

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Anne's Residential Services - Group F
<b>Centre ID:</b>	OSV-0003949
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Catherine Linden
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	Julie Hennessy
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
19 June 2017 13:30	19 June 2017 18:00
20 June 2017 09:00	20 June 2017 14:00

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management

**Summary of findings from this inspection**

Background to the inspection:

This report sets out the findings of an unannounced inspection of Group F, St. Anne's Residential Services following an application by the provider to register the centre. St Anne's provides residential care to people with an intellectual disability in the Tipperary and Offaly area. This was the second inspection of this designated centre by the Health Information and Quality Authority (HIQA) to follow-up on the high level of non-compliance identified at the previous inspection, where four of the 18 outcomes were at the level of major non-compliance.

Description of the service:

The centre consisted of two houses, located in Co Offaly, both of which could accommodate 10 residents. Some of the residents had complex care needs, including some residents with deteriorating mobility.

In relation to social activities and community living, a number of residents had jobs in local businesses including restaurants, shops and pubs. Each resident was facilitated to attend an appropriate day service in the surrounding area and transport was provided. Families were very involved in the lives of residents with many residents going home on a regular basis for visits and residents also went on holidays with their family.

How we gathered our evidence:

Inspectors met and spoke with eight residents who currently live in this centre. Inspectors also met the person in charge of the centre, staff and the acting residential services manager. Inspectors observed staff practices and interactions with residents and reviewed residents' personal plans, training records, meeting minutes and the complaints log.

HIQA was also in receipt of unsolicited information which was explored during the inspection. Inspectors reviewed documentation in relation to the unsolicited information such as care plans, risk assessments and incident reports. The service had dealt with the issues raised in accordance with their risk assessments and internal policies.

Overall judgment of our findings:

Residents said they were happy living in the centre and staff were very committed to ensuring residents had a good quality of life. However, improvement was required in relation to:

- each resident's privacy and dignity was not respected in relation to intimate and personal care by having to walk through the utility room and kitchen both prior to and following a shower. Residents were not always afforded the opportunity to provide consent for decisions about their care and support (outcome 1: Rights)
- not all personal information files had been updated to reflect the new care planning process. On inspection it was also noted that some care plans were out of date. In some cases assessments and care plans were not available in relation to some areas of residents' needs and the required supports were not in place (outcome 5: Social Care Needs)
- flooring and seating in one of the houses required updating (outcome 6: Premises)
- fire doors were not observed in one of the two house that made up the designated centre. This meant that in the event of a fire, smoke would not be adequately contained (outcome 7: Risk)
- improvement was required to ensure recommendations from healthcare professionals were implemented (outcome 11: Healthcare)
- management systems were not effective to ensure that the service was safe and appropriate to residents' needs (outcome 14: Governance)

The reasons for these findings are explained under each outcome in the report and the regulations that 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):**

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

**Findings:**

Each resident's privacy and dignity was not respected in relation to intimate and personal care. Inspectors found that inconsistent practices in promoting individual choices and privacy.

Since the last inspection, in one of the houses, a resident had moved to a downstairs bedroom due to difficulty in going up and down the stairs. The main shower room in this house could only be accessed by going through the kitchen area. The shower room had a shower, toilet and wash hand basin and was the only bathroom area that the resident had access to.

In this house there was a second bathroom upstairs that contained a bath, a wash hand basin and a toilet. While there was a shower that was part of the bath unit, there was no shower curtain or grab rails for residents when using this bath for a shower. Staff said that the four residents who had an upstairs bedroom used the shower room downstairs also. These residents had to walk through the kitchen and a living room to access the shower. Inspectors were not satisfied that each resident's privacy and dignity was respected in relation to intimate and personal care by having to walk through the kitchen and living room areas both prior to and following a shower.

Inspectors found that inconsistent practices in promoting individual choices and privacy. Residents were not always afforded the opportunity to provide consent for decisions about their care and support. In some circumstances, parents provided consent for residents even though all residents were adults.

**Judgment:**

Non Compliant - Major

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

Each resident's assessed needs were set out in an individualised personal plan. However, the process for personal planning required some improvement.

The provider had completed an annual report on 26 October 2016 on the quality and safety of care provided in this designated centre. This report had identified that a new personal care planning process was being introduced. Inspectors reviewed a sample of healthcare files and it was noted that not all personal information files had been updated to reflect the new care planning process. On inspection, it was also noted that some care plans were out of date.

There were separate assessments of residents' healthcare needs and social care needs in the personal planning process. In relation to social care needs, there was evidence that each resident was being supported to develop an individual lifestyle plan. In the plans seen, priority goals or outcomes were developed for each resident. However, in one example the social planning goals related to a planning meeting in 2016 and there had no tracking of the achievement of these goals since August 2016.

