

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Group G - St. Vincent's Residential Services
Centre ID:	OSV-0003930
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Breda Noonan
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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: 03 May 2017 09:30 To: 03 May 2017 12:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection:

This was the fifth inspection of this designated centre by the Health Information and Quality Authority (HIQA). The provider was issued with notices of proposal to refuse and cancel registration of the centre on 25 November 2016. The provider submitted a representation on 22 December 2016. A certificate to register this centre has not been granted.

The purpose of this focused inspection was to monitor on-going compliance in relation to key grounds cited in the notices of proposal. Key failings related to related to fire safety, the premises and the appropriate mix of residents in the centre. Adequate steps had been taken by the provider to mitigate against any immediate risks to residents. However, the provider has to date failed to submit a funded, costed and time-bound plan to HIQA to satisfactorily address the identified key failings. Following the previous inspection, additional reassurances had been sought from the provider that residents would be supported to access the community in accordance with their assessed needs and preferences. These core issues were followed up on this inspection.

How we gathered our evidence:

As part of the inspection, the inspector met all adults and children residing in the centre, a number of staff, including the person in charge, a care worker and the representative of the provider. Residents were non-verbal but the inspector observed staff interacting in an appropriate and supportive manner with residents throughout

the day and residents appeared content and well. The inspector also reviewed documentation pertaining to the areas being inspected, such as activity logs, risk assessments and information relevant to advocacy arrangements.

Description of the service:

The centre provides high-support residential accommodation for both adults and children with an 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 moving on from congregated settings.

The centre is located in a larger building that is only partly occupied by this centre. The rest of this building accommodated two other designated centres (Groups D and H) as well as other facilities such as offices and other staff uses. The centre was located on a campus providing numerous facilities for persons with intellectual disabilities in addition to residential accommodation.

Overall judgment of our findings:

Overall, the inspector found that residents' health, communication and day to day needs continued to be met by a committed staff team. Over the course of the five inspections, there was evidence of continued and sustained improvements. Improvements since the previous inspection included the development of personal plans in an accessible format for residents and expansion of residents' social roles.

Three outcomes identified at the level of major non-compliances at the previous inspection had been satisfactorily addressed or were being progressed. At this inspection, residents were accessing the community with new opportunities being explored on an on-going basis. Residents who required an independent advocate now had access to such representation. The provider had made progress in relation to transferring two residents from this centre to more suitable and appropriate accommodation; although this action had yet to be implemented in full and a plan was not in place for the remaining three residents.

Unchanged from previous inspections, two outcomes remained at the level of major non-compliance:

Under Outcome 6, the design and layout of the premises compromised residents' privacy and dignity. Furthermore, there was an insufficient number of bathroom facilities to meet residents' intimate care needs and an inappropriate mix of residents in the centre. While the fundamental failings of the design and layout of the centre were unchanged, improvements had been made since the previous inspection to the ventilation, available communal space had increased and an open dormitory style bedroom was no longer in use.

Under Outcome 7, the building was not provided with construction capable of containing a fire where required. Furthermore, the layout did not provide an adequate number of escape routes from some areas of the building in the event of a fire. While the fundamental fire safety failings were unchanged, adequate steps had been taken by the provider to mitigate against any immediate risk to residents. This included increased night-time staffing arrangements. However, further improvements were identified at this inspection to fire evacuation times and fire safety risk

assessment.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

One aspect of this outcome was reviewed as a follow up to findings at the previous inspection.

At the previous inspection, it was not demonstrated that all residents had been fully assessed in relation to their need for an independent advocate. Since the previous inspection, the person in charge and representative of the provider had liaised further with the multidisciplinary team and ensured that independent advocacy was sought where required. Also, referrals to other statutory bodies or agencies had taken place where required. Any recommendations made by such agencies were clearly articulated by the person in charge and representative of the provider and were being followed.

Resident meetings were held in the centre where residents were supported by internal advocacy arrangements. Items discussed were tailored towards residents' age group (teenager or adult) and topics included activities, home visits, holidays and social roles.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Following the issuing of notices of proposal to refuse and cancel registration of this centre, the provider was requested to revert to HIQA and outline how they planned to address a failing to ensure that residents had access to activities in the community in accordance with their wishes, needs and recommendations of the multidisciplinary team. The provider responded in writing and outlined that additional staffing had been approved for a defined period of time and that an application for an additional accessible vehicle had been made to their main funder. At this inspection, the inspector followed up on progress in this area.

