

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Vincent's Residential Services Group M
<b>Centre ID:</b>	OSV-0003938
<b>Centre county:</b>	Limerick
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd
<b>Provider Nominee:</b>	Breda Noonan
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	1

## **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: 31 January 2017 08:30 To: 31 January 2017 13:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
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

**Summary of findings from this inspection**

Background to the inspection

This was the second inspection of this service, this inspection was unannounced and carried out over one day to inform a registration decision.

The first inspection was undertaken on the 18 November 2014 and 19 November 2014 following an application by the provider to register the centre. The centre, at that time, provided a five day service and this impacted on the level of regulatory non compliance evidenced.

Since June 2016, the centre provides a seven day service to residents. Both the person in charge and the person representing the provider articulated how the provision of the seven day service enhanced the quality of the lives of the residents who were accommodated in the centre. In addition, it was noted that the actions generated from the inspection undertaken on November 2014 were completed in a satisfactory manner.

Description of service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. It was found that the service

was being provided as it was described in that document. However, while the statement of purpose, dated October 2016, contained the information stipulated by Schedule 1 of the regulations, it required attention to ensure that it included all information as set out in the regulations.

The centre consisted of a seven bed-roomed house located on a spacious site in a residential area in the outskirts of a city, As stated in the centre's statement of purpose, the centre provided residential accommodation and support to seven adults with moderate and severe intellectual disability and on a seven-day basis. There was one vacancy on the day of inspection

#### How we gathered our evidence

The inspector met and spent time with six residents; sought permission to be in their home and to access their documentation. The following was reviewed: a sample of residents' files, personal care plans, medication management, risk assessments, fire safety documentation, staff roster, audits and the premises was viewed.

Practices and interactions between residents and staff were observed. Staff engaged with residents in a warm and respectful manner. Residents invited the inspector into their home and to have morning tea. Residents' who could communicate, spoke in a very positive manner about the staff, the meals on offer, the day service and activities held in the centre.

The person nominated to represent the provider, the person in charge and the clinical nurse manager one (CNM1) attended the feedback meeting held at the close of the inspection.

#### Overall judgment of our findings

The inspector concluded that residents were cared for in a safe, comfortable, well maintained and homely environment. Residents enjoyed a rich and varied social life; had access to their local community and engaged in community based social and religious activities. Residents also had access to learning opportunities available in a local educational establishment.

Good practice was identified in the following areas:

- residents' rights were promoted (outcome 1)
- health and safety (outcome 7)
- safeguarding and safety (outcome 8)
- medication management (outcome 12)
- governance and management (outcome 14)
- healthcare (outcome 11)
- staffing levels (outcome 17).

Improvements were required in the following areas:

- multidisciplinary team review of residents (outcome 5)
- the centre's statement of purpose (outcome 13).

The reasons for these findings are explained under each outcome in the report and the regulations which are not being met are included in the action plan at the end.

**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:**

Staff were observed engaging with residents in a warm and respectful manner. The inspector noted residents discussing their plans for the day with staff. Residents were supported by staff to exercise decisions and choices made such as meals and purchasing their own choice of clothes or footwear.

Each resident had their own bedroom and residents' rooms were personalised. Staff were observed attending to resident's personal care requirements in a discreet manner.

The complaints procedure was in an accessible format and was prominently displayed.

Residents attended and participated in local religious ceremonies.

Since the last inspection November 2014, residents were registered to vote.

An organisational advocacy steering committee was in place and one resident in the centre was a member of the group and attended organisational meetings.

There were policies and procedures in place for the management of residents' finances and personal possessions. All residents now had a bank account and a bank card; plans were in place to facilitate the lodgement of residents' monies directly into residents' bank accounts. An appointed social worker was supporting the residents in this matter.

**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):**

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

**Findings:**

The person in charge and the CNM1 demonstrated the collective approach used to assess the health, personal, social care and support needs of each resident annually which formed the basis of an individual personal plan.

Residents' person plans included a detailed life story, family support network and other important information. It clearly outlined residents' needs in areas; social care, healthcare, lifelong learning, personal support network, transport and mobility. There was evidence that residents and their representatives were consulted with and participated in the development of the plan. Residents confirmed to the inspector that they were involved in the development of their plan. Residents' plans were made available in an accessible format and a copy was located in each resident's bedroom.