In relation to social activities and community living, a number of residents had jobs in local businesses including restaurants, shops and pubs. Each resident was facilitated to attend an appropriate day service in the surrounding area and transport was provided. However, in the provider's annual report for 2016, it was noted that the "transport run" for residents in one house took up to two hours both morning and evening. Staff who spoke with inspectors said that this could impact the timing of meals in the evening and also impact on activities for residents in the evening.

In relation to healthcare needs there care plans had been developed for identified

healthcare needs. There had been input from the relevant healthcare professionals in relation to residents needs and in particular a meeting, as required, of the multidisciplinary team to discuss residents needs. However, in some cases assessments and care plans were not available in relation to some areas of residents' needs and the required supports were not in place. For example, while referrals for psychology and behaviour support had been made, those referrals had not been processed. Such assessments or input had been recommended by other clinicians. In other instances information relating to specific diagnoses and weight loss and or exercise programmes, for example, was not available to guide staff. In addition, staff did not have appropriate training on specific diagnoses to support residents effectively.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre consisted of two houses, both of which were located in Co.Offaly. However, flooring and seating in one of the houses required updating.

There were five men living in the first house which was based in a community setting. The house was part of a terrace and was actually two terraced houses that had been converted into one large house. The bedrooms in this house were tastefully decorated with new flooring in each resident's bedroom with adequate space for personal items. It was observed that the downstairs area of the house had torn linoleum on the floor, in particular, in the main sitting room. There was a second smaller sitting room; the seat cover on the couch was ripped and unclean. An armchair in this room also had a ripped seat cover. One of the walls in this room was damaged from furniture.

There were five people living in the second house which was bright, clean and well-maintained. There was a large kitchen, dining area which opened out to a large garden. There was also a sitting room with comfortable couches and a television. One resident was accommodated in a bedroom downstairs. There were four other bedrooms upstairs. All bedrooms had en-suite toilet and shower facilities and all of the bedrooms were well-decorated and contained had personal effects.

**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):**

No actions were required from the previous inspection.

**Findings:**

A single issue of this outcome, relating to fire safety, was inspected. Significant fire safety works had taken place in one of the houses in relation to the provision of fire doors throughout the premises. However, fire doors were not observed in the other house. This meant that in the event of a fire, smoke would not be adequately contained.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

Procedures were in place to safeguard residents.

It is a requirement of the regulations that all serious adverse incidents, including safeguarding issues are reported to HIQA. Six such incidents had been submitted to the Chief Inspector since the previous inspection. Documentation in relation to these incidents were reviewed during the inspection. All incidents had been managed as per the service protocol and in particular safeguarding plans had been drawn up for a

number of residents in one of the houses.

HIQA was also in receipt of unsolicited information which was explored during the inspection. Inspectors reviewed documentation in relation to the unsolicited information such as care plans, risk assessments and incident reports. The service had dealt with the issues raised in accordance with their own internal risk assessments and internal policies.

**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):**

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

**Findings:**

Residents were supported on an individual basis to achieve and enjoy the best possible health. However, improvement was required to ensure recommendations from healthcare professionals were implemented.

In the sample of resident healthcare records seen, each resident had access to a general practitioner (G.P.). There was evidence of access to specialist care in psychiatry, as required. However, recommendations and instructions from the psychiatry team were not being followed. In addition, the health care plan was not being updated to reflect these instructions.

There was evidence that residents were referred for support by allied health professionals including physiotherapy and occupational therapy. There were clear and up-to-date guidance available to staff following any such review. However, in some cases, recommendations following review by allied health professionals were not being followed. In one case, staff were not aware of recommendations by a speech and language therapist following a review in 2016.

Residents were referred for dietetic review as required and residents had nutrition care plans as required. However, these plans were not always being followed particularly dietetic instructions for residents with weight gain.

**Judgment:**

Non Compliant - Moderate

## **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:**

Management systems were not effective to ensure that the service was safe and appropriate to residents' needs.

Since the previous inspection a review of the remit of the person in charge had taken place which had resulted in the person in charge having responsibility for two designated centres in total.

Since the previous inspection a new residential services manager had been appointed to the service in February 2016. However, this position was now being filled on an interim capacity since April 2017 by a senior manager from another Daughters of Charity service. HIQA had been notified that a new residential services manager would be in place from the end of June 2017.