The inspector found that additional resources had been approved at weekends to support residents' to participate in activities in the community, as described by the provider. These additional resources had initially been approved for a four-month period. Since the provider's response was submitted and the occupancy of the centre had reduced from six to five residents, staffing numbers had not been reduced. The person in charge explained that as a result, existing staffing resources now better supported residents to participate in activities in the community. Consequently, the additional resources approved by the provider were no longer required and could be met within the existing staff compliment.

The inspector found evidence of increased participation in the community. Outings, social trips and trying new opportunities were discussed at resident meetings. Local facilities and amenities were being utilised with increasing frequency, including the cinema, local shops and coffee shops, walks or attending the hairdresser. Residents who were interested in sports had attended a recent match with another match trip planned.

A previously identified barrier, whereby residents with epilepsy who were prescribed rescue medication were restricted from accessing the community unless accompanied by a nursing staff member, had been addressed since the previous inspection.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

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

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

Findings:

As found on previous inspections, the design and layout of the centre did not meet the needs of all residents. At this inspection, the finding was unchanged and as a result, this outcome will remain at the level of major non-compliance. However, improvements were noted in a number of areas in line with reassurances provided by the provider in their representation to HIQA, which was submitted following the issuing of notices of proposal to refuse and cancel registration of this centre.

Overall, the nature of the failings under this outcome was unchanged since the previous inspection. However, as a result of changing circumstances, the occupancy of the centre had reduced from seven to five over the course of the previous two inspections, meaning that a dormitory style area that had been previously used as bedroom accommodation was no longer in use for that purpose. This space was being transformed into a sitting or relaxation area with the use of an interactive whiteboard being explored for teenagers living in this centre.

In addition, the bathroom facilities were now shared by five residents, where previously they were shared by seven. While this was an improvement, it remains inadequate to fully meet residents' daily intimate care needs.

Improvements had been made to the provision of ventilation in the centre. Devices had been installed to allow for previously out-of-reach windows to be opened, which had a demonstrable improvement on the circulation of fresh air in the centre and the control of odour.

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:

The person in charge and provider representative confirmed that failings identified on a previous inspection by the HIQA fire and estates inspector that related to the construction of the building and fire containment were unchanged. The provider had previously taken steps to mitigate against any immediate risk to residents. Overall, while the day-to-day fire safety arrangements in place were satisfactory, a current fire risk assessment completed by a suitably competent person was not in place for this centre.

As previously identified in a fire inspection by the HIQA fire and estates inspector 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 addition, the means of escape from the centre was not adequate in the event of fire. Escape routes were not constructed in a manner capable of being maintained free from heat and smoke in the event of a fire; The layout of the centre did not provide sufficient means of escape from the dormitory-style bedroom where four residents slept due to the sole escape route from same being through another room. The provider had previously taken steps to mitigate against any immediate risk to residents. As part of the provider's representation in response to the notices of proposal to refuse and cancel registration of this centre, night-time staffing resources had been increased for this and two other centres in this building to support any emergency at night-time.

At this inspection, the inspector reviewed on-going compliance with other fire safety arrangements and precautions, including those that related to staff training, fire detection, evacuation and maintaining, reviewing and testing of fire equipment.

Fire safety checks were completed and recorded by staff. Fire safety equipment and emergency lighting was serviced and maintained as required. New personal emergency evacuation plans had been introduced into the centre and were in the process of being completed by the staff team for each resident. Staff training was up to date.

Practice fire drills took place regularly. However, a record of a night-time drill in January 2017 indicated that a difficulty had arisen during the drill as the internal pager system malfunctioned. As a result, assistance from neighbouring or adjoining centres had not arrived in a timely manner, resulting in a delay evacuating residents from the centre. Appropriate action had been taken in that the pager system was fully replaced. However, a further drill had not since taken place simulating the same conditions to demonstrate that residents could be safely evacuated at night. The person in charge and provider said that they would repeat the practice drill within a specified short time-frame and provide an update to HIQA in the form of reassurance.

The provider had commissioned a fire risk assessment to be completed for this centre in 2014 by an external consultant. However, a fire risk assessment was not available in the centre for review on the day of the inspection and the person in charge confirmed that the previous risk assessment had not been updated.

Judgment:
Non Compliant - Major

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:

A key ground cited in the notices of proposal to refuse and cancel registration of the centre concerned a failure of the provider to submit a funded, costed and time-bound plan to HIQA to satisfactorily address key failings as they related to fire safety, the premises and the appropriate mix of residents in the centre. Overall, on foot of progress made by the provider since the previous inspection, the level of non-compliance has been reduced from major to moderate non-compliance with the regulations.