The person in charge confirmed that residents' personal plans in relation to goals were reviewed annually and this was evidenced. Residents' goals and objectives were clearly outlined in order to maximise the resident's personal development in accordance with his or her wishes. There was evidence that goals were tracked on a monthly basis and by an identified person responsible to support the resident. A time frame for completion of residents' goals was identified.

Residents were supported to participate in meaningful activities, appropriate to their interests and preferences. Residents were facilitated to; for example; attend concerts, visit the local library or attend a horticultural class. Residents communicated that they enjoyed participating in the in-house activities (baking, arts and crafts and music).

All residents had access to and had been reviewed when necessary by members of the multidisciplinary. However, while a collective multidisciplinary team (MDT) review had not taken place for four residents, there was evidence that this was a work in progress; two of the six residents' personal plans had been reviewed by the MDT team. The person representing the provider and the person in charge confirmed that dates were

organised for the MDT review of all residents.

Specific plans had been completed for residents where needs, supports or risks were identified; for example; nutrition, health plans, risk assessments and intimate care plans.

**Judgment:**

Substantially Compliant

**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):**

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

**Findings:**

There was a comprehensive range of completed site-specific risk assessments and these included the risks as specified by regulation (26) (1) (c). The care provided to residents was seen to be supported by risk assessments and plans such as the use of restrictive practices, manual handling, nutritional or risk of choking.

Staff training in manual handling was ongoing.

The fire register was reviewed and there was evidenced that the fire fighting equipment, fire alarm and emergency lighting was serviced by a suitably qualified external contractor.

In addition staff completed and recorded in-house inspections of fire safety precautions on a daily, weekly and monthly basis. Each resident was seen to have a basic personal emergency evacuation plan. Escape routes were clearly indicated and unobstructed.

Following the last inspection undertaken in November 2014, a hard surface pathway leading to the main assembly area had been created. This aided the safe evacuation of dependent residents via the four main escape routes that may be used by staff in the event of an emergency. Actions to be taken in the event of fire and emergency contact numbers were prominently displayed. Since the last inspection, a clear plan setting out for staff the procedures to be followed locally in the event of an emergency inclusive of alternative arrangements for the accommodation of residents in the event of evacuation, was in place.

Housekeeping was of a high standard; the centre was warm and clean. Since the last inspection, the following was noted:

- separate laundry facilities were in place
- a sluice room and a bedroom had been converted to store rooms.

The person in charge stated that a new single use mopping system was on order.

There were policies and procedures in place for the identification, recording, management and review of accidents and incidents. Records reviewed indicated that incidents were reviewed with actions identified to prevent a reoccurrence. Minutes from meetings evidenced that learning from incidents was shared at staff and unit meetings.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

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

**Findings:**

Systems were in place to protect residents from being harmed or suffering abuse. Restrictive practices were in use and the use was guided by a centre-specific policy and followed an appropriate assessment.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults. Residents confirmed that they felt safe in the centre and articulated who they would speak to if they had a concern. A robust recruitment, selection and vetting procedure was implemented, all staff received on-going training in understanding abuse. There had been no incidents, allegations and suspicions of abuse since the last inspection.

Each resident had a detailed and up to date personal care plan pertinent to intimate care.

The person in charge and the CNM1 outlined that while the current cohort of residents did not require support with behaviour that challenges, a process was in place to access specialist input in relation to behaviour support.

While a restraint-free environment was promoted, risk assessments had been completed in relation to restrictive practices in place; the use of bed rails and the use of an audio monitor for one resident. There was evidence that the bed rails were checked every 30

minutes while in use. The use of the audio monitor had not been reviewed. The inspector noted the reason for the use of the audio monitor and asked the person in charge to review and ascertain if or not, the use of an audio monitor was required. The person in charge concurred and stated that the use of the audio monitor would be tabled for discussion at the restrictive practices committee meeting. Restrictive practices had been approved by the organisation's restrictive practice committee. Multidisciplinary input had been sought when planning and reviewing individual interventions for residents.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

**Findings:**

As part of this inspection, residents' access to healthcare and clinical care was reviewed. No other lines of enquiry were addressed. Staff demonstrated their knowledge in relation to the care delivered to residents. There was evidence that residents with particular healthcare and clinical care needs were being cared for.