An annual review of the quality and safety of care of the service had been completed in October 2016. This review had identified a number of issues (described as "areas of concern") including difficulties in relation to social integration, an alternative transport vehicle for one of the houses, the morning and evening transport run can take up to two hours, the personal care planning process and support plans to be reviewed by the multidisciplinary team. A number of these issues had been addressed including the purchasing of a new vehicle for one of the houses.

The provider had ensured that unannounced visits to the designated centre in relation to the quality and safety of care had been completed, with the most recent in May 2017. There was a prepared written report available in relation to the "outcomes" that had been reviewed including: social care, risk management, safeguarding, healthcare, medication, governance and workforce.

However, inspectors were not satisfied with the oversight of the clinical care being provided to residents; in particular;

- the process for personal planning review needed improvement
- the provision of appropriate assessment of residents' needs and sufficient information

being available to staff to sufficiently support residents required improvement  
- improvement was also required to healthcare planning for residents to ensure that each resident received appropriate healthcare.

**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:***

Kieran Murphy  
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 Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0003949
<b>Date of Inspection:</b>	19 June 2017
<b>Date of response:</b>	18 July 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Each resident's privacy and dignity was not respected in relation to intimate and personal care by having to walk through the utility room and kitchen both prior to and following a shower.

**1. Action Required:**

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

In relation to the residents living downstairs his plan of care will be updated to ensure his privacy & dignity is maintained when using the downstairs shower room. Residents living upstairs will be supported to use the facilities of the main bathroom. The required aids and appliances such as a shower curtain and grab rail will be installed. A referral will be forward to the Occupational therapist to complete an environmental assessment in relation to the bathroom.

**Proposed Timescale:** 01/09/2017

**Theme:** Individualised Supports and Care

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

Residents were not always afforded the opportunity to provide consent for decisions about their care and support.

**2. Action Required:**

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

In relation to the resident concerned an MDT took place on the 16.6.17. Following this a plan of care will be developed regarding consent and decision making by the person in charge. An MDT was held on 16.6.17 addressing this area. Mechanisms are in place to enable contributions to care planning and to document where consent is given and the resident made choices.

**Proposed Timescale:** 01/08/2017

**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:**

- It was noted that not all personal information files had been updated to reflect the new care planning process.
- It was also noted that some care plans were out of date.
- In one example the social planning goals related to a planning meeting in 2016 and

there had not been "tracking" of the achievement of these goals since August 2016.  
- In some cases assessments and care plans were not available in relation to some areas of residents' needs and the required supports were not in place.

**3. Action Required:**

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

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

The provider nominee and CNM3 will support the person in charge and the centre in reviewing, updating and completing care plans on the new care planning process. The Quality & Risk Officer will provide training for staff in this centre on care planning and record keeping practices.

**Proposed Timescale:** 30/10/2017

**Theme:** Effective Services

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

- Staff did not have appropriate training on specific diagnoses to support residents effectively.
- Information relating to specific diagnoses and weight loss/exercise programmes, for example, was not available to guide staff.

**4. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Healthy eating and weight management training was provided for residential staff on 19th June and 4th July 2017. Three staff attended from this centre and more staff are scheduled to attend for the 20th July. This training will continue until all staff in the centre have attended. The CNM3 in consultation with the Person in charge will provide in-service training to staff in this centre on specific diagnoses to support residents effectively. Information regarding diagnosis will be in the appropriate sections of the care plans also.

**Proposed Timescale:** 29/09/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

**the following respect:**

Flooring and seating in one of the houses required updating.

**5. Action Required:**

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

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

The provider nominee will ensure that the flooring in one house will be repaired and the seating replaced.

**Proposed Timescale:** 01/09/2017

**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:**

There were inadequate arrangements in place in one of the houses of the centre to contain an outbreak of a fire.

**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:**

A costed plan has been forwarded to the HSE in relation to the house indicated in your report. The HSE has acknowledged receipt of same and we currently await their response.

**Proposed Timescale:** 31/08/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Improvement was required to ensure recommendations from healthcare professionals were implemented.

**7. Action Required:**

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

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

The provider nominee and CNM3 will support the person in charge and the centre in reviewing, updating and completing care plans on the new care planning process. The Quality & Risk Officer will provide training for staff in this centre on care planning and record keeping practices. Documentation and reporting will be reviewed through regular auditing.

**Proposed Timescale:** 30/10/2017

**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:**

Management systems were not effective to ensure that the service was safe and appropriate to residents' needs.

**8. 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 nominee and CNM3 will support the person in charge and the centre in reviewing, updating and completing care plans on the new care planning process. The Quality & Risk Officer will provide training for staff in this centre on care planning and record keeping practices.

The provider nominee and person in charge will have weekly supervision meetings to set and review action plans in relation to the centre.

**Proposed Timescale:** 30/10/2017