The provider had demonstrated progress in relation to ensuring a more appropriate mix of residents in the centre and transferring residents to more appropriate accommodation that would better support their individual needs. An assessment of needs had been completed for all residents to support any future transfer. For two residents, a transition plan had been developed and alternative accommodation identified. This had been completed in consultation with residents and their families. Transition plans and alternative more suitable accommodation was required for the remaining three residents.

The inspector reviewed the report of the annual review for this centre completed in February 2017. The action plan in place identified key issues and the person in charge had progressed actions under her remit. The representative of the provider had completed an unannounced visit the previous month (April 2017), which had been reviewed with the person in charge and considered the quality and safety of care being provided in the center. Actions identified at the previous inspection, bar failings relating to the construction, design and layout of the premises itself, had been completed.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003930
Date of Inspection:	03 May 2017
Date of response:	17 May 2017

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 06: Safe and suitable premises

Theme: Effective Services

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

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

1. Action Required:

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

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:

There is a plan for two adult residents to transfer to another centre and reduce numbers of residents to three in this centre. This transition is planned to commence in July and be completed in September of 2017.

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

The design and layout of the centre did not meet the needs of all residents.

2. 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:

There is a plan for two adult residents to transfer to another centre and reduce numbers of residents to three in this centre. This transition is planned to commence in July and be completed in September of 2017.

Through the Service Reform Fund there is funding available to purchase additional houses by the service. The service is working with the HSE to source appropriate housing, progress to purchase three houses, which will support the final three residents to transfer from this centre.

Proposed Timescale: 30/09/2017

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:

A fire risk assessment was not available in the centre for review on the day of the inspection and the person in charge confirmed that the previous risk assessment from 2014 had not been updated.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The Director of Logistics who is also a fire engineer will review the current fire risk assessment and update it. This review will be completed with the maintenance supervisor, the Person in Charge and the Provider Nominee.

Proposed Timescale: 12/06/2017

Theme: Effective Services

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

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

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

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

4. 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:

There is a plan for two adult residents to transfer to another centre and reduce numbers of residents to three in this centre. This transition is planned to commence in July and be completed in September of 2017.

Through the Service Reform Fund there is funding available to purchase additional houses by the service. The service is working with the HSE to source appropriate housing, progress to purchase three houses, which will support the final three residents to transfer from this centre.

The additional night staff to support the centre will remain in place until all residents have transferred from the centre.

The Provider Nominee and Director of Logistics have reviewed the centre to establish other measures to control the risk of fire, the laundry services will be removed from the centre to another area on campus, where staff have full access to laundry machines for the sole use of centre G, this will be completed by 10/06/2017. Until same is in place laundry will not be carried out at night time in the centre when all service users are present.

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

The centre was not constructed in a manner capable of containing fire and preventing

the spread of fire and smoke throughout the building in the event of a fire.

5. 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:

There is a plan for two adult residents to transfer to another centre and reduce numbers of residents to three in this centre. This transition is planned to commence in July and be completed in September of 2017.

Through the Service Reform Fund there is funding available to purchase additional houses by the service. The service is working with the HSE to source appropriate housing, progress to purchase three houses, which will support the final three residents to transfer from this centre.

The additional night staff to support the centre will remain in place until all residents have transferred from the centre.

The Provider Nominee and Director of Logistics have reviewed the centre to establish other measures to control the risk of fire, the laundry services will be removed from the centre to another area on campus, where staff have full access to laundry machines for the sole use of centre G, this will be completed by 10/06/2017. Until same is in place laundry will not be carried out at night time in the centre when all service users are present.

Proposed Timescale: 30/09/2017

Theme: Effective Services

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

Records of fire drills did not demonstrate that residents could be safely evacuated at night.

6. 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 was completed and submitted to the authority which demonstrated a safe evacuation and evacuation time of the centre at night post this inspection.

Proposed Timescale: 05/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

A funded, costed and time bound plan has not been submitted to HIQA to address previously identified failings to provide a service appropriate to the age and needs of residents in terms of privacy and dignity, personal development and health and safety.

7. 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 plans to vacate all residents from this centre to more appropriate accommodation and close this centre permanently.

There is a plan for two adult residents to transfer to another centre and reduce numbers of residents to three in this centre. This transition is planned to commence in July and be completed in September of 2017.

Through the Service Reform Fund there is funding available to purchase additional houses by the service. The service is working with the HSE to source appropriate housing, progress to purchase three houses, which will support the final three residents to transfer from this centre.

Proposed Timescale: 30/09/2017