The person in charge and the CNM1 demonstrated a robust resident care planning system. Residents had access to three general practitioners (GP) on a regular basis and as required. Clinical risk assessments and oversight of the clinical and nursing care requirements of residents were in place and up to date. Residents had been reviewed by physiotherapy and occupational therapy, speech and language therapy and dietetics. Staff demonstrated an awareness and knowledge of residents' specific healthcare needs.

Residents with co-existing medical and nursing needs and assessed as being at risk of choking, had detailed plans of care to guide and inform staff on this matter. Staff were aware of the specific instructions concerning the residents' position while dining.

Appropriate observations were routinely recorded and residents' weight and nutritional intake were regularly monitored.

Residents received their main meal in the day care service. The inspector noted that residents were facilitated to dine at a time that suited them. Residents confirmed that they had a choice at meal time and there was evidence of a variety of foods available to residents.

<b>Judgment:</b> 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):**

**Findings:**  
Residents' medication management documentation was maintained in an organised manner. Prescription and administration records were maintained in accordance with legislative requirements. Residents' medications were stored in a safe manner. Records of the receipt and return of medications were maintained

The inspector reviewed the medication prescription and administration records. Prescription charts and medication administration records were complete and allowed for the recording of the time and date medicines were administered.

Systems were in place for recording medication errors. There was evidence of regular audits undertaken in-house and by the external pharmacy supplier. Actions generated from audits were completed; for example; clean labelling of containers storing residents' medication. Staff stated that no resident was in receipt of medication that required particular controls.

**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):**  
Some action(s) required from the previous inspection were not satisfactorily

implemented.

**Findings:**

While the statement of purpose, dated October 2016, contained the information stipulated by Schedule 1 of the regulations, additional and detailed information was required in relation to the following:

- the governance and management structure to include the CNM1
- more detail on the complaints procedure
- detail of the room sizes
- clarity in relation to emergency admissions
- the actual arrangements for residents to access advocacy services
- further detail in relation to fire safety procedures
- information in relation to the day services provided.

An updated statement of purpose was submitted by the provider three days post the inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

A defined governance and management structure was in place. The management system in place demonstrated that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The lines of accountability for decision making and responsibility for the delivery of services to residents were clear.

The person in charge worked full-time and was suitably qualified and experienced. The person in charge was a registered nurse in intellectual disability. The person in charge had further areas of responsibility (four adult activation centres and the nursing service affiliated to the children's education centre) but confirmed that she was present in the centre daily. The person in charge reported to the designated CNM3 and attended monthly management meetings convened on the main campus.

The person in charge was supported by a clinical nurse manager one (CNM1). The CNM1, while on annual leave, came onsite during the inspection. The CNM1 was working in the centre for four months and demonstrated her knowledge of the residents and their social and healthcare requirements.

There were procedures in place to monitor and improve the quality and safety of care and services provided to residents. Audits included medication management audits, residents' documentation, health and safety and fire safety.

As required by regulation (23), the provider had carried out a bi-annual unannounced visit of the centre and compiled a report on the safety and quality of care and support provided in the centre. The report from the review undertaken in October 2016 and was made available to the inspector. There was evidence that a plan was in place to address any identified deficits; for example; increase home visits for residents (completed), bank accounts for all residents (completed)

The provider also carried out an annual review of the quality and safety of care and support in the centre and that such care and support was in accordance with standards. Associated actions identified included updating of residents' personal care plans and undertaking risk assessments for residents. These actions were evidenced as being completed.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that staffing levels and skill mix were appropriate to meet the assessed needs of the residents in the centre. Nursing care was provided 24 hours a day. Designated housekeeping staff had been employed on a full time basis. It was evident that the staffing levels and rosters were designed to meet to residents' needs and in particular if residents wished to attend evening or weekend social activities.

An up to date staff rota was maintained. The references, qualifications and experience of the CNM1 were reviewed prior to this inspection and substantiated with the CNM1 during inspection. Other staff files were not reviewed on this inspection.

Training for staff was scheduled and on-going.

**Judgment:**

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:***

Geraldine Ryan  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
<b>Centre ID:</b>	OSV-0003938
<b>Date of Inspection:</b>	31 January 2017
<b>Date of response:</b>	07 February 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 05: Social Care Needs

**Theme:** Effective Services

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

No multidisciplinary team review had been convened for four residents.

**1. Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are

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

multidisciplinary.

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

A full multi-disciplinary team review for all residents in the centre will be scheduled by the person in charge and completed.

Proposed Timescale: 30/04/2017

**Proposed Timescale:** 30/04/2017