response in relation to ensuring adequate arrangements were in place for containing fires had not been implemented.

6. 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 had enlisted an external fire consultant agency in 2014 who completed a fire safety risk assessment. This consultant has been asked to review this risk assessment in light of works completed to ensure Group O meets fire safety compliance and we are awaiting a response from them. It is anticipated that their response will be with us in the coming weeks and we will forward you the report for Group O on receipt of it.

Proposed Timescale: 30/11/2016

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:

Three staff required training to safely implement an approved physical restraint technique in the centre, if indicated.

7. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The training required for the three remaining staff is scheduled for the 23/09/16.

Proposed Timescale: 23/09/2016

Theme: Safe Services

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

Residents were not protected from injury and harm by their peers as a result of behaviours that challenge in the centre.

8. Action Required:

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

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

Additional staff supports were deployed in the centre following a previous inspection to support individualised activities for all service users and reduce incidents of peer to peer harm, increased MDT and Psychology reviews and developing a proactive communication with Day Services has significantly reduced incidents of peer to peer.

Proposed Timescale: 16/09/2016

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:

A record of how residents' progress in relation to their general welfare and development needs and goals were assessed and informed their personal plan was not on file in the residential centre, as required under regulation 13(1).

9. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The Person in charge is linking with the Day Service Provider to receive an up-to date review on the Education, Training and Development of service-users in the Centre; same will be in plan of care by 30/09/2016.

Proposed Timescale: 30/09/2016

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:

A certificate of planning had not been submitted to HIQA, as required under Regulation 5(3)(c) of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

10. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

A certificate of planning was submitted to Hiqa as required on 31/08/16.

Proposed Timescale: 31/08/2016

Theme: Leadership, Governance and Management

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

A second unannounced visit for 2016 had yet to scheduled in relation to the safety and quality of care and support provided in the centre.

11. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

A 6 monthly Provider Audit has been scheduled for the 20/09/16 a copy of the review will be made available to all service users and their representatives.

Proposed Timescale: 20/09/2016

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 revised policy on access to education, training and development for residents was in draft format and had yet to be implemented.

12. 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:

Policy on access to education, training and development for Service Users (DOCS070) 05/04/16 in place, same available in the centre.

Proposed Timescale: 09/09/2016

Theme: Use of Information

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

Weekly behaviour recording sheets were not being correctly completed as some entries were not made in accordance with the recording guidance.

13. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The Person in Charge and Home Manager discussed and showed all staff immediately following inspection the correct procedure in accordance with guidance how to record weekly behaviour sheets and this issue will be further raised at house meeting on 27/09/16.

Proposed Timescale: 27/09/2016